SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of 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, or Plantation: Augusta

Street or Road: 8 Wilson Ct.

Subdivision, Lot #:

AUGUSTA 5111 TOWN COPY

Date Permit Issued: 7/2/03 $ 100.00 ☐ Double Fee Charged

Local Plumbing Inspector Signature: [signature] L.P.I. # 850

OWNER/APPLICANT INFORMATION

Name (last, first, MI): 1st United Pentecostal ☑ Owner ☐ Applicant

Mailing Address of Owner/Applicant: 8 Wilson Ct. Augusta, ME 04330

Daytime Tel. #: 623-4917

Municipal Tax Map # 1 Lot # 179

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: [signature] Date: 6/23/03

CAUTION: INSPECTION REQUIRED

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

(1st) date approved: 8/5/03

Local Plumbing Inspector Signature: [signature] (2nd) date approved: 8/5/03

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 Disposal Area
☐ 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

1+ ☐ 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

☑ 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 1,000 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: 900 ☑ 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 3 CONDITION C DESIGN 1
at Observation Hole # 1
Depth 20"
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. f.t / 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

SITE EVALUATOR STATEMENT

I certify that on 6/5/03 (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: [signature] SE # 256 Date 6/6/03

Site Evaluator Name Printed: JOHN PHILBRICK

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

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

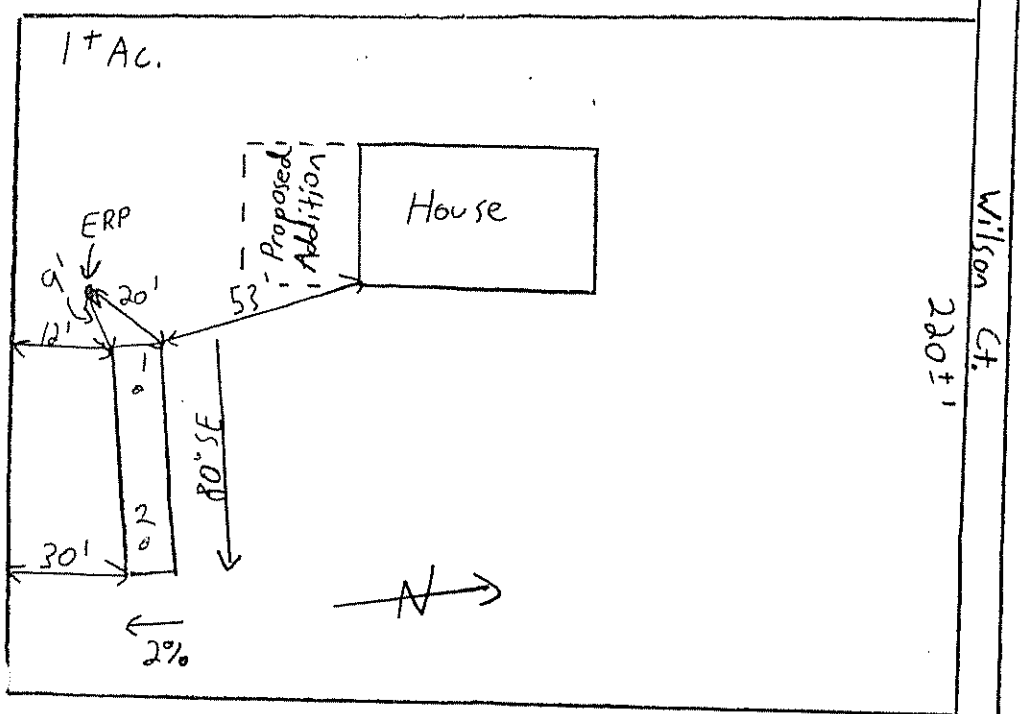
Town, City, Plantation: Augusta

Street, Road Subdivision: Wilson Ct.

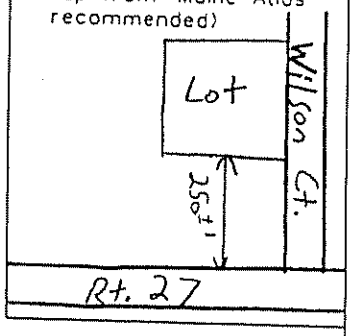
Owner's Name: 1st United PenteCostal

SITE PLAN

Scale 1" = 50 Ft. or as shown



SITE LOCATION PLAN
(Map from Maine Atlas recommended)



15' x 60' Bed
Flags Mark
Corners

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

Observation Hole 1 ☑ Test Pit ☐ Boring

2± " Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–10	Sandy Loam	Friable	Brown	None
10–20	Loamy Sand	↓	Red or Yellow	↓
20–30	Fine Loamy	Firm		Common Distinct
30–40	Sand			
40–50	↓			↓

Soil Classification		Slope	Limiting Factor	
3 Profile	C Condition	2 %	20"	☑ Ground Water ☑ Restrictive Layer ☐ Bedrock ☐ Pit Depth

Observation Hole 2 ☑ Test Pit ☐ Boring

2± " Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–10				
10–20		Same as #1		
20–30				
30–40				
40–50				

Soil Classification		Slope	Limiting Factor	
3 Profile	C Condition	2 %	20"	☑ Ground Water ☑ Restrictive Layer ☐ Bedrock ☐ Pit Depth

Site Evaluator Signature: [signature]

SE # 256

Date: 6/6/03

HHE-200 Rev. 7/97

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01040103

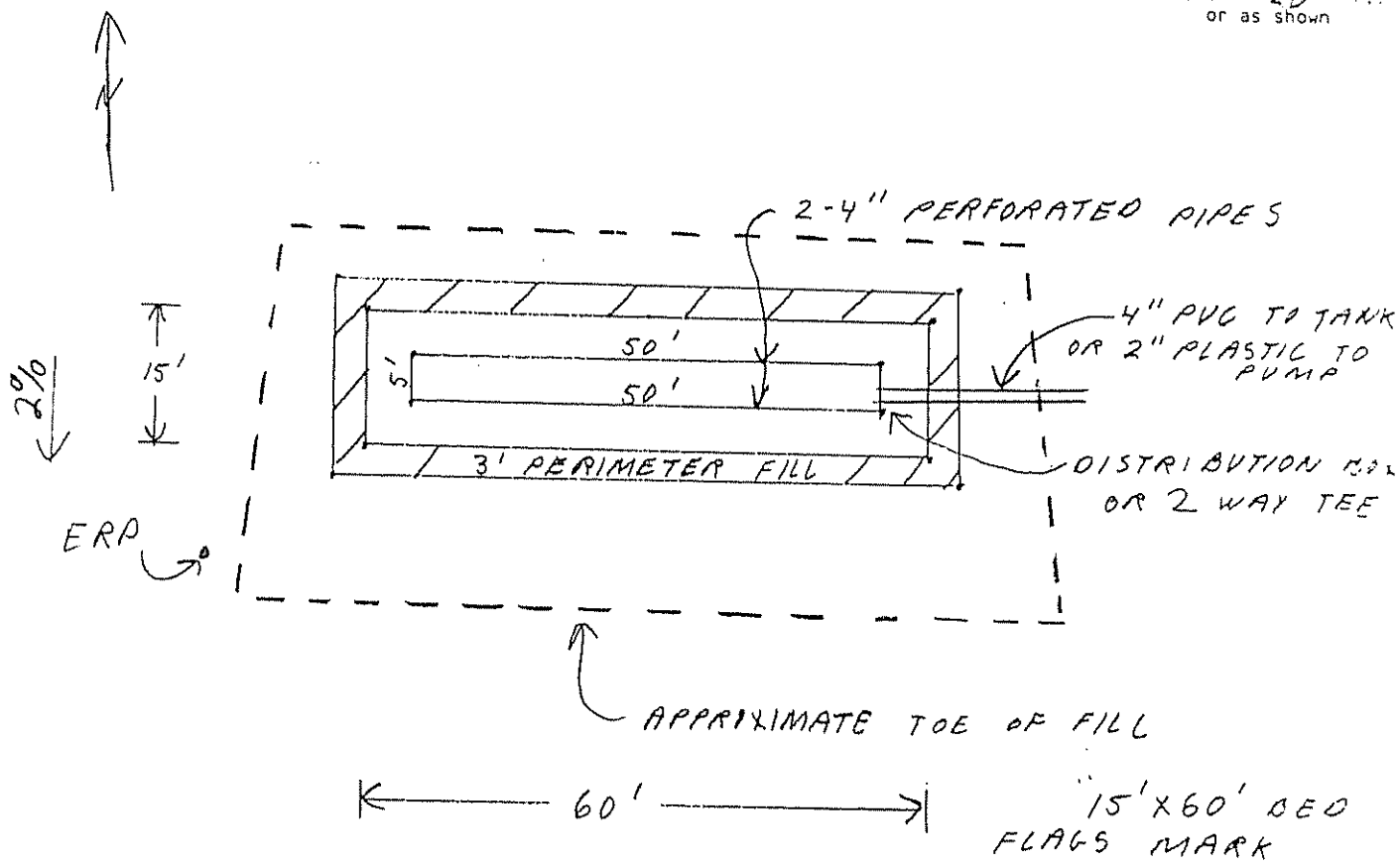
Town, City, Plantation: Augusta

Street, Road, Subdivision: Wilson Ct.

Owner's Name: 1st United Pentecostal

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 Ft. or as shown



FILL REQUIREMENTS

Depth of Fill (Upslope) 16"

Depth of Fill (Downslope) 21"

CONSTRUCTION ELEVATION

Reference Elevation is 0"

Bottom of Disposal Area -54"

Top of Distribution Lines or Chambers -43"

ELEVATION REFERENCE POINT

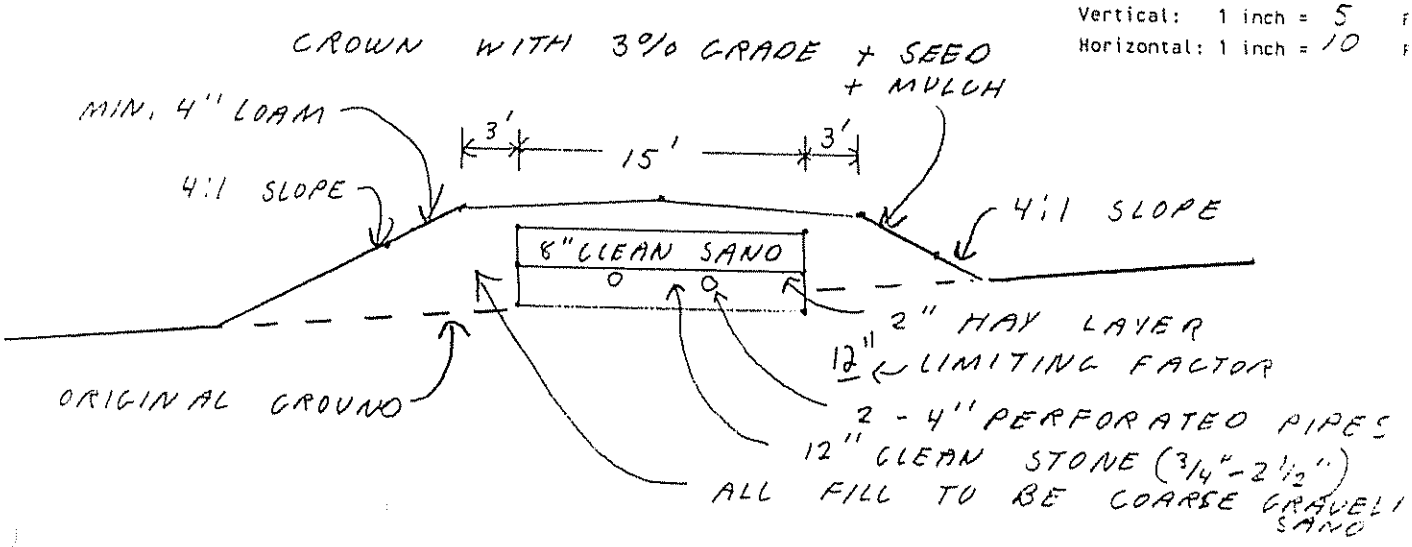
ERP is 14" Black Cherry 9' West of System 48" Above ground

DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = 5 Ft.

Horizontal: 1 inch = 10 Ft.



Site Evaluator Signature

256
SE#

6/6/03
Date

Approved for use as HHE 200 by Division of Health Engineering 9/87