

FOR BUILDING #3

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

**SURFACE 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**

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 # 51

Date Permit Issued: **10/15/09** \$ **17500**  If Double Fee Charged

**AUGUSTA** Local Plumbing Inspector Signature: *[Signature]* PERMIT # **P6367 TOWN COPY**

**OWNER OR APPLICANT STATEMENT**

I state and acknowledge that the information submitted is correct to the best of my knowledge and understanding that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit.

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

(1st) date approved: **11/5/09**  
(2nd) date approved: **11/5/09**

Local Plumbing Inspector Signature: *[Signature]*

**PERMIT INFORMATION**

**TYPE OF APPLICATION**

1. First Time System

2. Replacement System

Type replaced: **PASTIC CHANNELS**

Year installed: **1989**

3. Expanded System

4. Experimental System

5. Seasonal Conversion

**SIZE OF PROPERTY**

**8.54** L SQ. FT.  ACRES

**SHORELAND ZONING**

Yes  No

**THIS APPLICATION REQUIRES**

1. No Rule Variance

2. First Time System Variance

3. Replacement System Variance

4. Minimum Lot Size Variance

5. Seasonal Conversion Permit

**DISPOSAL SYSTEM TO SERVE**

1. Single Family Dwelling Unit, No. of Bedrooms: \_\_\_\_\_

2. Multiple Family Dwelling, No. of Units: **(8) 1 BEDROOM APART-MENT UNITS**

3. Other: \_\_\_\_\_ (specify)

Current Use  Seasonal  Year Round  Undeveloped

**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**  
**(2000 GAL TOTAL)**

**SOIL DATA & DESIGN CLASS**

PROFILE CONDITION DESIGN: **3, C**

at Observation Hole # **TP5A**

Depth: **22"**

of Most Limiting Soil Factor

**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.

**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

**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

**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

**(8) 1 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 56.97" N**

Lon. **69 d 48 m 09.00" W**

if g.p.s, state margin of error: **12'**

**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 the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

*[Signature]* **#213** **9/23/09**  
Site Evaluator Signature SE # Date

**STEPHEN H. HOWELL** **(207) 848-5714** **showell@swcde.com**  
Site Evaluator Name Printed Telephone Number E-mail Address



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**SEPTIC FIELD FOR BUILDING #3**  
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

260' TO  
OWNERS  
EXISTING WELL  
FOR BUILDING #1

WELL FOR  
BUILDING #3

INSTALL 4" SDR35  
SOLID PIPE (TYP.)

TBM #5  
130'

← DIVERT RUNOFF ←

BUILDING #3  
8 UNITS

88'  
67'

TBM #4

TP-4

TP-3

**LEGEND**

 APPROXIMATE TEST PIT LOCATION

 APPROXIMATE LOCATION OF EXISTING  
1,000 GALLON SEPTIC TANK

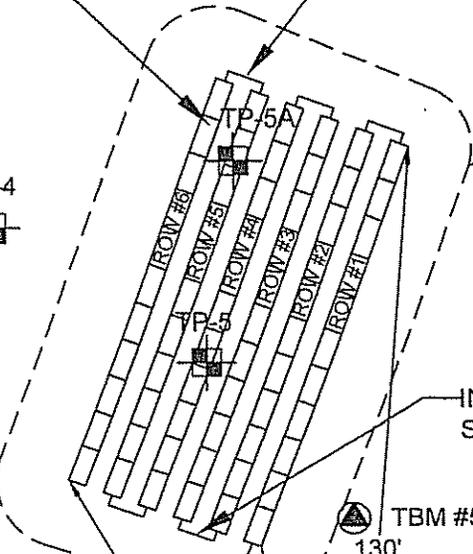


SIDNEY H. GELLER TRUST  
**SITE PLAN - BUILDING #3 SEPTIC**

CIVIC CENTER DRIVE APARTMENTS  
BELGRADE ROAD  
AUGUSTA, MAINE

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

Scale 1" = 30'  
Sheet 1



FAL BUILDING #3

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 ARTS.

SIDNEY H. GELLEK

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = \_\_\_\_\_ FT.

SEE ATTACHED  
SHEET # 1

FILL REQUIREMENTS

CONSTRUCTION ELEVATIONS

ELEVATION REFERENCE POINT

Depth of Fill (Upslope)

Finished Grade Elevation

Location & Description:

Depth of Fill (Downslope)

Top of Distribution Pipe or Proprietary Device

Reference Elevation:

Bottom of Disposal Area

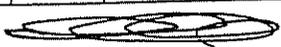
DISPOSAL AREA CROSS SECTION

Scale

Horizontal 1" = \_\_\_\_\_ ft.

Vertical 1" = \_\_\_\_\_ ft.

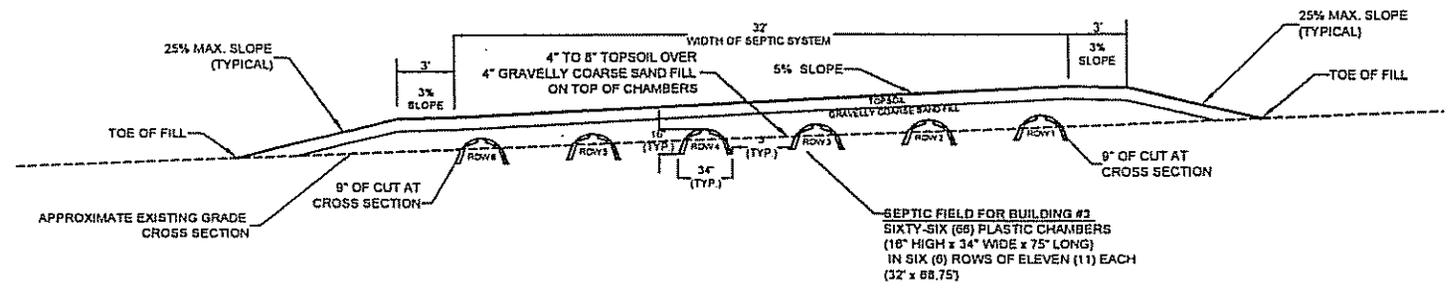
SEE ATTACHED  
SHEET # 2



#213 9/23/09

R:\2009\09-0680\09-0680.gps\dwg\09-0680 Septic Design.dwg, BUILDING 3 CROSS SECTION, 10/2/2009 8:25:46 AM, dray, Default Windows System Printer.pc3, Letter, 1:1

# BUILDING #3 - SEPTIC FIELD



**CONSTRUCTION ELEVATIONS  
(BASED ON TBM #4 OR #3)**

ROW #	BOTTOM OF CHAMBER *	TOP OF CHAMBER *
1	-42"	-25"
2	-45"	-29"
3	-48"	-32"
4	-51"	-35"
5	-54"	-38"
6	-57"	-41"

- INCHES BELOW TBM  
\* BASED ON 18" HIGH CHAMBERS

**NOTE:**  
 TBM#4; NAIL AND FLAGGING 12" UP A 4" CHERRY TREE, ASSUMED ELEVATION = 0'  
 TBM#5; NAIL AND FLAGGING 12" UP A 6" POPLAR TREE, ASSUMED ELEVATION = 0'

**S.W. COLE**  
ENGINEERING, INC.

SIDNEY H. GELLER TRUST

**CROSS SECTIONS - BUILDING #3 SEPTIC**

CIVIC CENTER DRIVE APARTMENTS  
BELGRADE ROAD  
AUGUSTA, MAINE

Job No. 09-0680 Date: 10/02/09	Scale 1" = 10' Sheet <b>2</b>
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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.**

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**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 #3

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

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

<b>PROPERTY LOCATION</b>		<b>&gt;&gt; CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW &lt;&lt;</b>	
City, Town, or Plantation	<u>AUGUSTA</u>	The Subsurface Wastewater Disposal System <i>shall not</i> be installed until a Permit is attached HERE by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.	
Street or Road	<u>BELGRADE ROAD</u>		
Subdivision, Lot #	<u>CIVIC CENTER DRIVE APARTMENTS</u>		
<b>OWNER/APPLICANT INFORMATION</b>			
Name (last, first, MI)	<u>GELLER, SIDNEY H.</u> <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant		
Mailing Address of Owner/Applicant	<u>c/o SIDNEY H. GELLER TRUST 18 SILVER STREET WATERVILLE, ME 04901</u>		
Daytime Tel. #	<u>(207) 873-2723</u>	Municipal Tax Map # _____	Lot # _____
<b>OWNER OR APPLICANT STATEMENT</b>		<b>CAUTION: INSPECTION REQUIRED</b>	
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 _____ Date _____		Local Plumbing Inspector Signature _____ (1st) date approved _____	

<b>TYPE OF APPLICATION</b>		<b>THIS APPLICATION REQUIRES</b>		<b>DISPOSAL SYSTEM COMPONENTS</b>	
<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"/> 3. Replacement System Variance <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	
<b>SIZE OF PROPERTY</b>		<b>DISPOSAL SYSTEM TO SERVE</b>		<b>TYPE OF WATER SUPPLY</b>	
<u>8.54</u> 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) 1 BEDROOM APART-MENT UNITS</u> <input type="checkbox"/> 3. Other: _____ (specify) _____ Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped		<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	
<b>SHORELAND ZONING</b>					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

<b>DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)</b>			
<b>TREATMENT TANK</b>		<b>DISPOSAL FIELD TYPE &amp; SIZE</b>	
<input checked="" type="checkbox"/> 1. Concrete <u>EXISTING</u> <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 GAL</u> <u>(2000 GAL 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.	
<b>SOIL DATA &amp; DESIGN CLASS</b>		<b>GARBAGE DISPOSAL UNIT</b>	
PROFILE CONDITION DESIGN <u>3/C</u> at Observation Hole # <u>TP5A</u> Depth <u>22"</u> of Most Limiting Soil Factor: _____		<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	
<b>DISPOSAL FIELD SIZING</b>		<b>EFFLUENT/EJECTOR PUMP</b>	
<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	
		<b>DESIGN FLOW</b>	
		<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) 1 BEDROOM APARTMENTS</u> <u>120 GPD/UNIT</u> <input type="checkbox"/> 3. Section 503.0 (meter readings) ATTACH WATER METER DATA	
		<b>LATITUDE AND LONGITUDE</b>	
		at center of disposal area Lat. <u>44</u> d <u>22</u> m <u>58.97</u> N Lon. <u>69</u> d <u>49</u> m <u>09.00</u> W If g.p.s, state margin of error: <u>12'</u>	

<b>SITE EVALUATOR STATEMENT</b>	
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).	
Site Evaluator Signature <u>STEPHEN H. HOWELL</u>	SE # <u>#213</u> Date <u>9/23/09</u>
Site Evaluator Name Printed	Telephone Number <u>(207) 848-5714</u> E-mail Address <u>showell@swcde.com</u>

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.
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8. CONTRACTOR TO VERIFY PROPERTY LINES AND SETBACKS PRIOR TO CONSTRUCTION.
9. CONTRACTOR TO VERIFY LOCATIONS OF SEPTIC TANKS PRIOR TO CONSTRUCTION. ~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~
10. WHERE EXISTING TANKS ARE REPLACED INSTALL RISERS, INSTALL A300 ZABEL FILTERS, AND USE HEAVY DUTY ONE PIECE TANK.
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SHH  
12/09/09  
SEE  
213