FORMS 623-9795 9/28 2:20

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

City, Town, or Plantation: AUGUSTA

Street or Road: 10 BOG ROAD

Subdivision, Lot #:

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

AUGUSTA 5319 TOWN COPY

Date Permit Issued: 7/1/04 $ 100.00 ☐ If Double Fee Charged FEE

Local Plumbing Inspector Signature L.P.I. # 188

OWNER/APPLICANT INFORMATION

Name (last, first, MI): HEALD, GARY E. ☒ Owner ☐ Applicant

Mailing Address of Owner/Applicant: 54 KENNISON ST. A-3 MANCHESTER, ME 04351

Daytime Tel. #:

Municipal Tax Map # 1 Lot # 32

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 6-28-04

CAUTION: INSPECTION REQUIRED

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

Local Plumbing Inspector Signature — (1st) date approved 11/12/04 — (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

± 1.25 ☐ 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: 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: 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 —

SOIL DATA & DESIGN CLASS

PROFILE / CONDITION / DESIGN

3 / C / ____

at Observation Hole # 2

Depth 18 "

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

☐ 3. Section 503.0 (meter readings)

ATTACH WATER METER DATA

SITE EVALUATOR STATEMENT

I certify that on 6/25/04 (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 — VAUGHN SE # 2006 — Date 6/27/04

VAUGHN L. SMITH — 724-5735

Site Evaluator Name Printed — Telephone Number — E-mail Address

STATE OF MAINE VAUGHN L. SMITH SITE EVALUATOR

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

HHE-200 Rev. 8/01

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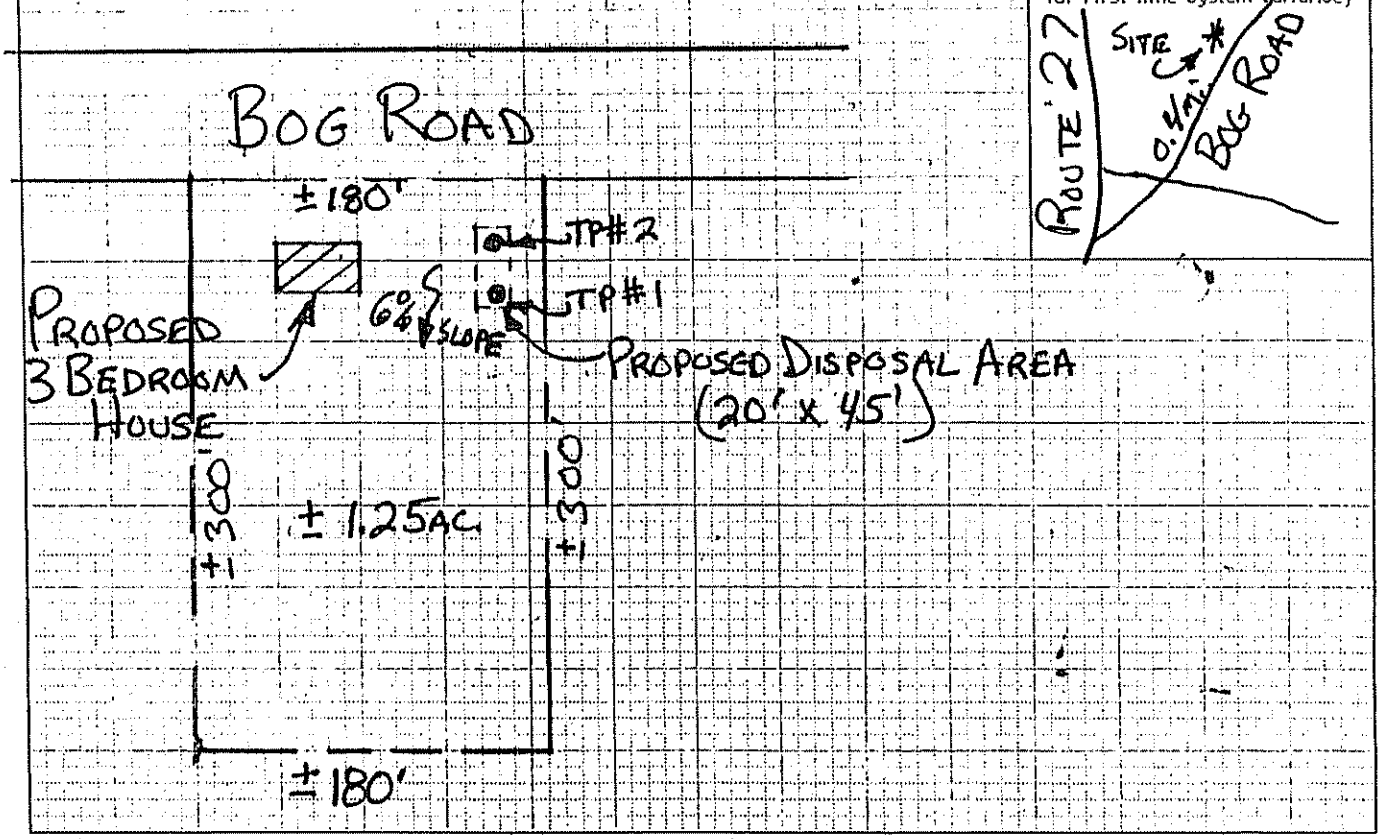
Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation	Street, Road, Subdivision	Owner or Applicant Name
AUGUSTA	BOG ROAD	GARY E. HEALD

SITE PLAN

Scale: 1" = 100 ft.



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 # 1 ☒ Test Pit ☐ Boring

1 " Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–6	SANDY LOAM	FRIABLE	BROWN	NONE
12			OLIVE BROWN	
18				
24	LOAMY			
30	SAND			
36		FIRM	OLIVE	FEW FAINT
42				
48				

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	
3	C	7	18	☒ Groundwater ☐ Restrictive Layer ☐ Bedrock

Observation Hole # 2 ☒ Test Pit ☐ Boring

1 " Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–6	SANDY LOAM	FRIABLE	BROWN	NONE
12			YELLOWISH	
18			BROWN	
24	LOAMY			
30	SAND			
36		FIRM		
42			OLIVE	FEW FAINT
48				

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	
3	C	6	24	☒ Groundwater ☒ Restrictive Layer ☐ Bedrock

Vaughn L. Smith
Site Evaluator Signature

STATE OF MAINE
VAUGHN L. SMITH
SE #
SITE EVALUATOR

6/22/04
Date

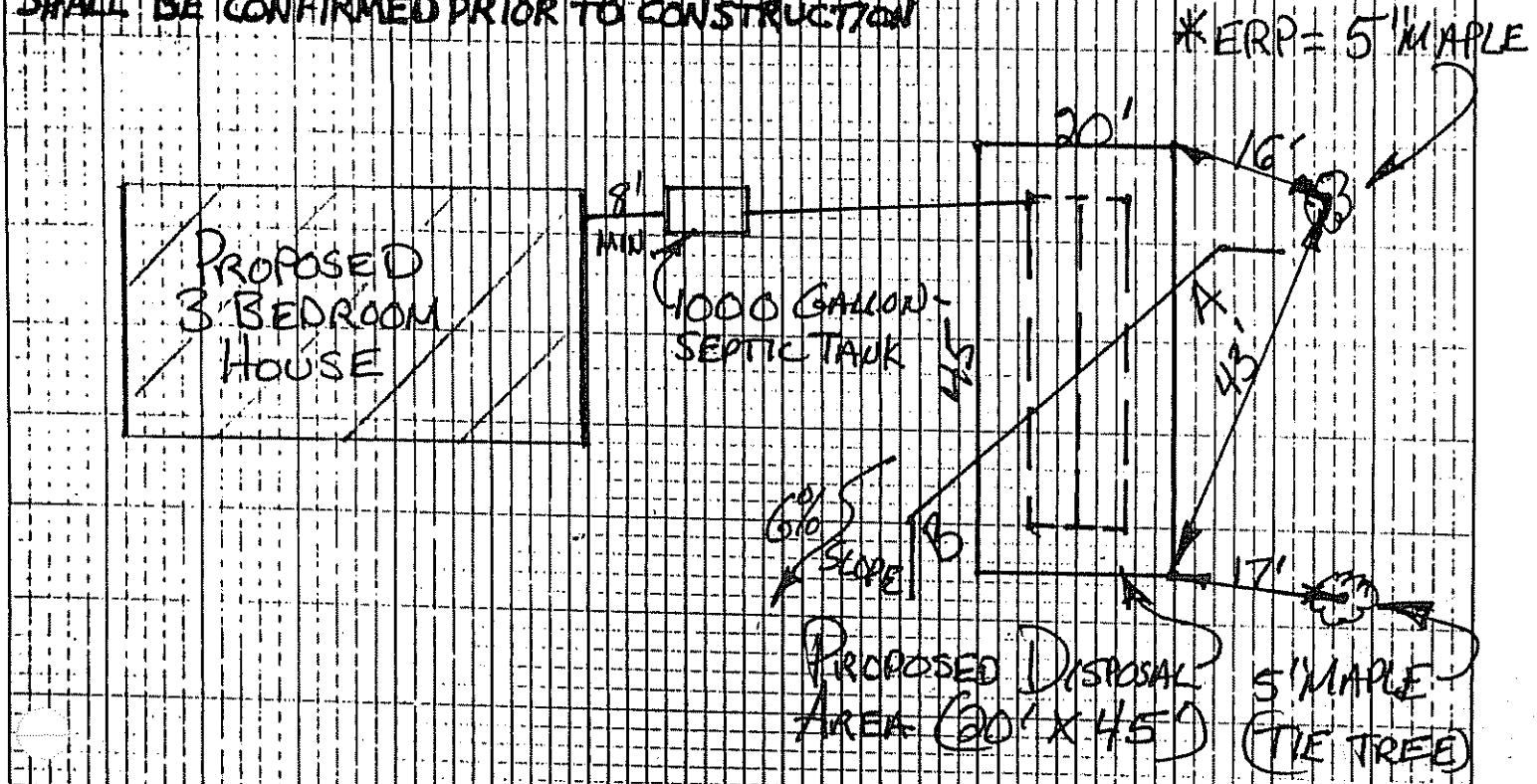
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

AUGUSTA BOG ROAD GARY E. HEALD

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT

NOTES:
ALL TIES, ELEVATIONS, + PROPERTY LINES SHALL BE CONFIRMED PRIOR TO CONSTRUCTION



FILL REQUIREMENTS

Depth of Fill (Upslope) 18"

Depth of Fill (Downslope) 36"

FILL DEPTHS WILL VARY

CONSTRUCTION ELEVATIONS

Finished Grade Elevation -38"

Top of Distribution Pipe or Proprietary Device -50"

Bottom of Disposal Area -62"

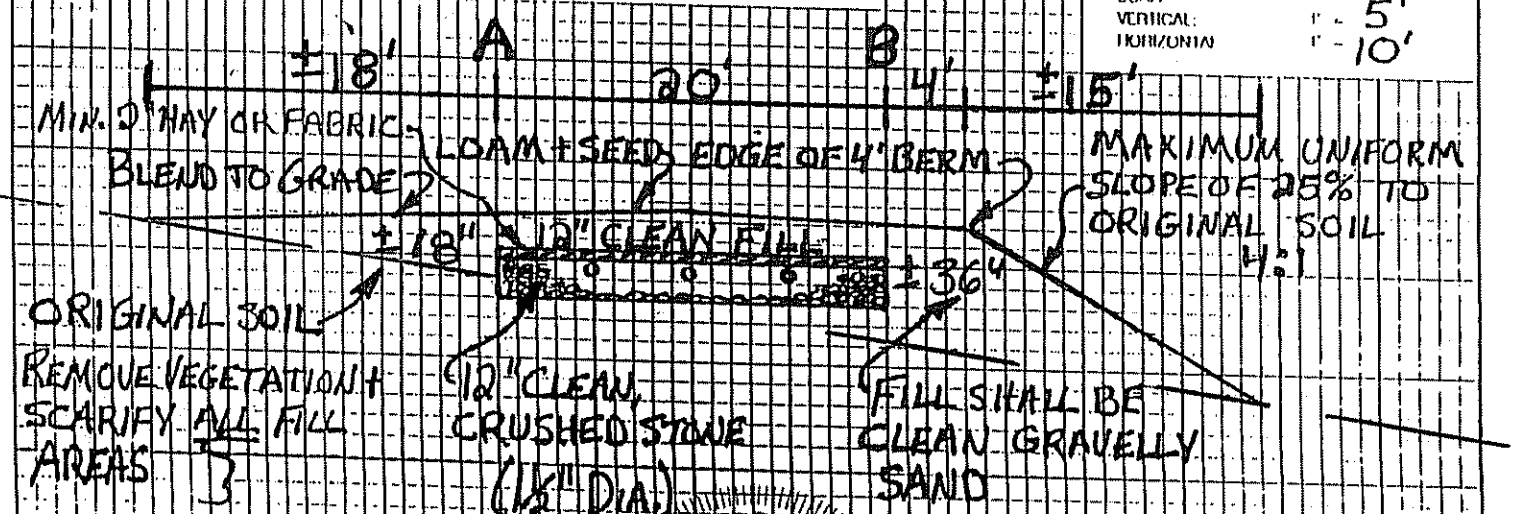
ELEVATION REFERENCE POINT

Location & Description 5" MAPLE W/ NAIL 44" ABOVE GROUND

Reference Elevation 0"

DISPOSAL AREA CROSS SECTION

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



Vaughn L. Smith

Site Evaluator Signature

STATE OF MAINE VAUGHN L. SMITH 226 St. LICENSED SITE EVALUATOR

6/27/04

Date