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R-4-13

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207)289-3826

PROPERTY ADDRESS

Town Or Plantation	Litchfield
Street Subdivision Lot #	Pilot Rd TR 1

LITCHFIELD PERMIT # 726 APPLICANTS COPY
LITCHFIELD 923 TOWN COPY

Date Permit Issued: 6 3 92 $ 60.00 FEE ☐ If Double Fee Charged

Llewellyn C Freeman
Local Plumbing Inspector Signature

L.P.I. # 1418

THE WORK SPECIFIED IN THIS APPLICATION IS HEREBY AUTHORIZED TO BE INSTALLED IN ACCORDANCE WITH THE RULES. THIS PERMIT EXPIRES AFTER TWO YEARS FROM DATE ISSUED UNLESS WORK HAS COMMENCED.

PROPERTY OWNERS NAME

Last: Arsenault First: Jerry + Joyce

Applicant Name:	—
Mailing Address of Owner/Applicant (If Different)	19 Main St PO Box 78 Litchfield Me 04350

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

Jerry Arsenault
Signature of Owner/Applicant — Date

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.

Llewellyn C Freeman
Local Plumbing Inspector Signature — 9-13-92 Date Approved

PERMIT INFORMATION

THIS APPLICATION IS FOR:
1. ☒ NEW SYSTEM
2. ☐ REPLACEMENT SYSTEM
3. ☐ EXPANDED SYSTEM
4. ☐ EXPERIMENTAL SYSTEM

SEASONAL CONVERSION
to be completed by the LPI
5. ☐ SYSTEM COMPLIES WITH RULES
6. ☐ CONNECTED TO SANITARY SEWER
7. ☐ SYSTEM INSTALLED – P# _____
8. ☐ SYSTEM DESIGN RECORDED AND ATTACHED

IF REPLACEMENT SYSTEM:
YEAR FAILING SYSTEM INSTALLED _____
THE FAILING SYSTEM IS:
1. ☐ BED 3. ☐ TRENCH
2. ☐ CHAMBER 4. ☐ OTHER: _____

SIZE OF PROPERTY: 32 ac ±

ZONING: —

THIS APPLICATION REQUIRES:
1. ☒ NO RULE VARIANCE
2. ☐ NEW SYSTEM VARIANCE Attach New System Variance Form
3. ☐ REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form
   a. ☐ Requiring Local Plumbing Inspector Approval
   b. ☐ Requires State and Local Plumbing Inspector Approval
4. ☐ MINIMUM LOT SIZE VARIANCE

DISPOSAL SYSTEM TO SERVE:
1. ☒ SINGLE FAMILY DWELLING
2. ☐ MODULAR OR MOBILE HOME
3. ☐ MULTIPLE FAMILY DWELLING
4. ☐ OTHER _____ SPECIFY

INSTALLATION IS:
COMPLETE SYSTEM
1. ☒ NON-ENGINEERED SYSTEM
2. ☐ PRIMITIVE SYSTEM (Includes Alternative Toilet)
3. ☐ ENGINEERED (+2000 gpd)

INDIVIDUALLY INSTALLED COMPONENTS:
4. ☐ TREATMENT TANK (ONLY)
5. ☐ HOLDING TANK _____ GAL
6. ☐ ALTERNATIVE TOILET (ONLY)
7. ☐ NON-ENGINEERED DISPOSAL AREA (ONLY)
8. ☐ ENGINEERED DISPOSAL AREA (ONLY)
9. ☐ SEPARATED LAUNDRY SYSTEM

TYPE OF WATER SUPPLY: proposed drilled

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK
1. ☑ SEPTIC: ☑ Regular ☐ Low Profile
2. ☐ AEROBIC

SIZE: 1000 GALS.

WATER CONSERVATION
1. ☒ NONE
2. ☐ LOW VOLUME TOILET
3. ☐ SEPARATED LAUNDRY SYSTEM
4. ☐ ALTERNATIVE TOILET

SPECIFY: _____

PUMPING
1. ☒ NOT REQUIRED
2. ☐ MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION)
3. ☐ REQUIRED

DOSE: _____ GALS.

CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)
3 bedroom
minimum

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
3	C

DEPTH TO LIMITING FACTOR: 24"

SIZE RATINGS USED FOR DESIGN PURPOSES
1. ☐ SMALL
2. ☐ MEDIUM
3. ☒ MEDIUM-LARGE
4. ☐ LARGE
5. ☐ EXTRA LARGE

DISPOSAL AREA TYPE/SIZE
1. ☑ BED 900 Sq. Ft.
2. ☐ CHAMBER _____ Sq. Ft.
   ☐ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

DESIGN FLOW: 270 (GALLONS/DAY)

SITE EVALUATOR STATEMENT

On 7/27/92 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

Steph A MacFarlane — 200 — 8/1/92
Site Evaluator Signature — SE# — Date

(Local Plumbing Inspector's Signature if permit is for Seasonal Conversion.) Donald Webb

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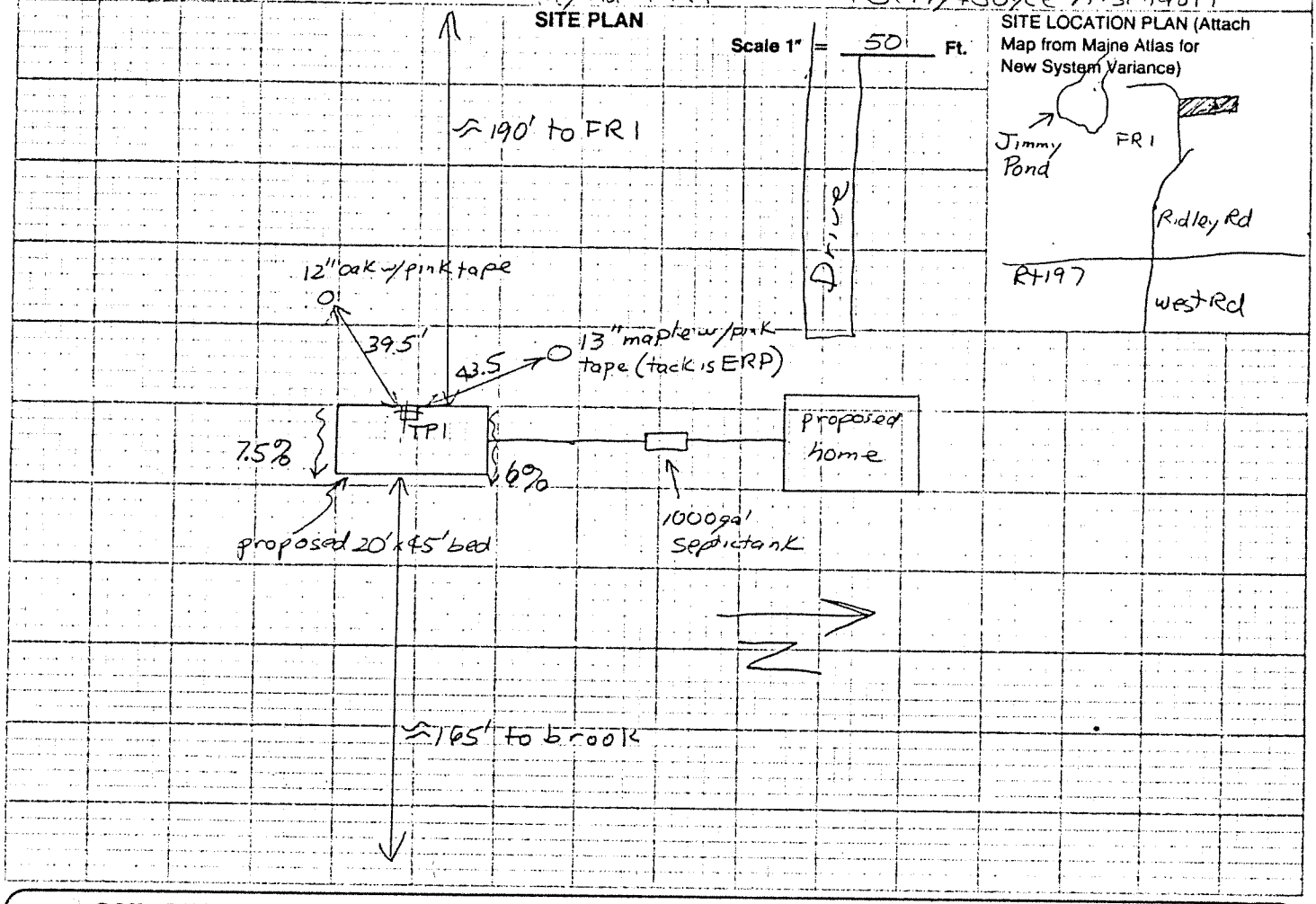
Department of Human Services
Division of Health Engineering

Town, City, Plantation: Litchfield (Ferrin Rd?)
Street, Road, Subdivision: Ridley Rd FR1
Owners Name: Jerry + Joyce Arsenault

SITE PLAN

Scale 1" = 50 Ft.



SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

Observation Hole 1 ☒ Test Pit ☐ Boring

0 " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

Depth	Texture	Consistency	Color	Mottling
0–6			dark brown	
6–15	sandy	friable	reddish brown	
15–30	loam		yellow brown	
30–50		firm	gray	common distinct

Soil	Classification	Slope	Limiting Factor	
3 (Profile)	C (Condition)	7 %	24	☐ Ground Water ☒ Restrictive Layer ☐ Bedrock

Observation Hole _____ ☐ Test Pit ☐ Boring

_____ " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

Depth	Texture	Consistency	Color	Mottling
0–50				

Soil	Classification	Slope	Limiting Factor	
(Profile)	(Condition)	%		☐ Ground Water ☐ Restrictive Layer ☐ Bedrock

Stephen A. McLaughlin
Site Evaluator Signature

200 [signature] 8/1/88
SE# Date

Page 2 of 3
HHE-200 Rev. 1/84

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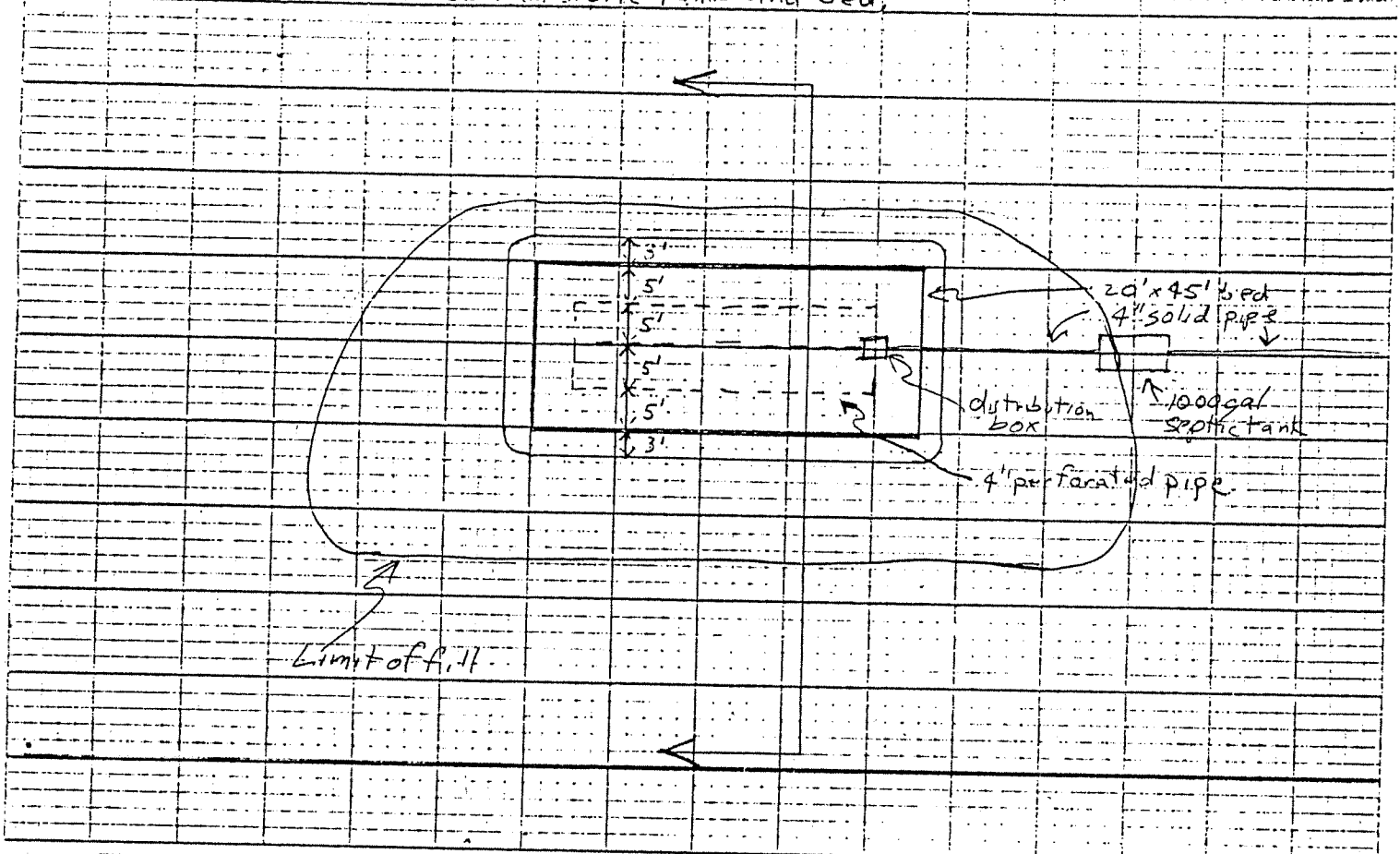
Town, City, Plantation: Litchfield
Street, Road, Subdivision: (Ferrin Rd?) Ridley Rd PR1
Owners Name: Jerry and Joyce Arsenault

SUBSURFACE WASTEWATER DISPOSAL PLAN

House must be at least 8' from septic tank and 20' from bed.
Well must be at least 100' from septic tank and bed.

Scale 1" = 20 Ft.



FILL REQUIREMENTS

Depth of Fill (Upslope): 12'
Depth of Fill (Downslope): 29'

CONSTRUCTION ELEVATIONS

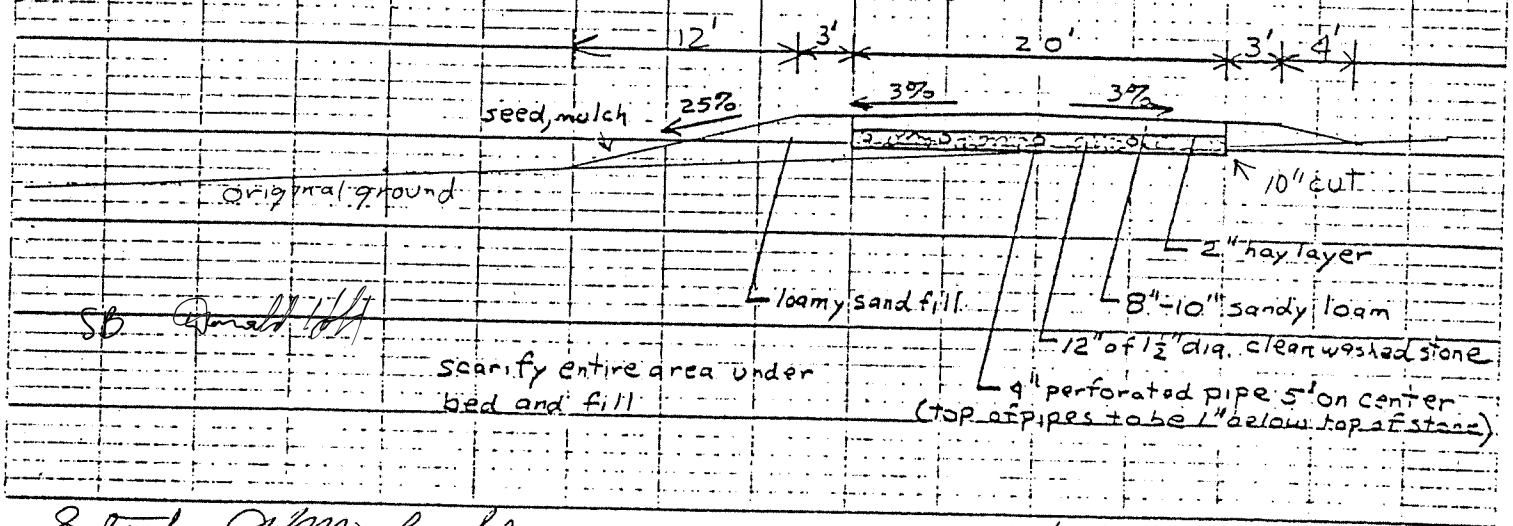
Reference Elevation is: 0"
Bottom of Disposal Area: -63"
Top of Distribution Lines or Chambers: -52"

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

tack 30" above ground in 13" maple north of bed

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 inch = 10 Ft.
Horizontal: 1 inch = 10 Ft.



Stephen A McLaughlin
Site Evaluator Signature

200
SE#

8/1/89
Date