SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept Health & Human Services
Division of Health Engineering, 10 SHS
(207) 287-5677 Fax (207) 287-3165

PROPERTY LOCATION

City, Town, or Plantation	Augusta
Street or Road	Bog Road
Subdivision, Lot #	#2 10 Tenacious Way

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

AUGUSTA PERMIT # 6006 00 TOWN COPY

Date Permit Issued: 7/10/07 $ 100 00 ☐ If Double Fee Charged

Local Plumbing Inspector Signature: Gary R. Fuller L.P.I. # 850

OWNER/APPLICANT INFORMATION

Name (last, first, MI)	Turner Michael ☒ Owner ☐ Applicant
Mailing Address of Owner/Applicant	P.O. Box 164 Freedom, ME 04941
Daytime Tel. #	314-2026

Municipal Tax Map # 1 Lot # 15F

OWNER OR APPLICANT STATEMENT
I state and acknowledge that the information provided 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

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

Gary R. Fuller — 5/29/08
Local Plumbing Inspector Signature — (1st) date approved — (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

SIZE OF PROPERTY
1,062 ☐ 50 FT. ☒ ACRES

SHORELAND ZONING
☐ Yes ☒ No

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

Current Use: ☐ Seasonal ☐ Year Round ☐ Undeveloped

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

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

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

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

CAPACITY: 1,000 GAL.

SOIL DATA & DESIGN CLASS
PROFILE	CONDITION	DESIGN
4	B	1

at Observation Hole # ____
Depth ____
of Most Limiting Soil Factor

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: 594 ☐ sq. ft. ☐ lin. ft.

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

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

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

Specify only for engineered systems:
DOSE: ____ gallons

DESIGN FLOW
180 gallons per day
BASED ON:
- ☒ 1. Table 501.1 (dwelling unit(s))
- ☐ 2. Table 501.2 (other facilities)

SHOW CALCULATIONS for other facilities

- ☐ 3. Section 503.0 (meter readings)

ATTACH WATER METER DATA

LATITUDE AND LONGITUDE at center of disposal area
Lat. ____ d ____ m ____ s
Lon. ____ d ____ m ____ s
If g.p.s. state margin of error: ____

SITE EVALUATOR STATEMENT

I certify that on Oct 6, 2006 (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).

Everett C. Drake	86	11/3/06
Site Evaluator Signature	SE #	Date

Everett C. Drake	437-4461	
Site Evaluator Name Printed	Telephone Number	E-mail Address

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.

HHE-200 Rev. 12/05

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Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX (207) 287-4172

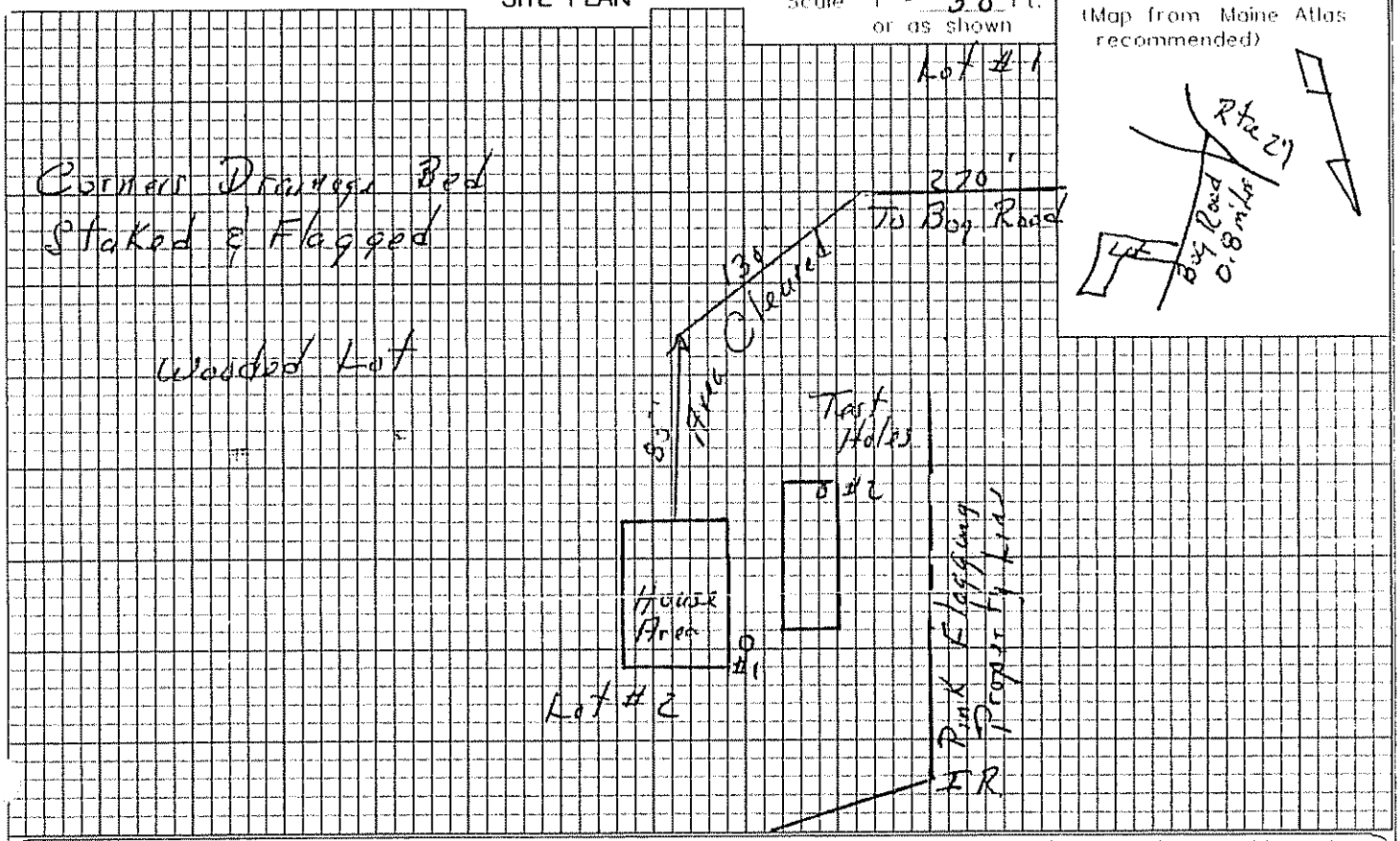
Town, City, Plantation: Augusta

Street, Road Subdivision: Bog Road

Owner's Name: Michael Turner

SITE PLAN

Scale 1" = 50 Ft. or as shown



SITE LOCATION PLAN
(Map from Maine Atlas recommended)

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)	Texture	Consistency	Color	Mottling
0	Sandy loam	Loose	Reddish Brown	
10				
20	Sand	Loose	yellowish Brown	
30				
40				
50				

Soil Classification		Slope	Limiting Factor	
4 Profile	B Condition	4 %	— "	☐ Ground Water ☐ Restrictive Layer ☐ Bedrock ☐ Pit Depth

Observation Hole 2 ☒ Test Pit ☐ Boring

0" Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0	Sandy loam	Loose	Brown	
10				
20	Sandy loam	Friable	yellowish Brown	
30	Loamy Sand	Friable	Olive Brown	FeW
40				
50				

Soil Classification		Slope	Limiting Factor	
7 Profile	B Condition	4 %	30 "	☑ Ground Water ☐ Restrictive Layer ☐ Bedrock ☐ Pit Depth

Everett C Drake — Site Evaluator Signature

86 — SE #

11/3/06 — Date

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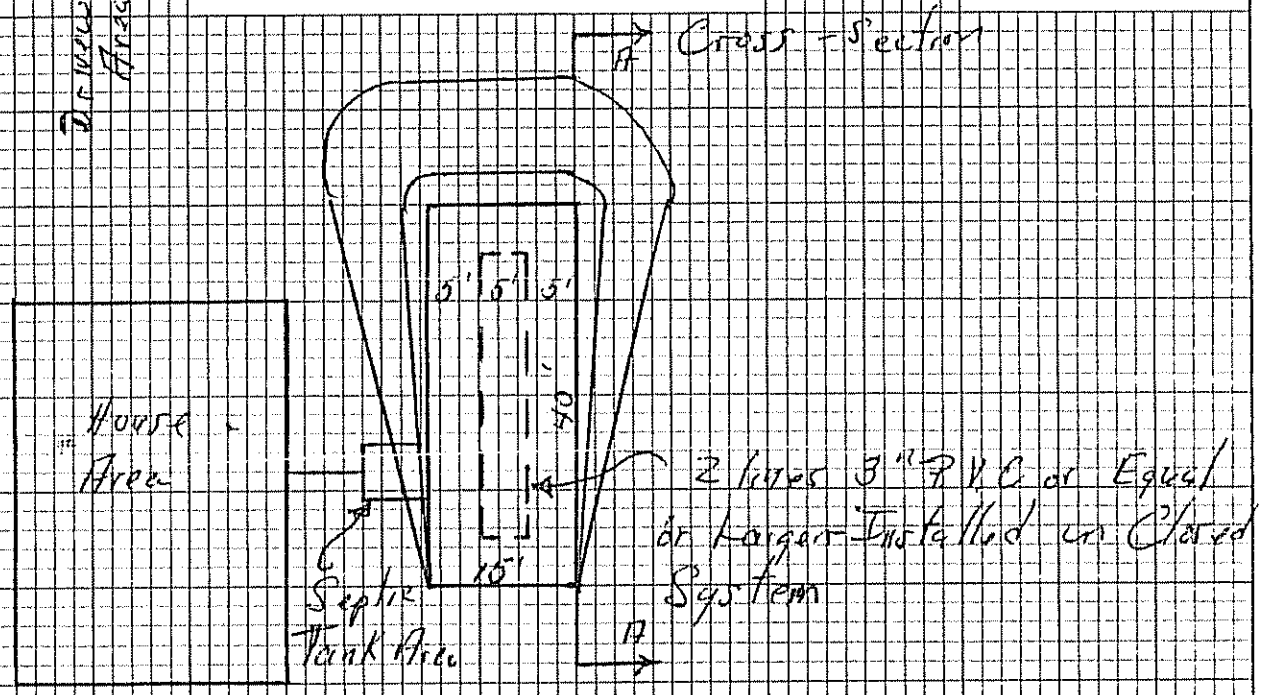
Division of Health Engineering
(207) 287-5672 FAX (207) 287-4172

Town, City, Plantation	Street, Road, Subdivision	Owner's Name
Augusta	Bog Road	Michael Turner

SUBSURFACE WASTEWATER DISPOSAL PLAN

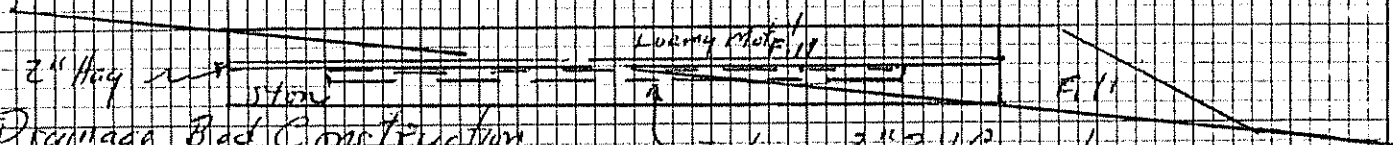
SCALE 1" = 20 FT.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT	
Depth of Fill (Upslope)	0"	Finished Grade Elevation	98'-3'	Location & Description	Hor Spike 2' High 6" Poplar
Depth of Fill (Downslope)	24"	Top of Distribution Pipe or Proprietary Device	98'-2"		
		Bottom of Disposal Area	96'-3"	Reference Elevation	102.0

DISPOSAL AREA CROSS SECTION

SCALE:
VERTICAL: 1" = 5'
HORIZONTAL: 1" = 10'



Drainage Bed Construction
4" Loamy Material
6" Fill
2" Hay
12" Stone (Between 3/4" to 2 1/2")

Everett C. Drake — Site Evaluator Signature
86 — SE #
11/3/06 — Date