

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services  
Division of Health Engineering, Station 10  
(207) 287-5672 FAX (207) 287-4172

<b>PROPERTY LOCATION</b>		<b>&gt;&gt; Caution: Permit Required – Attach in Space Below &lt;&lt;</b>	
City, Town, or Plantation	Augusta	AUGUSTA Date Permit Issued: <u>5/2/05</u> Local Plumbing Inspector Signature: <u>[Signature]</u>	PERMIT # 5517 TOWN COPY FEE <input type="checkbox"/> Double Fee Charged <input type="checkbox"/> L.P.I. # <u>[Signature]</u>
Street or Road	705 CNR Route 27 Drive		
Subdivision, Lot #			
<b>OWNER/APPLICANT INFORMATION</b>			
Name (last, first, MI)	Collins, Keltie	<input type="checkbox"/> Owner	<input checked="" type="checkbox"/> Applicant
Mailing Address of Owner/Applicant	7 Hasson Street Farmingdale, ME 04344		
Daytime Tel. #	(207) 582-2730	Municipal Tax Map # <u>221</u>	Lot # <u>222 43A</u>
<b>Owner/Applicant Statement</b>		<b>Caution: Inspections Required</b>	
I state and acknowledge that the information submitted is correct to the best of my knowledge, that I have read and agree with the conditions on the back of this form, 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 on back of this form and found it to be in compliance with the Subsurface Wastewater Disposal Rules and local ordinances.	
Signature of Owner/Applicant: <u>[Signature]</u> Date: <u>04-28-05</u>		Local Plumbing Inspector Signature: <u>[Signature]</u> Date Approved: <u>9/23/05</u> (2 <sup>nd</sup> ) Date Approved: _____	
<b>PERMIT INFORMATION</b>			
<b>TYPE OF APPLICATION</b>		<b>THIS APPLICATION REQUIRES</b>	
1. <input checked="" type="checkbox"/> First Time System 2. <input type="checkbox"/> Replacement System Type Replaced: _____ Year Installed: _____ 3. <input type="checkbox"/> Expanded System a. <input type="checkbox"/> Minor Expansion b. <input type="checkbox"/> Major Expansion 4. <input type="checkbox"/> Experimental System <input type="checkbox"/> Seasonal Conversion		1. <input type="checkbox"/> No Rule Variance 2. <input checked="" type="checkbox"/> First Time System Variance a. <input checked="" type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 3. Replacement System Variance a. <input type="checkbox"/> Local Plumbing Inspector approval b. <input type="checkbox"/> State & Local Plumbing Inspector approval 5. <input type="checkbox"/> Minimum Lot Size Variance 6. <input type="checkbox"/> Seasonal Conversion Variance	
<b>SIZE OF PROPERTY</b>		<b>DISPOSAL SYSTEM TO SERVE:</b>	
<input type="checkbox"/> sq. ft. 9 <input checked="" type="checkbox"/> acres		1. <input type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: _____ 2. <input type="checkbox"/> Multiple Family Dwelling, No. of Units: _____ 3. <input checked="" type="checkbox"/> Other: <u>Dance Studio</u> Specify _____ Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped	
<b>SHORELAND ZONING</b>		<b>DISPOSAL SYSTEM COMPONENT(S)</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1. <input checked="" type="checkbox"/> Complete non-Engineered System 2. <input type="checkbox"/> Primitive System (graywater & alt toilet) 3. <input type="checkbox"/> Alternative Toilet, specify: _____ 4. <input type="checkbox"/> Non-Engineered Disposal Area 5. <input type="checkbox"/> Holding Tank, _____ gallons 6. <input type="checkbox"/> Non-Engineered Disposal Field (only) 7. <input type="checkbox"/> Separated Laundry System 8. <input type="checkbox"/> Complete Engineered System (+2000 gpd) 9. <input type="checkbox"/> Engineered Treatment Tank (only) 10. <input type="checkbox"/> Engineered Disposal Field (only) 11. <input type="checkbox"/> Pre-treatment, specify: _____ 12. <input type="checkbox"/> Miscellaneous components	
		<b>TYPE OF WATER SUPPLY</b>	
		1. <input checked="" type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input type="checkbox"/> Public 5. <input type="checkbox"/> Other: _____	
<b>DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)</b>			
<b>TREATMENT TANK</b>		<b>DISPOSAL AREA TYPE/SIZE</b>	
1. <input checked="" type="checkbox"/> Concrete <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY: <b>1000</b> Gallons		1. <input checked="" type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench 3. <input type="checkbox"/> Proprietary Device <input type="checkbox"/> Cluster array <input type="checkbox"/> Linear <input type="checkbox"/> Regular load <input type="checkbox"/> H-20 load 4. <input type="checkbox"/> Other: _____ SIZE: <u>1980</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	
<b>SOIL DATA &amp; DESIGN CLASS</b>		<b>GARBAGE DISPOSAL UNIT</b>	
PROFILE CONDITION DESIGN <u>3 / D / 3D</u> at Observation Hole # <u>TP 1</u> Depth: <u>11"</u> OF MOST LIMITING SOIL FACTOR		1. <input checked="" type="checkbox"/> No 2. <input type="checkbox"/> Yes 3. <input type="checkbox"/> Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> Multi-compartment tank <input type="checkbox"/> _____ Tanks in series <input type="checkbox"/> Increase in tank capacity <input checked="" type="checkbox"/> Filter on tank outlet	
		<b>DESIGN FLOW</b>	
		600 gallons per day BASED ON: 1. <input type="checkbox"/> Table 501.1 (dwelling unit(s)) 2. <input checked="" type="checkbox"/> Table 501.2 (other facilities) SHOW CALCULATIONS -for other facilities- 54 students @ 10gpd=540 4 instructors @ 15 gpd=60 3. <input type="checkbox"/> Section 503.0 (meter read.) ATTACH WATER-METER DATA	
		<b>EFFLUENT/EJECTOR PUMP</b>	
		1. <input type="checkbox"/> Not required 2. <input type="checkbox"/> May be required 3. <input checked="" type="checkbox"/> Required >> Specify only for engineered or experimental systems Dose _____ Gallons	
<b>SITE EVALUATOR COMMENTS</b>			
System-20' by 100' stone bed			
<b>SITE EVALUATOR STATEMENT</b>			

I Certify that on August 9, 2004 (date) I completed a site evaluation on this project and state that the data reported is accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241) as interpreted by me.

Kane P. Coffin

SE #331  
 E.S. Coffin Engineering & Surveying, Inc.  
 432 Cony Road P.O. Box 4687  
 Augusta, Maine 04330-1687

SE #331  
 Licensed Site Evaluator  
 (207) 623-9475 or 1-800-244-9475

August 13, 2004  
 Date  
 Fax (207)623-0016

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator  
 See back of this form for conditions of permit

## ATTACHMENT FOR HHE-200 FORM

1. The OWNER/APPLICANT, by signing the front of this form, agrees to provide payment for services rendered as quoted and billed by COFFIN ENGINEERING & SURVEYING (CE&S). Payment on all billings are due within 30 days of billing date, otherwise a late charge of 1.5% per month (18% per year), simple interest, will be added to the total amount. In the event that any portion, or all of the final billing, remains unpaid for a period of 60 days, the OWNER/APPLICANT shall pay all costs of collection, including actual attorney's fees, court costs, CE&S's cost to collect bill. PLEASE NOTE THAT THE PERSON SIGNING THIS FORM UNDER OWNER/APPLICANT IS RESPONSIBLE FOR PAYMENT OF SERVICES AND SHOULD CONTACT CE&S IF HE/SHE HAS NOT RECEIVED A BILL.
2. All construction shall conform with Title 22 MRSA, §42, 10-144A CMR 241 "Maine-Subsurface Waste Water Disposal Rules," and all other pertinent sections. The OWNER/APPLICANT is responsible for the contractor installing the proposed septic system correctly and for obtaining all necessary permits. The OWNER/APPLICANT shall carefully examine all documents submitted by CE&S and promptly notify CE&S upon becoming aware of any defects. The OWNER/APPLICANT agrees to limit the liability of the site evaluator and/or CE&S to the amount of the total fee paid to CE&S and to a limit of five years from the date of this form. Visits to the site will be for information purposes only. CE&S will not be responsible for any site inspection duties.
3. This disposal system form shall not be transferable and becomes invalid if the authorized work has not commenced within two years after the issue date of the disposal system.
4. The OWNER/APPLICANT shall accurately describe the intended uses (present and future) for the system to the site evaluator. By signing the front of this form, the OWNER/APPLICANT agrees that the uses shown on said form is what was described to the site evaluator. Any change from the intended use described on this form requires a new design. Applicability of design must be reevaluated when location of structures are substantially different from those shown on the site plan or when other structures, additions, or appurtenances (i.e. swimming pools, garbage disposals) are considered.
5. The LPI shall inform the owner and designer of any local ordinance exceeding the Rules (Chapter 241) prior to issuing a permit, so that the application may be properly amended to conform to such ordinances.
6. The most recent revision of the Maine State Plumbing Code is hereby made a part of this HHE-200 Form and shall be consulted by the disposal system installer for further construction details, material specifications, cautions, and other related details pertinent to the installation of this disposal system.
7. This HHE-200 form is intended to represent facts pertinent to the Plumbing Code only. The owner/applicant must check local, state, and federal regulations before considering this an approvable site. All information shown on this form relating to property lines, structures, and subsurface structures (such as, but not limited to water lines, septic tanks, cess pools, cellar drains, utility lines, wells, leach fields, etc.) are noted, shown, or left off as not affecting the system based on information provided by the owner/applicant or his agent. The OWNER/APPLICANT acknowledges and understands that CE&S's submissions may represent imperfect data and may contain errors, omissions, conflicts, inconsistencies, code violations, and improper use of materials. Such deficiencies will be corrected when identified. The OWNER/APPLICANT agrees to carefully study and compare the submissions and report at once in writing to CE&S any deficiencies discovered. The OWNER/APPLICANT further agrees to require each contractor and/or subcontractor to likewise study the submissions and report at once any deficiencies discovered. It is the responsibility of the owner/applicant or his agent to confirm, BEFORE CONSTRUCTION BEGINS, the above and/or any other features which may affect (or be adversely affected by) the installation of this system.
8. When a gravity system is proposed, BEFORE CONSTRUCTION BEGINS, the disposal system installer and building contractor shall review the relative elevation of all points given in the this HHE-200 Form and the elevation of the existing or proposed building drain and septic tank openings for compatibility to the minimum code pitch requirements. Any questions that arise should be directed to the local plumbing inspector or designer. When a pump system is installed, provisions shall be made to keep the tank and lift station outlets above the high water table.
9. The Septic System Owner's Manual written by the designer is made a part of this HHE-200 Form and shall be consulted by the owner/applicant and disposal system installer for other facts pertinent to the installation and operation of this disposal system.
10. The OWNER/APPLICANT bears the responsibility to show the location of property lines, subsurface structures (such as, but not limited to water lines, septic tanks, cess pools, cellar drains, utility lines), and wells to the Site Evaluator. Actual property lines must be confirmed by a boundary survey. By signing the front of this form, the OWNER/APPLICANT agrees that the property lines and wells on the accompanying plan(s) are shown correctly and any discrepancy found in the future is the responsibility of the OWNER/APPLICANT.
11. The actual water flow or number of bedrooms shall not exceed the design criteria indicated on this HHE-200 Form without a re-evaluation of the system.
12. CE&S is not responsible for the actions of others, who affect the ultimate cost of the PROJECT; by vandalism, marker removal, changes in scope of work, approval agencies, redesign of septic system, etc. (OWNER/APPLICANT to be notified of any cost increase).
13. The laws of Maine will apply concerning the interpretation and performance of this AGREEMENT. If an item in this AGREEMENT is found to be in violation of any prevailing laws, it will not void the entire AGREEMENT. This AGREEMENT is superior and over-rides any Standard Subcontract Agreement signed by the parties involved in this AGREEMENT for this PROJECT when referenced in said Standard Subcontract Agreement.
14. CE&S is responsible for the actions of its' employees only. Insurance is provided for: vehicles, general liability, errors and omissions, and workman's comp. All other entities on the site are responsible for their own safety, work product, actions, conduct, etc.
15. CE&S is not responsible for any actual, alleged, or threatened, pollutant damage in regard to the services performed. Pollutants are defined as any environmentally threatening contaminants commonly regulated in this state.  
In the event that the OWNER/APPLICANT hires subcontractors, workers, orders material, etc., and governs, directly or indirectly, the overall operation on the work site; then the OWNER/APPLICANT is deemed to be acting as his own general contractor, having the greater responsibility for the work site.
17. Other than the procedure of collections described above in (1), should the parties of this AGREEMENT have differences involving either the work site, or the PROJECT, that cannot be resolved between them; then the procedures of Alternate Dispute Resolution will be the only method of resolving those differences.

## FIRST TIME SYSTEM VARIANCE REQUEST

This form shall accompany an Application (HHE-200) for a proposed first time system which requires a Variance to provisions of the Subsurface Wastewater Disposal Rules.  
 The local plumbing inspector shall not issue a permit for the installation of a first time subsurface wastewater disposal system requiring a variance from the Department of Human Services until approval has been received from them.

<b>GENERAL INFORMATION</b>		Town of <u>Augusta</u>
Permit No. _____	Property Owner's Name: <u>Kathie Collins</u>	Date Permit Issued: <u>June 21, 05</u>
System's Location: <u>RT# 27 Cross Lake Drive</u>	Property Owner's Address: <u>74 Hesson Street</u>	Tel. No.: <u>582-27381</u>
(if different from above) <u>Farmingdale ME 04844</u>		

**VARIANCE CONDITIONS**

The Department has the authority to vary the requirements of the Rules in accordance with Section 105.2 of the Rules CMR 241 if all the following criteria are satisfied:

- a. The variance request has the approval of the LPI.
- b. The Municipal Officials have indicated that the variance does not conflict with any local wastewater disposal ordinances.
- c. The variance request demonstrates that there is no practical alternative for wastewater disposal, such as access to public sewer or the potential for an easement.
- d. The proposed system does not conflict with any provision controlling subsurface wastewater disposal in the Shoreland Zone.
- e. The site offers potential for a system which will dispose of the wastewater with minimal threat to public health, safety, or welfare.
- f. The property owner has indicated an awareness of the variance and any limitations or added costs the proposed system may require.

**SOIL, SITE AND ENGINEERING FACTORS FOR NEW SYSTEM VARIANCE ASSESSMENT**

(SEE TABLES 2000.1-2000.10)

	CHARACTERISTIC	POINT ASSESSMENT
Soil Profile	3	15
Depth to Groundwater/Restrictive Layer	11	6
Terrain	Knoll	5
Size of Property	9 acres & >200'	15
Waterbody Setback	>250'	5
Water Supply	Private drilled well	3
Type of Development	Commercial 301-750 gpd	-5
Disposal Area Adjustment	Minimum	0
Vertical Separation Adjustment	Minimum plus 6"	5
Additional Treatment	Effluent filter	3
<b>TOTAL POINT ASSESSMENT (Sec. 2003.6)</b>		<b>52</b>

Minimum Points (Check one):     Outside Shoreland-50     Inside Shoreland-65     Subdivision-65

<b>SPECIFIC VARIANCE REQUESTED</b> (To be filled in by Site Evaluator)	<b>SECTION OF RULE</b>
1. Less than 12 inches to seasonal high water table _____	Table 600.1 & Table 600.2 _____
2. _____	_____
3. _____	_____

**SITE EVALUATOR**

When a property is found to be unsuitable for subsurface wastewater disposal for a First Time System Variance by a Licensed Site Evaluator, the Evaluator shall so inform the property owner. If the property owner, after exploring all other alternatives, wishes to request a Variance to the Rules, and the Evaluator in his professional opinion feels the variance request is justified and the site limitations can be overcome, he shall document the soil and site conditions on the Application. The Evaluator shall list the specific variances necessary plus describe below the proposed system design and function. The Evaluator shall further describe how the specific site limitations are to be overcome, and provide any other support documentation as required prior to consideration by the Department. (Use Additional Sheets, if needed)

The site contains a high seasonal water table which is overcome by increasing the vertical separation distance between the bottom of the disposal field and the seasonal high water table.

I, \_\_\_\_\_, S.E., certify that a variance to the Rules is necessary since a system cannot be installed which will completely satisfy all the Rule requirements. In my judgment, the proposed system design on the attached Application is the best alternative available; enhances the potential of the site for subsurface wastewater disposal; and that the system should function properly.

Kane P. Coffin  
 SIGNATURE OF SITE EVALUATOR

08-13-04  
 DATE

**PROPERTY OWNER**

I, Rosie Collins, am the  owner  agent for the owner of the subject property. I understand that the installation on the Application is not in total compliance with the Rules. Should the proposed system malfunction, I release all concerned provided they have performed their duties in a reasonable and proper manner, and I will promptly notify the Local Plumbing Inspector and make any corrections required by the Rules. By signing the variance request form, I acknowledge permission for representatives of the Department to enter onto the property to perform such duties as may be necessary to evaluate the variance request.

Rosie Collins

4-28-05

SIGNATURE OF OWNER  
AGENT FOR THE OWNER

DATE

**MUNICIPAL OFFICER(S) (Selectman, Councilman, Alderman, Mayor, Town Manager)**

We, the Municipal Officer(s) of Augusta have reviewed this application and are aware that the applicant is applying for a First Time System Variance to the Subsurface Wastewater Disposal Rules because the proposed system does not meet all requirements of the rules. The proposed variance request  does  does not comply with all Municipal Ordinances relating to subsurface wastewater disposal.

[Signature]

City Manager

4/22/05

SIGNATURE FOR THE MUNICIPALITY

TITLE

DATE

**LOCAL PLUMBING INSPECTOR - Approval at local level**

The local plumbing inspector shall review all First Time System Variance requests prior to rendering a decision.

I, George H. Soucy Jr., the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system ( ~~does~~ does not ) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (  do  do not ) approve the requested variance. I (  will  will not ) issue a permit for the system's installation as proposed by the application.

George H. Soucy Jr.  
LPI Signature

4/21/05  
Date

**LOCAL PLUMBING INSPECTOR - Referral to the Department**

The local plumbing inspector shall review all First Time System Variance requests prior to forwarding to the Division of Health Engineering.

I, \_\_\_\_\_, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (  does  does not ) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (  do  do not ) recommend the issuance of a permit for the system's installation as proposed by the application.

LPI Signature

Date

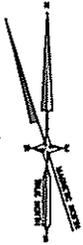
**FOR USE BY THE DEPARTMENT ONLY**

The Department has reviewed the variance(s) and (  does  does not ) give its approval. Any additional requirements, recommendations, or reasons for the Variance denial, are given in the attached letter.

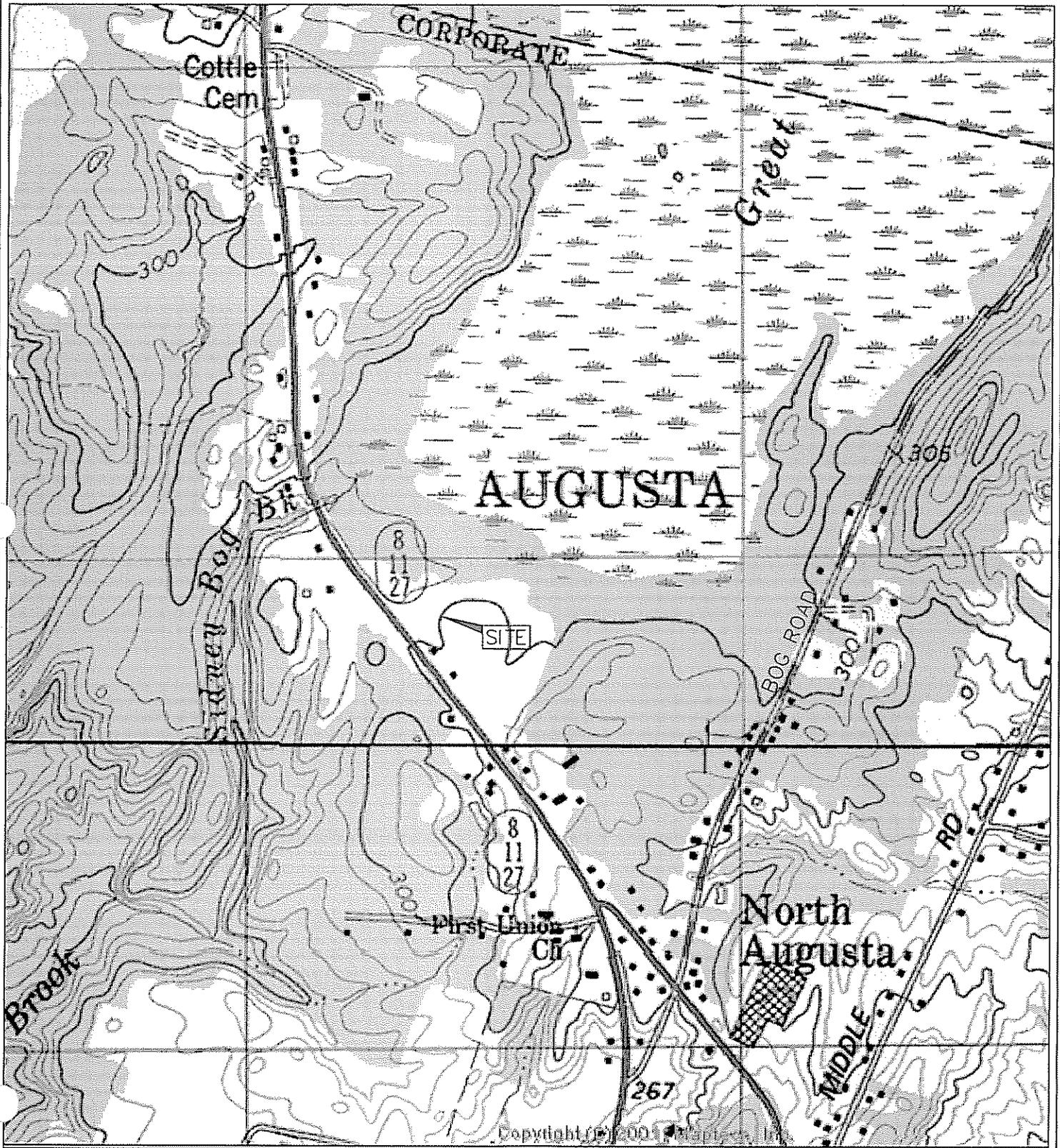
SIGNATURE OF THE DEPARTMENT

DATE

- Note:
1. Variances for soil conditions may be approved at the local level as long as the total point assessment is at least the minimum allowed. (See Section 1902.0 for Municipal Review.)
  2. Variances for other than soil conditions or soil conditions beyond the limit of the LPI's authority are to be submitted to the Department for review. (See Section 1901.0 for Department Review.) The LPI's signature is required on these variance requests prior to sending them to the Department.



**SITE LOCATION MAP**  
SCALE 1" = 1000'



Copyright (c) 2004, MapInfo, Inc.

**HHE-200**



432 Cusy Road  
PO Box 4687  
Augusta, Me 04130  
1-206-344-9475  
170 Great Road  
Fryeburg, Me 04833  
207-865-1695

CLIENT PROJECT:

**Keltie Collins  
SEPTIC SYSTEM DESIGN**

SHEET TITLE:

**SITE LOCATION MAP**

LOCATION: ROUTE 27

SCALE: AS SHOWN

TOWN: AUGUSTA COUNTY: KENNEBEC STATE: MAINE

DATE: AUGUST 13, 2004

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation  
 Augusta

Street, Road, Subdivision  
 Route 27

Owner's Name  
 Keltie Collins

SITE PLAN

Scale: 1" = \_\_\_ feet

TEXTURE TERMS

Sand  
 Loamy sand  
 Sandy loam  
 Loam  
 Silt loam  
 Silty clay loam  
 Silty clay  
 Bedrock

TEXTURE

ABUNDANCE  
 Very-38-60%  
 Extremely-81-90%

MODIFIER TERMS

VF-very fine  
 F-fine  
 M-medium  
 C-course  
 ROCK  
 Gravely-0.1-3"  
 Cobble-3-10"  
 Stony-+10"

MOTTLING

CONTRAST  
 Faint  
 Distinct  
 Prominent

ABUNDANCE  
 None  
 Few-<2%  
 Common-2-20%  
 Many->20%

CONSISTENCE

TERMS  
 Loose  
 Friable  
 Firm  
 Very Firm  
 Cemented

SOIL DESCRIPTION AND CLASSIFICATION

Observation Hole TP 1  Test Pit  Boring  
 \_\_\_\_\_ " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL (INCHES)	Texture	Consistency	Color	Mottling
0	Fine Sandy Loam	Frable	Lt. Ol. Brown	None
10	Very Fine Sandy Loam	Firm	Olive	Common Distinct
20				
30				
40				
50				

Soil Classification	Slope	Limiting Factor	<input checked="" type="checkbox"/> Ground Water
<u>3</u> <u>D</u>	<u>2</u> %	<u>11</u> "	<input type="checkbox"/> Restrictive Layer
Profile Condition			<input type="checkbox"/> Bedrock
			<input type="checkbox"/> Pit Depth

Observation Hole TP 2  Test Pit  Boring  
 \_\_\_\_\_ " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL (INCHES)	Texture	Consistency	Color	Mottling
0	Fine Sandy Loam		Brown	None
10	Fine Sand Loam	Firm	Olive	Common Distinct
20				
30				
40				
50				

Soil Classification	Slope	Limiting Factor	<input checked="" type="checkbox"/> Ground Water
<u>3</u> <u>D</u>	<u>2</u> %	<u>11</u> "	<input type="checkbox"/> Restrictive Layer
Profile Condition			<input type="checkbox"/> Bedrock
			<input type="checkbox"/> Pit Depth

Site Evaluator's Signature *Kane P. Coffin*

SE # 331

Date: 08/13/04

HHE-200

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Department of Human Services  
Division of Health Engineering

Town, City, Plantation  
**Augusta**

Street, Road, Subdivision  
**Route 27**

Owner's Name

**Kelty Collins**

**FILL REQUIREMENTS**  
Depth of Fill (Upslope) 35-52"  
Depth of Fill (Downslope) 40-52"

**CONSTRUCTION ELEVATIONS**

Reference Elevation is 00"  
Bottom of Disposal Area -12"  
Top of distribution lines -01"

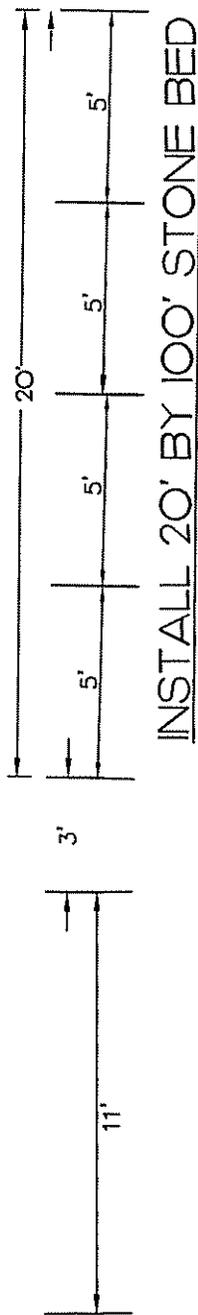
**ELEV. REF. PT.:**

Top of 2" Iron Pipe (Cap-Thayer)  
1.5' above ground

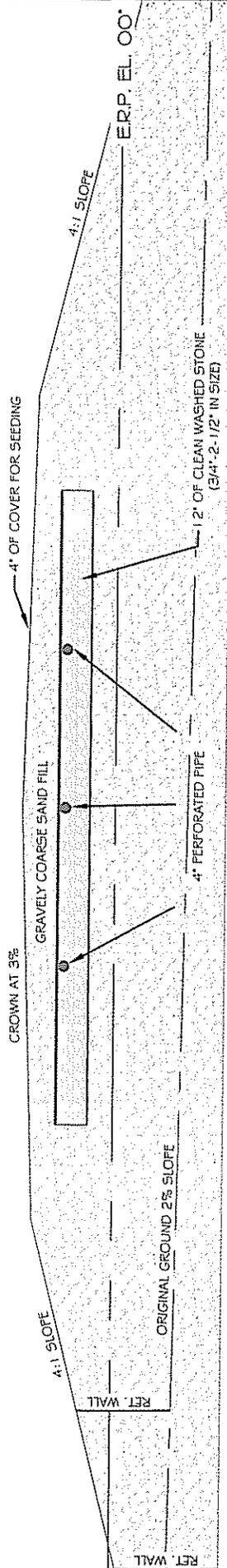
**SCALE:**

Vertical: 1 inch = 5 feet  
Horizontal: 1 inch = 5 feet

**DISPOSAL AREA CROSS SECTION**

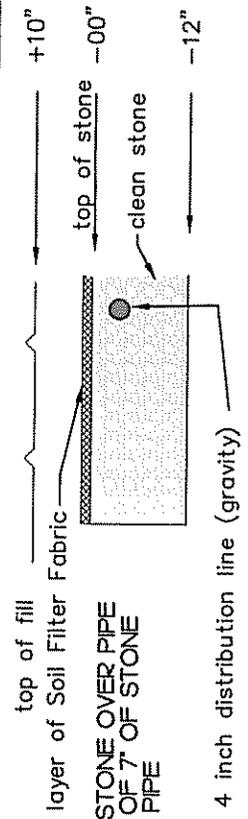


**INSTALL 20' BY 100' STONE BED**



DISPOSAL FIELD SHOULD ONLY BE INSTALLED ACCORDING TO THE MAINE SUBSURFACE WASTE WATER DISPOSAL RULES.

E.R.P. elev.



**STONE BED DETAIL (no scale)**

- DISPOSAL FIELD CONSTRUCTION TECHNIQUES**
1. VEGETATION SHALL BE CUT AND REMOVED FROM THE AREA WHERE BACKFILL MATERIAL IS TO BE PLACED.
  2. THE AREA UNDER THE DISPOSAL FIELD AND BACKFILL EXTENSIONS SHALL BE ROTO-TILLED WITH GRAVELY COARSE SAND FILL TO A DEPTH OF 6-8 INCHES TO FORM A TRANSITIONAL HORIZON.
  3. FILL LARGE HOLES THAT ARE LEFT AS A RESULT OF STUMP OR STONE REMOVAL WITH GRAVELY COARSE SAND FILL.
  4. SURFACE WATER MUST BE DIVERTED AWAY FROM THE DISPOSAL FIELD.

Site Evaluator's Signature

SE # 331

Date: 08/13/04

HHE-200

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

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

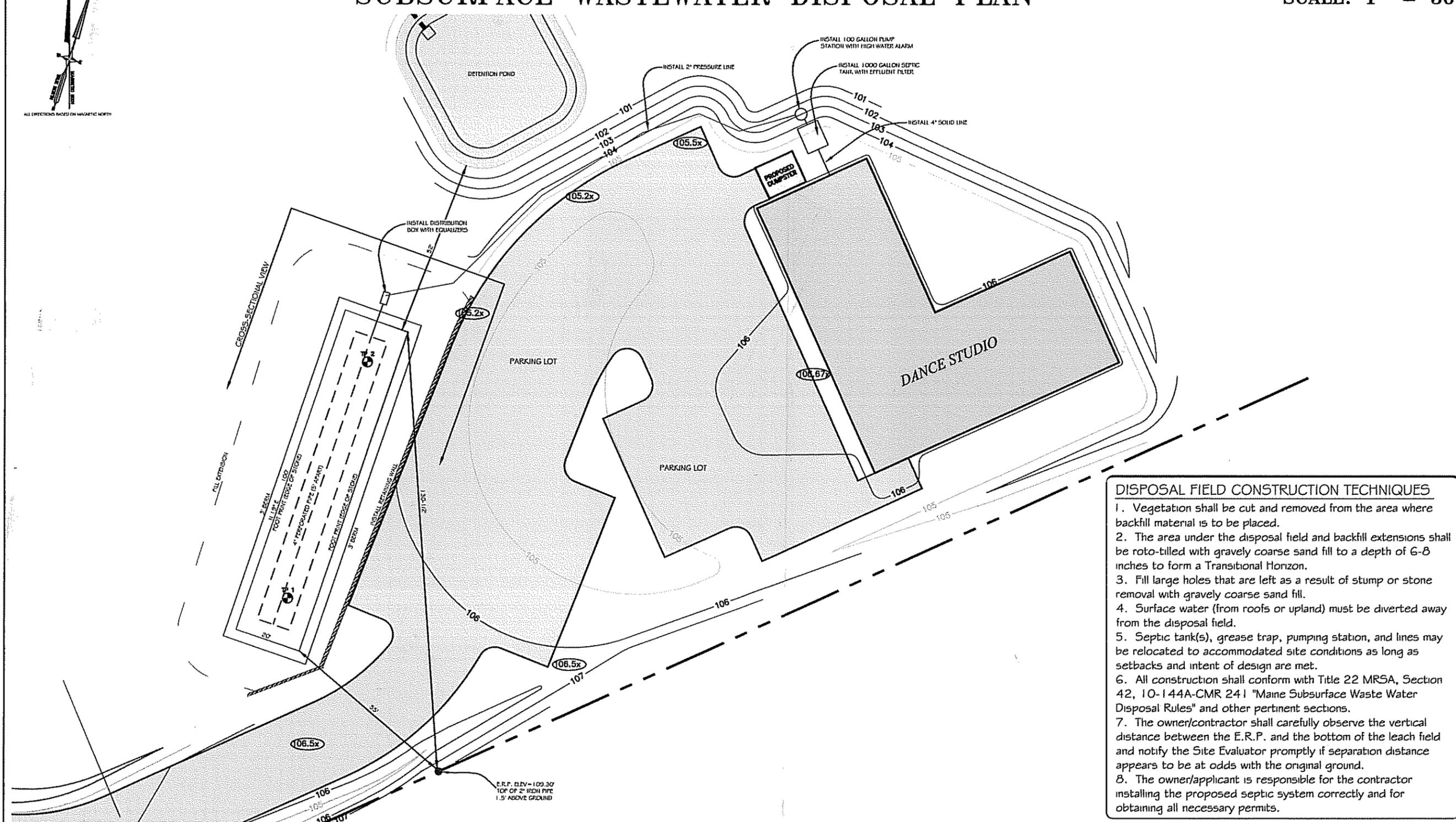
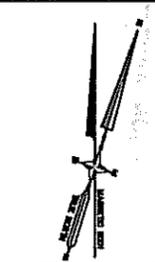
Town, City, Plantation  
**Augusta**

Street, Road, Subdivision  
**Route 27**

Owner's Name  
**Keltie Collins**

**SUBSURFACE WASTEWATER DISPOSAL PLAN**

SCALE: 1" = 30'



**DISPOSAL FIELD CONSTRUCTION TECHNIQUES**

1. Vegetation shall be cut and removed from the area where backfill material is to be placed.
2. The area under the disposal field and backfill extensions shall be roto-tilled with gravelly coarse sand fill to a depth of 6-8 inches to form a Transitional Horizon.
3. Fill large holes that are left as a result of stump or stone removal with gravelly coarse sand fill.
4. Surface water (from roofs or upland) must be diverted away from the disposal field.
5. Septic tank(s), grease trap, pumping station, and lines may be relocated to accommodate site conditions as long as setbacks and intent of design are met.
6. All construction shall conform with Title 22 MRSA, Section 42, 10-144A-CMR 241 "Maine Subsurface Waste Water Disposal Rules" and other pertinent sections.
7. The owner/contractor shall carefully observe the vertical distance between the E.R.P. and the bottom of the leach field and notify the Site Evaluator promptly if separation distance appears to be at odds with the original ground.
8. The owner/applicant is responsible for the contractor installing the proposed septic system correctly and for obtaining all necessary permits.

ELEVATION REFERENCE POINT	DESCRIPTION:	ELEVATION: <u>00"</u>
	Top of 2" pipe (1.5' above ground)	
SHEET TITLE	PLAN VIEW	SCALE: 1"=30'
	DATE: AUGUST 13, 2004	
PROJECT:	KELTIE COLLINS	STATE: MAINE
LOCATION:	ROUTE 9	COUNTY: KENNEBEC
TOWN:	AUGUSTA	
PROJECT NO:	2004-219	

Site Evaluator's Signature *Kane P. Coffin*

SE # 331

Date: 08/13/04

HHE-200