

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
 Division of Health Engineering, 10SHS
 (207)287-5672 FAX (207)287-3165

PROPERTY LOCATION		>> CAUTION: PERMIT REQUIRED -- ATTACH IN SPACE BELOW <<	
City, Town, or Plantation	AUGSTA	AUGUSTA Date Permit Issued: <u>5/6/02</u> 4858 TOWN COPY \$ <u>1201.00</u> <input type="checkbox"/> II Double Fee Charged Local Plumbing Inspector Signature: <u>[Signature]</u> L.P.I. # <u>1802</u>	
Street or Road	MIDDLE ROAD		
Subdivision, Lot #			
OWNER/APPLICANT INFORMATION			
Name (last, first, MI)	RICE, JAY <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant		
Mailing Address of Owner/Applicant	325 MAIN STREET APT 3 WINTHROP, ME 04364		
Daytime Tel. #	377-8195	Municipal Tax Map # <u>1</u> Lot # <u>18</u>	5/24/02 Local Plumbing Inspector Signature: <u>[Signature]</u> (1st) Date Approved
OWNER OR APPLICANT STATEMENT		CAUTION: INSPECTION REQUIRED	
I state 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.		I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application	
Signature of Owner/Applicant: <u>[Signature]</u> Date: _____		Local Plumbing Inspector Signature: _____ (2nd) Date Approved: _____	

PERMIT INFORMATION			
TYPE OF APPLICATION <input checked="" type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type replaced _____ Year installed _____ <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. Minor Expansion <input type="checkbox"/> b. Major Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	THIS APPLICATION REQUIRES <input checked="" type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector approval <input type="checkbox"/> b. State & Local Plumbing Inspector approval <input type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector approval <input type="checkbox"/> b. State & Local Plumbing Inspector approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	DISPOSAL SYSTEM COMPONENTS <input checked="" type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & ait. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify _____ <input type="checkbox"/> 4. Non-Engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pretreatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous Components	
SIZE OF PROPERTY 69 <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres	DISPOSAL SYSTEM TO SERVE: <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>2</u> <input type="checkbox"/> 2. Multiple Family Dwelling Unit, No. of Units: _____ <input type="checkbox"/> 3. Other _____ (specify) Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped	TYPE OF WATER SUPPLY <input checked="" type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK <input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other _____ CAPACITY <u>1000</u> GAL.	DISPOSAL FIELD TYPE & SIZE <input checked="" type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. cluster array <input type="checkbox"/> c. linear <input type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other _____ SIZE <u>600</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT <input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> a. multi-compartment tank <input type="checkbox"/> b. _____ tanks in series <input type="checkbox"/> c. increase in tank capacity <input type="checkbox"/> d. Filter on Tank Outlet	DESIGN FLOW <u>180</u> gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 501.1 (dwelling unit(s)) <input type="checkbox"/> 2. Table 501.2 (other facilities) SHOW CALCULATIONS -for other facilities-
SOIL DATA & DESIGN CLASS PROFILE <u>3</u> / CONDITION <u>C</u> / DESIGN <u>1</u> at Observation Hole # <u>TP-1</u> Depth <u>15</u> " of Most Limiting Soil Factor	DISPOSAL FIELD SIZING 1. <input type="checkbox"/> Small - 2.0 sq. ft./gpd 2. <input type="checkbox"/> Medium - 2.6 sq. ft./gpd 3. <input checked="" type="checkbox"/> Medium-Large - 3.3 sq. ft./gpd 4. <input type="checkbox"/> Large - 4.1 sq. ft./gpd 5. <input type="checkbox"/> Extra-Large - 5.0 sq. ft./gpd	EFFLUENT/EJECTOR PUMP 1. <input checked="" type="checkbox"/> Not Required 2. <input type="checkbox"/> May Be Required 3. <input type="checkbox"/> Required>> Specify only for engineered or experimental systems DOSE _____ gallons	<input type="checkbox"/> 3. Section 503.0 (meter readings) ATTACH WATER METER DATA

SITE EVALUATOR'S STATEMENT		
I certify that on <u>4/17/2002</u> (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).		
<u>William P Brown</u> Site Evaluator Signature	188 SE#	<u>4/18/2002</u> Date
WILLIAM P BROWN Site Evaluator Name Printed	293-2110 Telephone #	

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation

Street, Road, Subdivision

Owners Name

AUGUSTA

MIDDLE ROAD

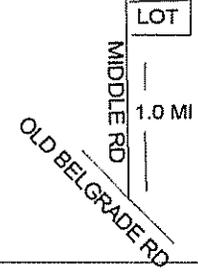
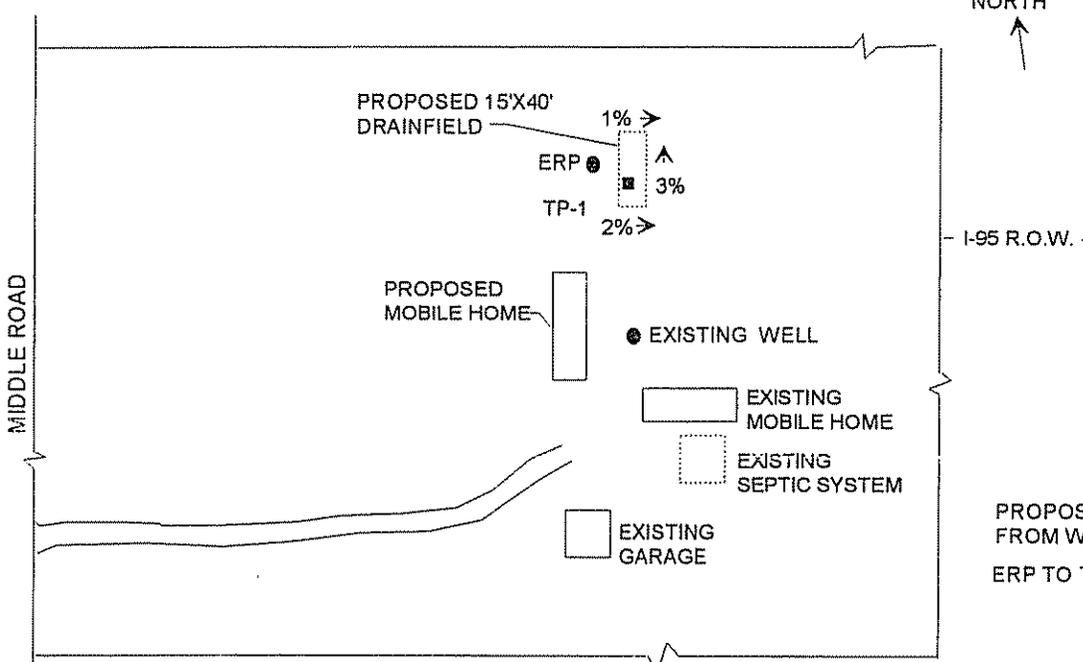
JAY RICE

SITE PLAN

Scale 1" = 100 Ft.

SITE LOCATION PLAN

(Map from Maine Atlas recommended)



PROPOSED SEPTIC SYSTEM IS 100 FEET FROM WELL
ERP TO TP-1 = 14'

THIS 69 ACRE LOT HAS APPROXIMATELY 5 TO 6 ACRES THAT ARE NOT UNDER TREE GROWTH. ON THIS PARCEL IS A MOBILE HOME, SEPTIC SYSTEM, AND DRILLED WELL. THE PROPOSAL IS TO ADD A 2 BEDROOM MOBILE HOME WHICH WILL SHARE THE EXISTING WELL AND HAVE A SEPARATE SEPTIC SYSTEM

SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole TP-1 Test Pit Boring
0" Depth of Organic Horizon Above Mineral Soil

Observation Hole _____ Test Pit Boring
" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	FINE SANDY LOAM	FRIABLE	MEDIUM BROWN	
10			YELLOW BROWN	NONE
20		FIRM	LIGHT BROWN	COMMON
30			OLIVE BRN	
40				
50				

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0				
10				
20				
30				
40				
50				

Soil Classification 3 Profile	Condition C	Slope 1-2 %	Limiting Factor 15 "	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
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Soil Classification Profile	Condition Condition	Slope %	Limiting Factor "	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
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WILLIAM P BROWN *William P Brown*
Site Evaluator Signature

188
SE #

4/18/2002
Date

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Owners Name

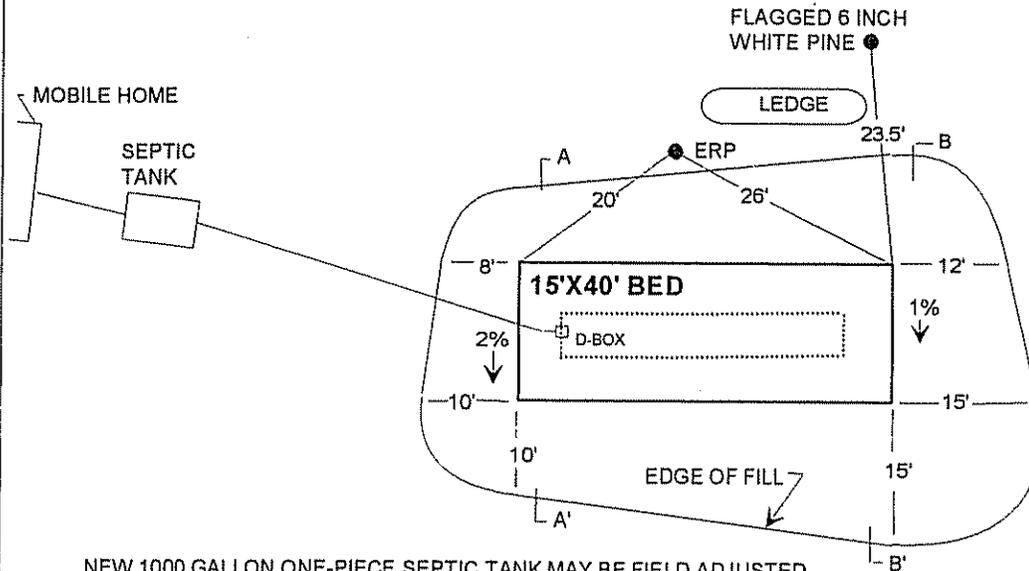
AUGUSTA

MIDDLE ROAD

JAY RICE

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.



NEW 1000 GALLON ONE-PIECE SEPTIC TANK MAY BE FIELD ADJUSTED AT LEAST 50 FEET FROM EXISTING WELL

LOW BOY MAY BE REQUIRED BECAUSE OF LEDGE IN THE AREA

USE SDR 35 PVC FROM SEPTIC TANK TO DISTRIBUTION BOX

FILL REQUIREMENTS

Depth of Fill (Upslope) **21-34"**
Depth of Fill (Downslope) **24-36"**

CONSTRUCTION ELEVATIONS

Reference Elevation is **00"**
Bottom of Disposal Area **-46"**
Top of distribution Lines or Chambers **-35"**

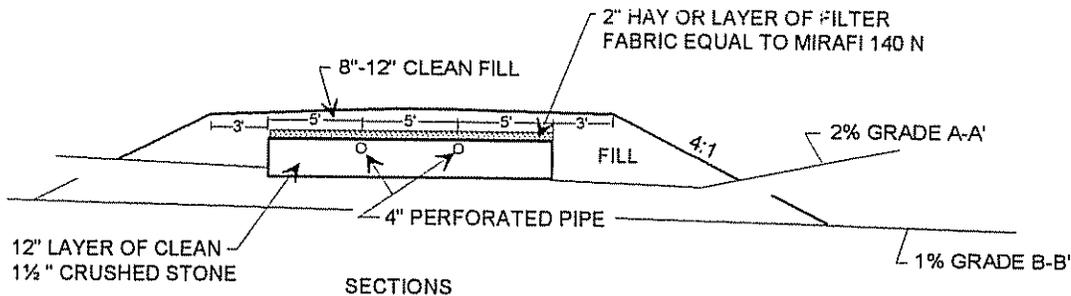
ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

FLAGGED NAIL IN 8 INCH WHITE PINE TREE, 3 FT ABOVE GROUND

DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = 5 Ft.
Horizontal: 1 inch = 10 Ft.



REMOVE STUMPS AND VEGETATION IN DISPOSAL AREA
SCARIFY ENTIRE FILL AREA
ALL FILL SHALL BE GRAVELLY COARSE SAND
MIX 4 INCHES OF FILL MATERIAL THOROUGHLY WITH ORIGINAL SOIL TO FORM A TRANSITION ZONE (ACCORDING TO CHAPTER 8, PLUMBING CODE)
CROWN FINISH GRADE FROM CENTER AT 3%
LOAM, SEED, MULCH

WILLIAM P BROWN
Site Evaluator Signature

William P Brown

188
SE #

4/18/2002
Date

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