

FOL BUILDING #2

Maine Dept. Health & Human Services
Div of Environmental Health, 11 SHS
(207) 287-5672 Fax: (207) 287-3165

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY LOCATION

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

City, Town, or Plantation: **AUGUSTA**
Street or Road: **BELGRADE ROAD**
Subdivision, Lot #: **CIVIC CENTER DRIVE APARTMENTS**

AUGUSTA
Date Permit Issued: **05/29**
PERMIT # **6365 TOWN COPY**
FEE Charged: **\$ 2500**
L.P.I. # **SPR**

OWNER/APPLICANT INFORMATION

Name (last, first, MI): **GELLER, SIDNEY H.** Owner Applicant
Mailing Address of Owner/Applicant: **100 SIDNEY H. GELLER TRUST
18 SILVER STREET
WATERVILLE, ME 04901**
Daytime Tel. #: **(207) 873-2723**

Municipal Tax Map # **1** Lot # **57**

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.

CAUTION: INSPECTION REQUIRED
I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.

Signature of Owner or Applicant: *[Signature]* **Date**: **10/15/09**

Local Plumbing Inspector Signature: *[Signature]* **(2nd) date approved**: **11/24/09**

PERMIT INFORMATION

TYPE OF APPLICATION
 1. First Time System
 2. Replacement System
Type replaced: **PASTIC CHANRELS**
Year installed: **1989**
 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

SIZE OF PROPERTY
8.54 L. SQ. FT. ACRES

SHORELAND ZONING
 Yes No

DISPOSAL SYSTEM TO SERVE
 1. Single Family Dwelling Unit, No. of Bedrooms:
 2. Multiple Family Dwelling, No. of Units: **(3) 0 BEDROOM APARTMENTS**
 3. Other:
(specify)

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

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 **EXISTING**
a. Regular
 b. Low Profile
 2. Plastic
 3. Other:
CAPACITY: **1000 GAL**
(2) 2000 TOTAL

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: **3300** 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

SOIL DATA & DESIGN CLASS
PROFILE CONDITION DESIGN: **3, C, 1**
at Observation Hole # **TP100A**
Depth **25"**
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

DESIGN FLOW
960 gallons per day
BASED ON:
 1. Table 501.1 (dwelling unit(s))
 2. Table 501.2 (other facilities)
SHOW CALCULATIONS for other facilities
(3) 0 BEDROOM APARTMENTS
120 GPD/UNIT
 3. Section 503.0 (meter readings)
ATTACH WATER METER DATA

LATITUDE AND LONGITUDE
at center of disposal area
Lat. **44** d **22** m **56** N
Lon. **69** d **48** m **12** S
if g.p.s. state margin of error: **23'**

SITE EVALUATOR STATEMENT

I certify that on **9/20/09** (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

SE #

Date

Site Evaluator Name Printed

Telephone Number

E-mail Address

[Signature] **#213** **9/23/09** **10/02/09**
STEPHEN H. HOWELL **(207) 878-574** **showell@swcole.com**

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Health & Human Services
 Division of Environmental Health
 (207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

AUGUSTA

**BELGRADE ROAD
 CIVIC CENTER DRIVE APTS.**

SIDNEY H. GELER

SITE PLAN

Scale 1" = _____ ft. or as shown

SITE LOCATION PLAN
 (map from Maine Atlas
 recommended)

**SEE ATTACHED
 SHEET #1**

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

Observation Hole TP100A Test Pit Boring
 _____ " 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	FRABLE	BROWN	NONE
10	LOAMY FINE SAND	*	LIGHT OLIVE BROWN	
20				
30		FIRM	OLIVE BROWN	COMMON DISTINCT
40	* SLIGHTLY FIRM IN DRY CONDITION, FRABLE MOIST			
50	LIMIT OF OBSERV = 40"			

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0				
10				
20				
30				
40				
50				

Classification 3C	Slope 17%	Limiting Factor 25	<input checked="" type="checkbox"/> Ground Water <input checked="" type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
Profile	Condition		

Soil Classification	Slope _____ %	Limiting Factor _____ "	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
Profile	Condition		


 Site Evaluator Signature

#213
 SE #

9/23/69
 Date

R:\2009\09-0680\09-0680 Septic Design.dwg, SITE PLAN BUILDING 2, 10/2/2009 8:14:24 AM, dray, Default Windows System Printer.pc3, Letter, 1:1



SIDNEY H. GELLER TRUST
SITE PLAN - BUILDING #2 SEPTIC
CIVIC CENTER DRIVE APARTMENTS
BELGRADE ROAD
AUGUSTA, MAINE

Job No. 09-0680
Date : 10/02/09

Scale 1" = 30'
Sheet /

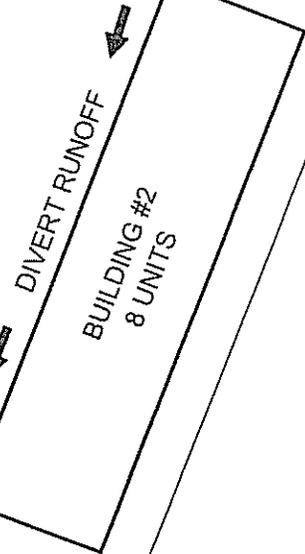
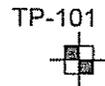
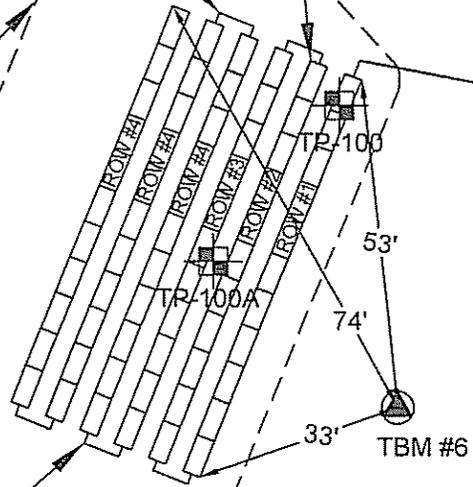
SEPTIC FIELD FOR BUILDING #2
SIXTY-SIX (66) PLASTIC CHAMBERS
(16" HIGH x 34" WIDE x 75" LONG)
IN SIX (6) ROWS OF ELEVEN (11) EACH
(32' x 68.75')

INSTALL 4" SDR35
SOLID PIPE (TYP.)

APPROXIMATE
TOE OF FILL

INSTALL 4" SDR35
SOLID PIPE (TYP.)

APPROXIMATE PROPERTY LINE (TYP.)



LEGEND



APPROXIMATE TEST PIT LOCATION



APPROXIMATE LOCATION OF EXISTING
1,000 GALLON SEPTIC TANK

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Health & Human Services
 Division of Environmental Health
 (207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation

AUGUSTA

Street, Road, Subdivision

**BELGRADE ROAD
 CIVIC CENTER DRIVE APTS.**

Owner's Name

SIDNEY H. GELLET

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = _____ FT.

**SEE ATTACHED
 SHEET # 1**

FILL REQUIREMENTS

Depth of Fill (Upslope) _____

Depth of Fill (Downslope) _____

CONSTRUCTION ELEVATIONS

Finished Grade Elevation _____

Top of Distribution Pipe or Proprietary Device _____

Bottom of Disposal Area _____

ELEVATION REFERENCE POINT

Location & Description: _____

Reference Elevation: _____

DISPOSAL AREA CROSS SECTION

Scale

Horizontal 1" = _____ ft.

Vertical 1" = _____ ft.

**SEE ATTACHED
 SHEET # 2**



Site Evaluator Signature

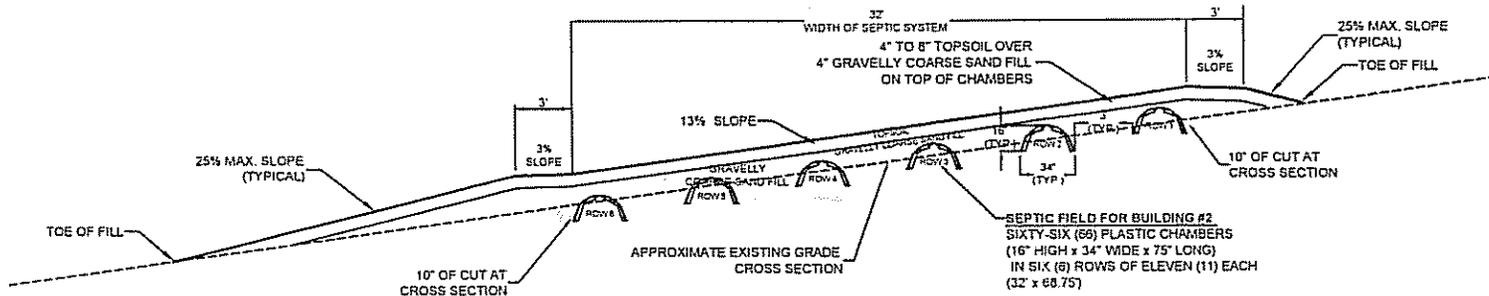
#213

SE #

9/23/09

Date

BUILDING #2 - SEPTIC FIELD



CONSTRUCTION ELEVATIONS (BASED ON TBM #6)		
ROW #	BOTTOM OF CHAMBER *	TOP OF CHAMBER *
1	-78"	-62"
2	-89"	-73"
3	-100"	-84"
4	-111"	-95"
5	-122"	-106"
6	-133"	-117"

NOTE: TBM#6; NAIL AND FLAGGING
3" UP A 5"Ø WHITE BIRCH TREE,
ASSUMED ELEVATION = 0'

Handwritten notes:
36'
54'
58'
to



S.W. COLE
ENGINEERING, INC.

SIDNEY H. GELLER TRUST

CROSS SECTIONS - BUILDING #2 SEPTIC

CIVIC CENTER DRIVE APARTMENTS
BELGRADE ROAD
AUGUSTA, MAINE

Job No. 09-0680
Date: 10/02/09

Scale 1" = 10'
Sheet **2**

NOTES :

1. LIME, FERTILIZE, SEED AND MULCH ALL DISTURBED AREAS.
2. CHAMBERS ARE TO BE LEVEL WITH A MAXIMUM GRADE TOLERANCE OF 1" IN 100'.
3. DIVERT ALL SURFACE RUNOFF AND ROOF RUNOFF AWAY FROM THE LEACHFIELDS.
4. SCARIFY EXISTING SOIL SURFACE UNDER CHAMBERS AND FILL EXTENSIONS AND MIX GRAVELLY COARSE SAND FILL INTO THE UPPER 6" OF SOIL.
5. PROPERLY PROTECT ALL PIPES, TANKS AND CHAMBERS FROM FREEZING OR CRUSHING ESPECIALLY UNDER TRAFFIC AREAS.
6. INSTALL RISERS FOR TANK ACCESS AS NECESSARY.
7. ALL PIPES TO BE 4" SCH40 SOLID PVC UNLESS OTHERWISE NOTED.
8. CONTRACTOR TO VERIFY PROPERTY LINES AND SETBACKS PRIOR TO CONSTRUCTION.
9. CONTRACTOR TO VERIFY LOCATIONS OF SEPTIC TANKS PRIOR TO CONSTRUCTION. ALL SEPTIC TANKS TO FITTED WITH A300 ZABEL FILTERS OR EQUIVALENT PRODUCT.
10. WHERE EXISTING TANKS ARE REPLACED INSTALL RISERS, INSTALL A300 ZABEL FILTERS, AND USE HEAVY DUTY ONE PIECE TANK.
11. PROPERLY CLEAN ZABEL A300 FILTER AND PUMP AND MAINTAIN TANKS AS RECOMMENDED BY THE MANUFACTURER OR DIVISION OF HEALTH ENGINEERING.
12. S..W. COLE ENGINEERING , INC. DID NOT VERIFY LOCATION OF UNDERGROUND UTILITIES. IT IS RECOMMENDED THAT A PRIVATE UTILITY LOCATING CONTRACTOR BE CONTACTED TO LOCATE UNDERGROUND UTILITIES PRIOR TO CONSTRUCTION.

Construction Notes

1. Chambers to be a minimum of 100 feet from all wells, 300 feet from public water supplies, 50 feet from all seasonal streams, 100 feet from all perennial streams, 15 feet from the edge of any curtain drains, 10 feet from property lines, and 20 feet from buildings.
2. Septic tank to be a minimum of 100 feet from wells, ponds, lakes, and perennial streams, 50 feet from seasonal streams, 10 feet from property lines, and 8 feet from buildings.
3. Divert all roof runoff and surface runoff away from leachfield.
4. Properly protect all pipes, chambers, and tanks from freezing and/or crushing.
5. Review and comply with attached Septic System User Notes.

George Soucy Jr.

From: Steve Howell [SHowell@SWCole.com]
Sent: Friday, December 04, 2009 9:09 AM
To: George Soucy Jr.
Cc: Tim Hodgins
Subject: Emailing: Scan9221

Attachments: Scan9221.pdf



Scan9221.pdf (697
KB)

Mr. Soucy,

We were contacted by the contractor (McGee Construction) installing the 3 septic systems for Civic Center Drive regarding installation of A300 Zabel filters on the existing septic tanks. The contractor has determined that the existing tanks will not accommodate the A300 filter and that the tanks have the old-fashioned top of the tank hanging baffles. He is requesting that we eliminate the requirement for the A300 filter on the existing tanks. We feel this top hanging type of baffle will be effective at eliminating solids from the effluent and have agreed to eliminate the A300 filter requirement unless the existing tank or baffle is in poor condition and needs to be replaced.

Attached is a copy of page 1 for the three septic designs and the revised construction note page. Please let me know if you have any concerns or recommendations regarding this revision.

Thank you for your time.

The message is ready to be sent with the following file or link attachments:

Scan9221

Note: To protect against computer viruses, e-mail programs may prevent sending or receiving certain types of file attachments. Check your e-mail security settings to determine how attachments are handled.

FOR BUILDING # 2

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div of Environmental Health, 11 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	BELGRADE ROAD		
Subdivision, Lot #	CIVIC CENTER DRIVE APARTMENTS		
OWNER/APPLICANT INFORMATION			
Name (last, first, MI)	GELLER, SIDNEY H. <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant		
Mailing Address of Owner/Applicant	c/o SIDNEY H. GELLER TRUST 18 SILVER STREET WATERVILLE, ME 04901		
Daytime Tel. #	(207) 873-2723		Municipal Tax Map # _____ Lot # _____
OWNER OR APPLICANT STATEMENT		CAUTION: INSPECTION REQUIRED	
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.		I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.	
_____ Signature of Owner or Applicant		_____ Local Plumbing Inspector Signature	
_____ Date		_____ (1st) date approved	
_____ Date		_____ (2nd) date approved	

PERMIT INFORMATION			
TYPE OF APPLICATION	THIS APPLICATION REQUIRES	DISPOSAL SYSTEM COMPONENTS	
<input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced: <u>PLASTIC CHANNELS</u> Year installed: <u>1989</u> <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	<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	<input type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. 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 checked="" 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. Pre-treatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous Components	
SIZE OF PROPERTY	DISPOSAL SYSTEM TO SERVE	TYPE OF WATER SUPPLY	
8.5 +/- L SQ. FT. <input checked="" type="checkbox"/> ACRES	<input type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: _____ <input checked="" type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: <u>(8) 0</u> <input type="checkbox"/> 3. Other: _____ (specify) <u>BEDROOM APARTMENTS</u> Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	EXISTING <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	
SHORELAND ZONING			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK	DISPOSAL FIELD TYPE & SIZE	GARBAGE DISPOSAL UNIT	DESIGN FLOW
<input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <u>EXISTING</u> <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: CAPACITY: <u>1000 GAL</u> <u>2/2000 TOTAL</u>	<input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. cluster array <input checked="" type="checkbox"/> c. Linear <input checked="" type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: SIZE: <u>3300</u> sq. ft. <input type="checkbox"/> lin. ft.	<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	<u>960</u> gallons per day BASED ON: <input type="checkbox"/> 1. Table 501.1 (dwelling unit(s)) <input checked="" type="checkbox"/> 2. Table 501.2 (other facilities) SHOW CALCULATIONS for other facilities <u>(8) 120 GPD UNIT</u> <input type="checkbox"/> 3. Section 503.0 (meter readings) ATTACH WATER METER DATA
SOIL DATA & DESIGN CLASS	DISPOSAL FIELD SIZING	EFFLUENT/EJECTOR PUMP	LATITUDE AND LONGITUDE
PROFILE CONDITION DESIGN <u>3, 1, C</u> at Observation Hole # <u>7P100A</u> Depth <u>25"</u> of Most Limiting Soil Factor	<input type="checkbox"/> 1. Small—2.0 sq. ft. / gpd <input type="checkbox"/> 2. Medium—2.6 sq. ft. / gpd <input checked="" type="checkbox"/> 3. Medium—Large 3.3 sq. ft. / gpd <input type="checkbox"/> 4. Large—4.1 sq. ft. / gpd <input type="checkbox"/> 5. Extra Large—5.0 sq. ft. / gpd	<input checked="" type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May Be Required <input type="checkbox"/> 3. Required Specify only for engineered systems: DOSE: _____ gallons	at center of disposal area Lat. <u>44</u> d <u>32</u> m <u>56N</u> Lon. <u>69</u> d <u>48</u> m <u>12</u> s If g.p.s, state margin of error: <u>23'</u>

SITE EVALUATOR STATEMENT			
I certify that on <u>9/20/09</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>[Signature]</u> Site Evaluator Signature	<u># 213</u> SE #	<u>9/23/09</u> Date	<u>[Signature]</u> Date
<u>STEPHEN H. HOWELL</u> Site Evaluator Name Printed	<u>(207) 898-574</u> Telephone Number	<u>showell@swcole.com</u> E-mail Address	

