SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept.Health & Human Services
Division of Health Engineering, 10 SHS
(207) 287-5672 Fax: (207) 287-3165

PROPERTY LOCATION

>> CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW <<

City, Town, Plantation	AUGUSTA
Street or Road	HENRY'S WAY
Subdivision, Lot #	

AUGUSTA PERMIT # 6302 TOWN COPY
Date Permit Issued: 5/21/09 $ 120.00 ☐ If Double Fee Charged
FEE
Local Plumbing Inspector Signature L.P.I. # 1604

OWNER/APPLICANT INFORMATION

Name (last, first, MI)	ALBERT, JAMES H. ☒ Owner ☐ Applicant
Mailing Address of Owner/Applicant	35 HENRY'S WAY AUGUSTA, ME 04330
Daytime Tel. #	207 623 4386

Municipal Tax Map # 2 Lot # 1C

OWNER OR APPLICANT STATEMENT
I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit.
Signature of Owner or Applicant Date 5/20/09

CAUTION: INSPECTION REQUIRED
I have inspected the installation authoirzed above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.
5/17/09 (1st) date approved
Local Plumbing Inspector Signature 8/19/09 (2nd) date approved

PERMIT INFORMATION

TYPE OF APPLICATION
- ☒ 1. First Time System
- ☐ 2. Replacement System
  - Type replaced: ____
  - Year Installed: ____
- ☐ 3. Expanded System
  - ☐ a. Minor Expansion
  - ☐ b. Major Expansion
- ☐ 4. Experimental System
- ☐ 5. Seasonal Conversion

THIS APPLICATION REQUIRES
- ☒ 1. No Rule Variance
- ☐ 2. First Time System Variance
  - ☐ a. Local Plumbing Inspector Approval
  - ☐ b. State & Local Plumbing Inspector Approval
- ☐ 3. Replacement System Variance
  - ☐ a. Local Plumbing Inspector Approval
  - ☐ b. State & Local Plumbing Inspector Approval
- ☐ 4. Minimum Lot Size Variance
- ☐ 5. Seasonal Conversion Permit

DISPOSAL SYSTEM COMPONENTS
- ☒ 1. Complete Non-engineered System
- ☐ 2. Primitive System (graywater & alt. toilet)
- ☐ 3. Alternative Toilet, specify: ____
- ☐ 4. Non-engineered Treatment Tank (only)
- ☐ 5. Holding Tank, ____ gallons
- ☐ 6. Non-engineered Disposal Field (only)
- ☐ 7. Separated Laundry System
- ☐ 8. Complete Engineered System (2000 gpd or more)
- ☐ 9. Engineered Treatment Tank (only)
- ☐ 10. Engineered Disposal Field (only)
- ☐ 11. Pre-treatment, specify: ____
- ☐ 12. Miscellaneous Components

SIZE OF PROPERTY
50± ☐ SQ. FT. ☒ ACRES

SHORELAND ZONING
☐ Yes ☒ No

DISPOSAL SYSTEM TO SERVE
- ☒ 1. Single Family Dwelling Unit, No. of Bedrooms: 3
- ☐ 2. Multiple Family Dwelling, No. of Units: ____
- ☐ 3. Other: ____ (specify)

Current Use ☐ Seasonal ☐ Year Round ☒ Undeveloped

TYPE OF WATER SUPPLY
EXISTING
☒ 1. Drilled Well ☐ 2. Dug Well ☐ 3. Private
☐ 4. Public ☐ 5. Other

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK
- ☒ 1. Concrete
  - ☒ a. Regular
  - ☐ b. Low Profile
- ☐ 2. Plastic
- ☐ 3. Other: ____

CAPACITY: 1000 GAL.

DISPOSAL FIELD TYPE & SIZE
- ☒ 1. Stone Bed ☐ 2. Stone Trench
- ☐ 3. Proprietary Device
  - ☐ a. cluster array ☐ c. Linear
  - ☐ b. regular load ☐ d. H-20 load
- ☐ 4. Other: ____

SIZE: 702 ☒ sq. ft. ☐ lin. ft.

GARBAGE DISPOSAL UNIT
☒ 1. No ☐ 2. Yes ☐ 3. Maybe
If Yes or Maybe, specify one below:
- ☐ a. multi-compartment tank
- ☐ b. ___ tanks in series
- ☐ c. Increase in tank capacity
- ☐ d. Filter on Tank Outlet

DESIGN FLOW
270 gallons per day
BASED ON:
- ☒ 1. Table 501.1 (dwelling unit(s))
- ☐ 2. Table 501.2 (other facilities)
  SHOW CALCULATIONS for other facilites
- ☐ 3. Section 503.0 (meter readings)
  ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS
PROFILE CONDITION DESIGN
4 / C / 1
at Observation Hole # TP1
Depth 30"
of Most Limiting Soil Factor

DISPOSAL FIELD SIZING
- ☐ 1. Small---2.0 sq. ft. / gpd
- ☒ 2. Medium---2.6 sq. ft. / gpd
- ☐ 3. Medium---Large 3.3 sq. ft / gpd
- ☐ 4. Large---4.1 sq. ft. / gpd
- ☐ 5. Extra Large---5.0 sq. ft. / gpd

EFFLUENT/EJECTOR PUMP
- ☒ 1. Not Required
- ☐ 2. May Be Required
- ☐ 3. Required

Specify only for engineered systems:
DOSE: ____ gallons

LATITUDE AND LONGITUDE
at center of disposal area
Lat. N44 d 21 m 38.4 s
Lon. W69 d 47 m 21.9 s
If g.p.s, state margin of error: 6'±

SITE EVALUATOR STATEMENT

I certify that on 5/14/09 (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

Site Evaluator Signature ____ SE # 168 Date 5/17/09

JOHN W LORD JR
Site Evaluator Name Printed
207 445 3402 Telephone Number
FAX 207 445 3149 ~~E-mail Address~~

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.
DESIGN SUBJECT TO LOCAL, STATE + FEDERAL ORDINANCES.

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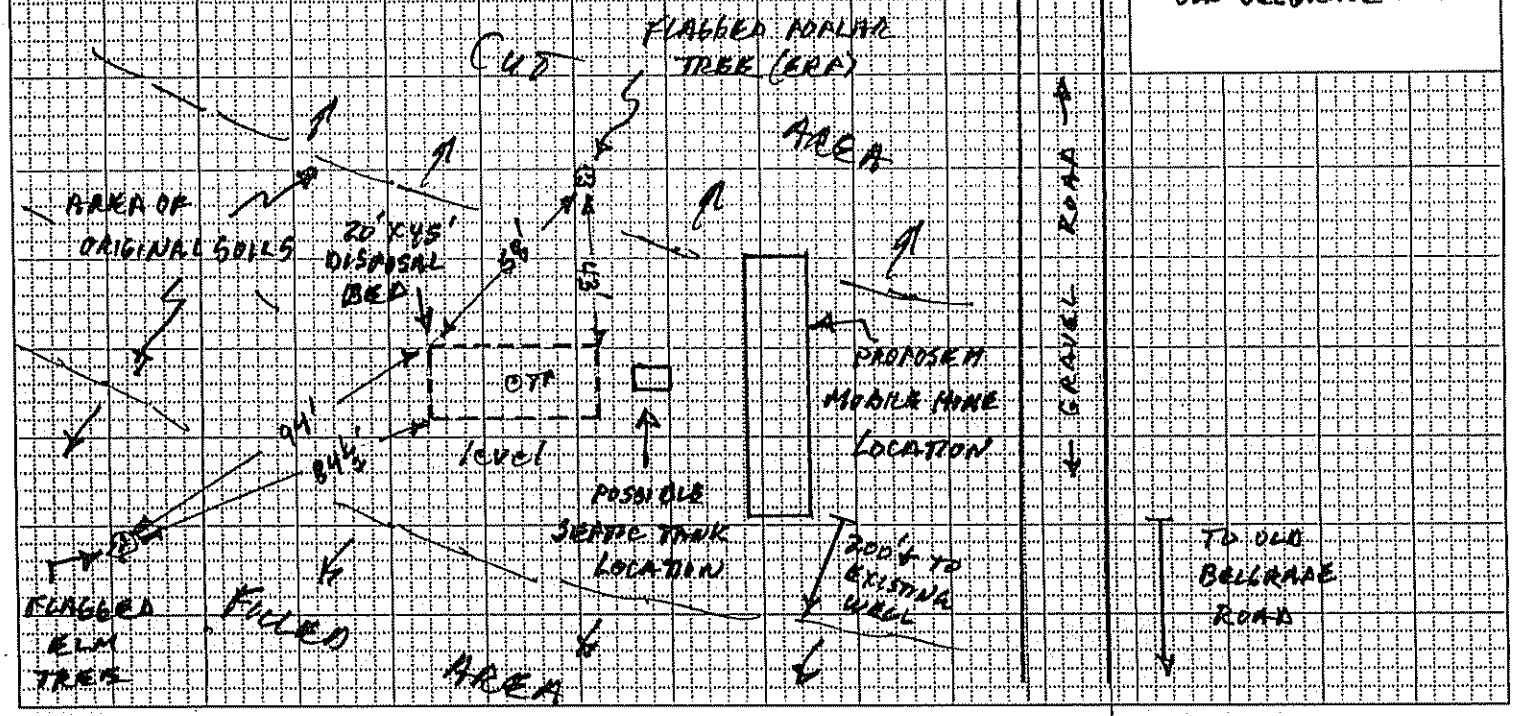
AUGUSTA	HENRY'S WAY	JAMES H. ALBERT

SITE PLAN

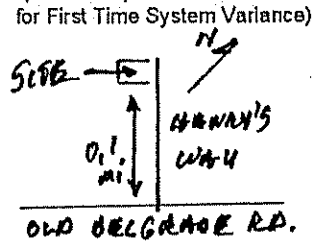
Scale: 1" = 50 ft.

AREA'S ADJACENT TO DISPOSAL BED SITE HAVE BEEN CUT & FILLED. DISPOSAL BED HAS BEEN LOCATED IN AREA WITH ORIGINAL SOILS.



SITE LOCATION MAP

(Attach Map From Maine Atlas for First Time System Variance)



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

Observation Hole # TP1 ☒ Test Pit ☐ Boring

NONE " Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0	SANDY LOAM	FRIABLE	BROWN	
6				
12	LOAMY		YELLOW	
18	SAND	LOOSE	BROWN	
24				
30				
36	LOAMY		OLIVE	COMMON
42	COARSE SAND	SOMEWHAT FIRM	BROWN	FAINT
48				

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	
4	C	level	30	☒ Groundwater ☐ Restrictive Layer ☐ Bedrock

Observation Hole # _____ ☐ Test Pit ☐ Boring

_____ " Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0				
6				
12				
18				
24				
30				
36				
42				
48				

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	
				☐ Groundwater ☐ Restrictive Layer ☐ Bedrock

Site Evaluator Signature _____ SE # 168 Date 5/17/09

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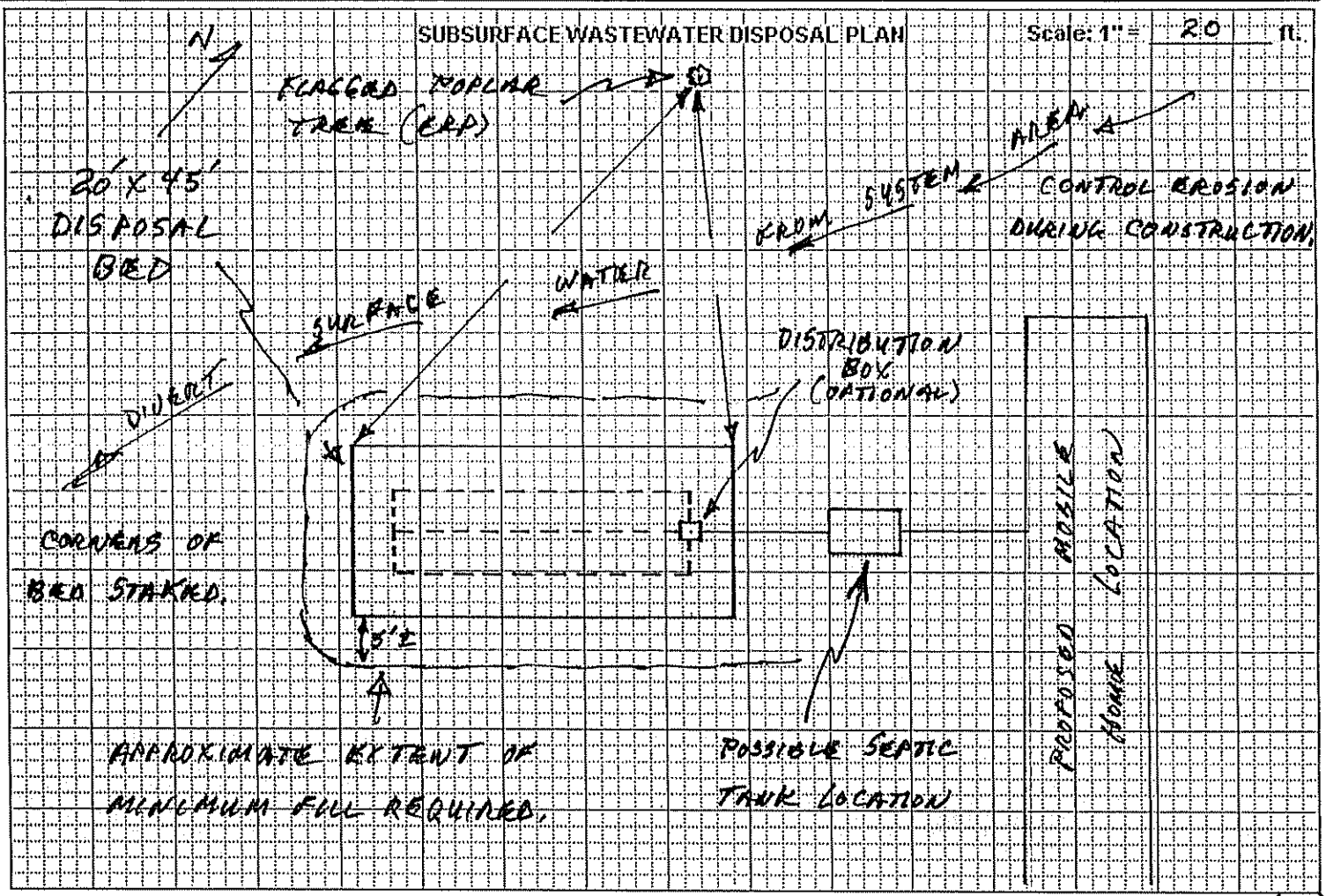
SUBSURFACE WASTEWATER DISPOSAL PLAN — Scale: 1" = 20 ft.



BACKFILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT (ERP)
Depth of Backfill (upslope)	6 "	Finished Grade Elevation	-36 "	Location & Description: FLAGGED NAIL IN
Depth of Backfill (downslope)	6± "	Top of Distribution Pipe ~~or Proprietary Device~~	-49 "	POPLAR TREE 14" ABOVE GRADE AT
DEPTHS AT CROSS-SECTION (shown below)		Bottom of Disposal Field	-60 "	Reference Elevation is: 0.0" at TREE.

DISPOSAL FIELD CROSS-SECTION

Scales:
Vertical: 1" = ft.
Horizontal: 1" = ft.

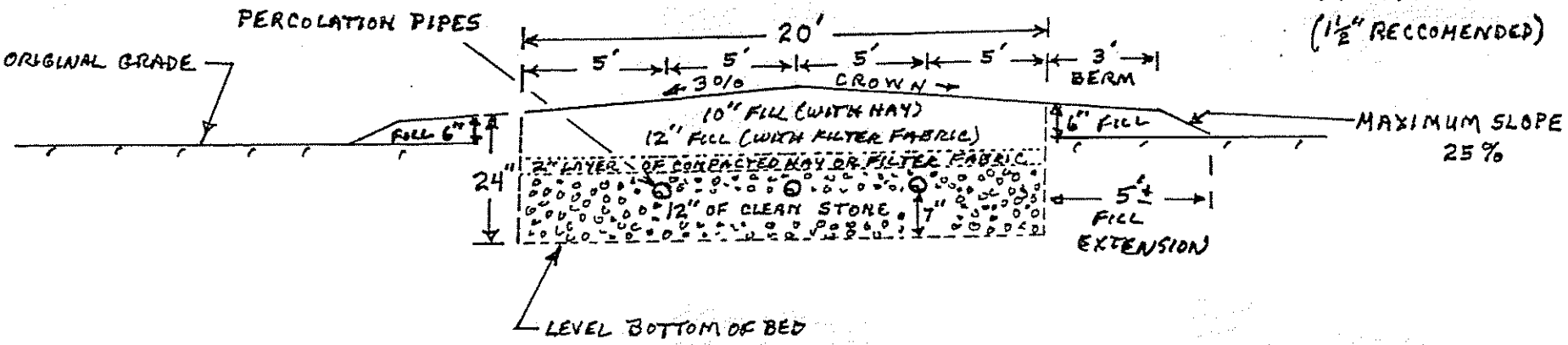
(SEE ATTACHED BED DIAGRAM)

Site Evaluator Signature — SE # 168 — Date 5/17/09

• SEWAGE DISPOSAL BED DETAILS •

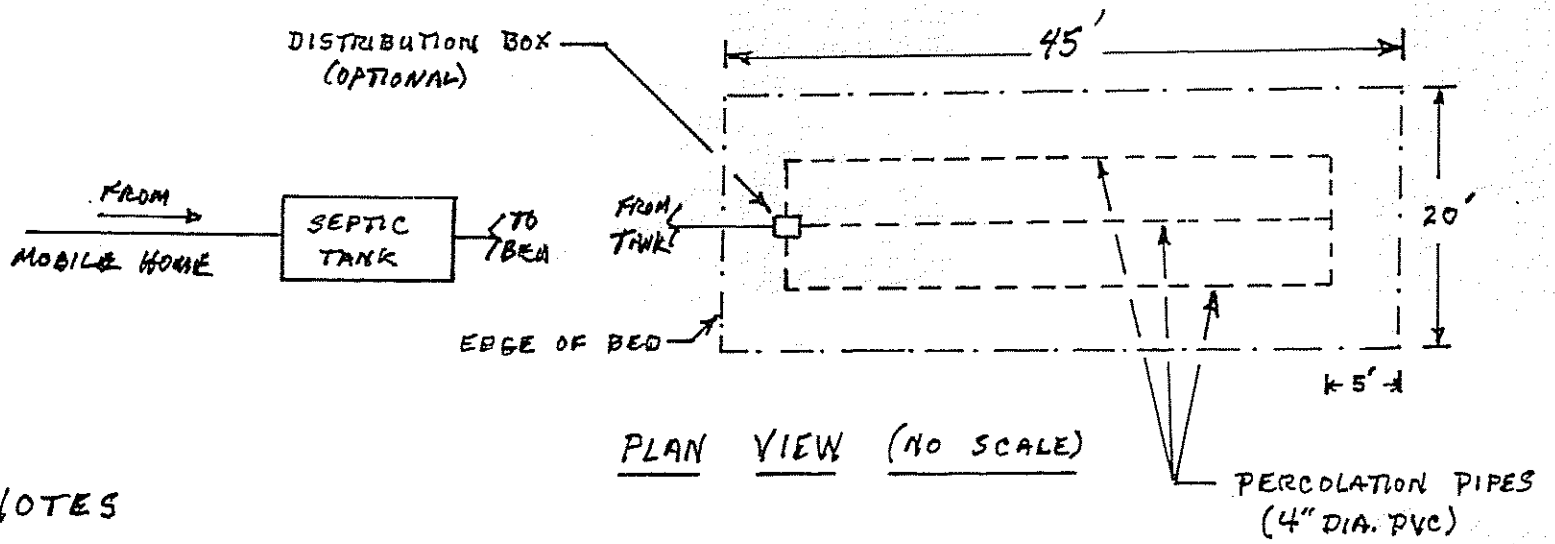
4" LOAM + MULCH TO COVER.

BED REQUIRES CLEAN STONE UNIFORM IN SIZE. (1½" RECCOMENDED)



REMOVE ORGANIC LAYER AND SCARIFY THE SOIL SURFACE BEFORE INSTALLING FILL. INTERFACE FILL INTO ORIGINAL SOILS.

BED CROSS SECTION (NO SCALE)



PLAN VIEW (NO SCALE)

NOTES

1.) 6 INCHES OF FILL IS REQUIRED AT UPHILL SIDE OF BED.
2.) TEXTURE OF FILL SHALL BE GRAVELLY COARSE SAND.
3.) REFER TO MAINE SUBSURFACE WASTE WATER DISPOSAL RULES FOR FURTHER DETAILS REGARDING INSTALLATION PROCEDURES.

FOR: JAMES H. ALBERT

DATE: 5/17/09

BY: JOHN W. LORD, JR. S.E. #168

3/00