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

City, Town, or Plantation	Augusta
Street or Road	Bog Road
Subdivision, Lot #	

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

AUGUSTA PERMIT # 5897 TOWN COPY

Date Permit Issued 4/12/06 $ 100.00 ☐ If Double Fee Charged

Local Plumbing Inspector Signature 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 # 33B

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 10-23-06 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.

Local Plumbing Inspector Signature 12/8/07 (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

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

1.062 ☐ 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 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.

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 facilities

SOIL DATA & DESIGN CLASS

PROFILE	CONDITION	DESIGN
7	C	1

at Observation Hole # 1

Depth 33"

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

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 9/8/06 (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	9/29/06
Site Evaluator Signature	SE #	Date

Everett H. 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. 4/05

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

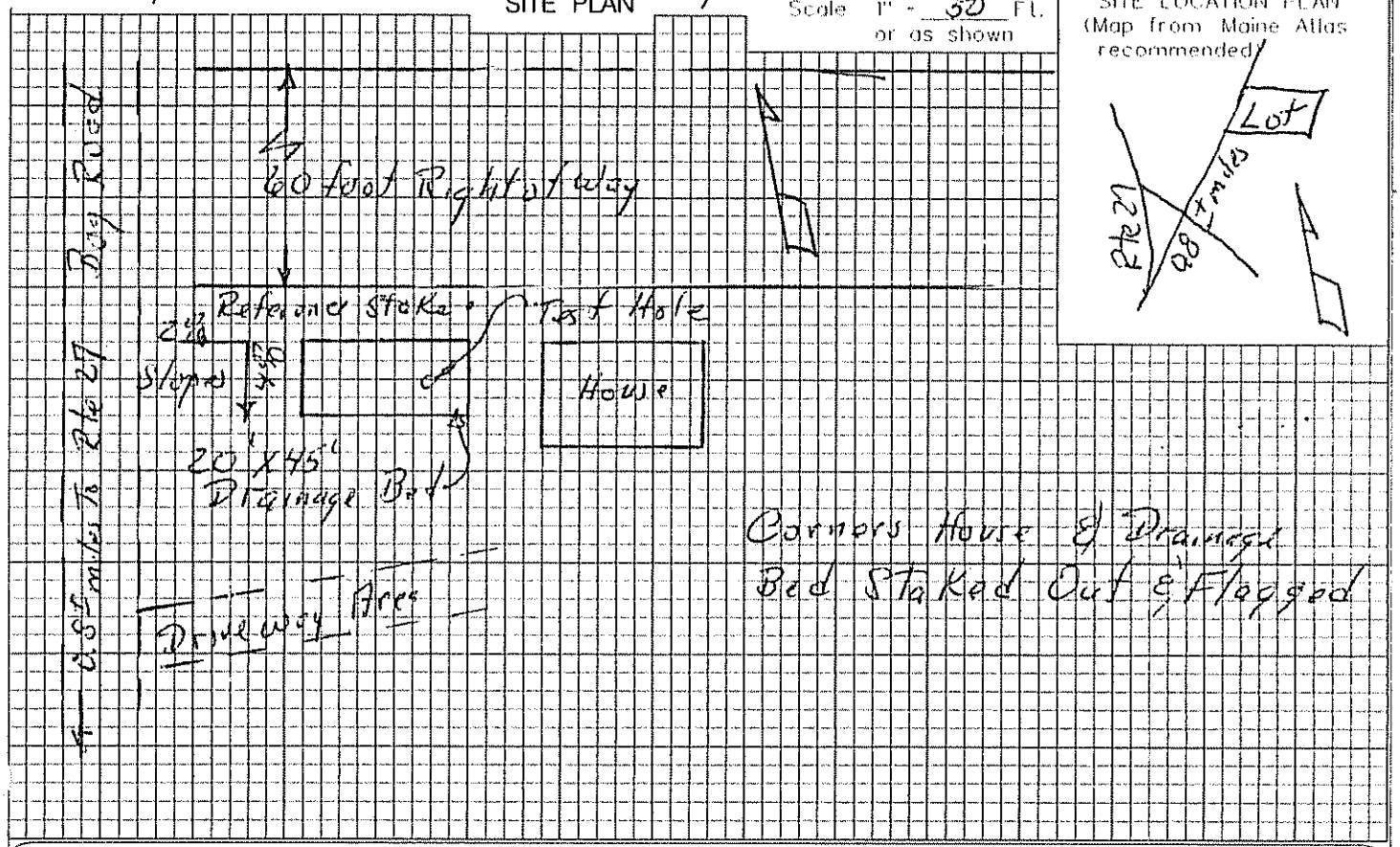
Town, City, Plantation: Augusta

Street, Road, Subdivision: Dog Road

Owner's Name: Michael Turner

SITE PLAN

Scale 1" = 50 Ft. or as shown



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	Loam	Loose	Dark Brown	
10	Sand	Loose	yellowish Brown	
20				
30	Loamy Sand	Friable More Dense	Olive Brown	Few
40				
50				

Soil Classification		Slope	Limiting Factor	
Profile: 7	Condition: C	2 %	33"	☑ Ground Water ☐ Restrictive Layer ☐ Bedrock ☐ Pit Depth

Observation Hole ____ ☐ Test Pit ☐ Boring

" Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0				
10				
20				
30				
40				
50				

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

Everett C Drake — Site Evaluator Signature

86 — SE #

9/29/06 — Date

HHE-200 Rev. 7/97

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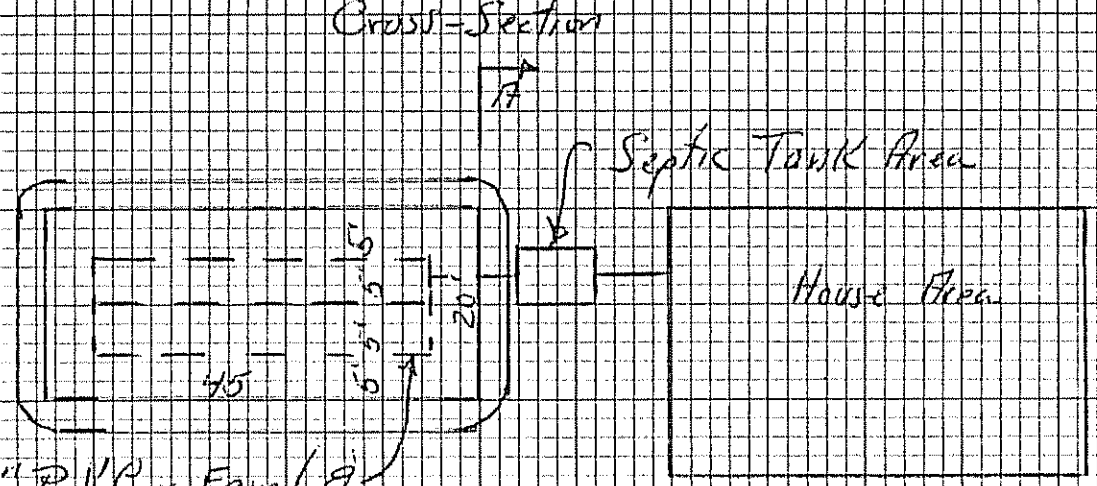
Division of Health Engineering
(207) 287-5672 FAX (207) 287-4172

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

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT.



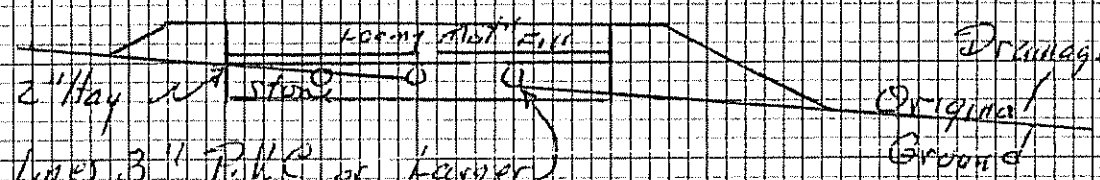
3 Lines 3" PVC or Equal & Larger Installed in Closed System 17

Property Owner has been Given Plumbing Code Distance & Construction Requirements

FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT
Depth of Fill (Upslope)	12"	Finished Grade Elevation	97'-6"	Location & Description Top 3' High Grade Stake
Depth of Fill (Downslope)	21"	Top of Distribution Pipe or Proprietary Device	96'-5"	
		Bottom of Disposal Area	95'-6"	Reference Elevation 103.0

DISPOSAL AREA CROSS SECTION

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



3 Lines 3" PVC or Larger & Equal Installed in Closed System

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 #
9/29/06 — Date