

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept of Health & Human Services
 Division of Health Engineering, 10SHS
 (207)287-5672 FAX (207)287-3165

PROPERTY LOCATION

City, Town, or Plantation: **AUGUSTA**
 Street or Road: **232 BURNS ROAD**
 Subdivision, Lot #:

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

Called 8/25 3:00 PM

AUGUSTA PERMIT # 5847 TOWN COPY

OWNER/APPLICANT INFORMATION

Name (last, first, MI): **JIM JONES**
 Owner
 Applicant
 Mailing Address of Owner/Applicant: **232 BURNS ROAD
 AUGUSTA, MAINE 04330**
 Daytime Tel. #: **207-622-5211**

Date Permit Issued: **5/15/06**
 Local Plumbing Inspector Signature: *[Signature]*
 L.P.I. #: **550**
 Fee: **\$175.00**
 If Double Fee Charged

OWNER OR APPLICANT STATEMENT

I state 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/Applicant: *[Signature]* Date: **8-11-06**

Local Plumbing Inspector Signature: *[Signature]* (1st) Date Approved: **8/11/06**
 (2nd) Date Approved:

PERMIT INFORMATION

TYPE OF APPLICATION

- 1. First Time System
- 2. Replacement System
 Type replaced: **TRENCH**
 Year installed: **UNKNOWN**
- 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. Pretreatment, specify: _____
- 12. Miscellaneous Components

SIZE OF PROPERTY

1+ sq. ft.
 acres

DISPOSAL SYSTEM TO SERVE:

- 1. Single Family Dwelling Unit, No. of Bedrooms: **3**
 - 2. Multiple Family Dwelling Unit, 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

SHORELAND ZONING

Yes No

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- 1. Concrete
 - a. Regular EXISTING
 - 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: **800** sq. ft. lin. ft.

GARBAGE DISPOSAL UNIT

- 1. No 3. Maybe
- 2. Yes >> 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: **5 / C / 1**
 at Observation Hole # **TP-1**
 Depth **40"**
 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
- 6. Extra-Large - 5.0 sq. ft./gpd

EFFLUENT/EJECTOR PUMP

- 1. Not Required
- 2. May Be Required
- 3. Required >> Specify only for engineered or experimental 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
 Long. _____ d _____ m _____ s
 if gps, state margin of error: _____

SITE EVALUATOR'S STATEMENT

I certify that on **7/25/06** (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).

[Signature]
 Site Evaluator Signature

241
 SE#

8/6/2006
 Date

EUGENE DUBE
 Site Evaluator Name Printed

215-6971
 Telephone Number

 E-mail Address

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation

Street, Road, Subdivision

Owners Name

AUGUSTA

232 BURNS ROAD

JIM JONES

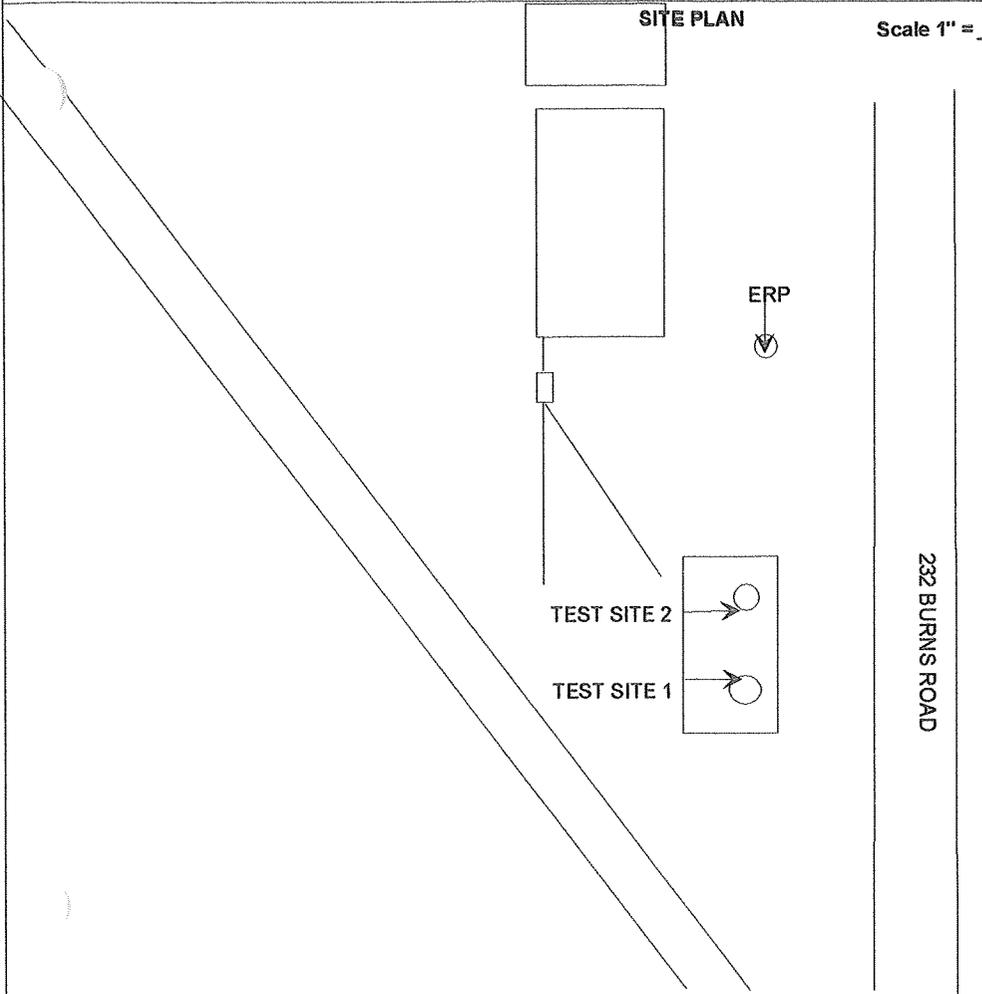
SITE PLAN

Scale 1" = 50 Ft.

NORTH

SITE LOCATION PLAN

(Map from Maine Atlas recommended)

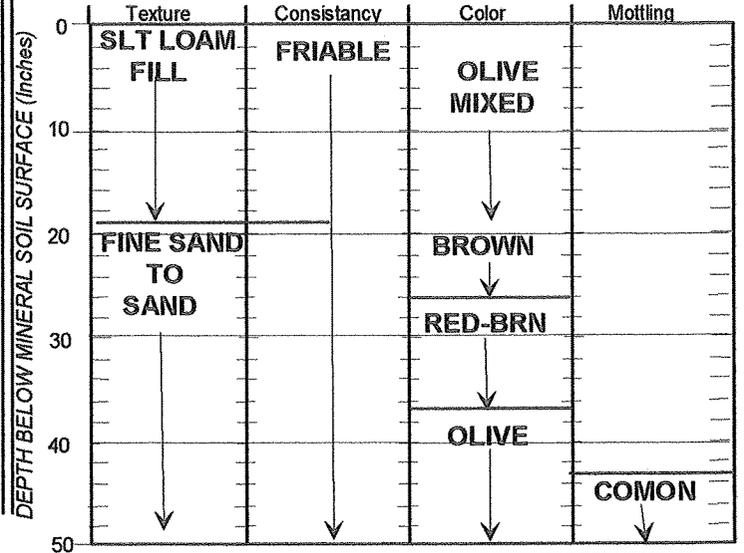
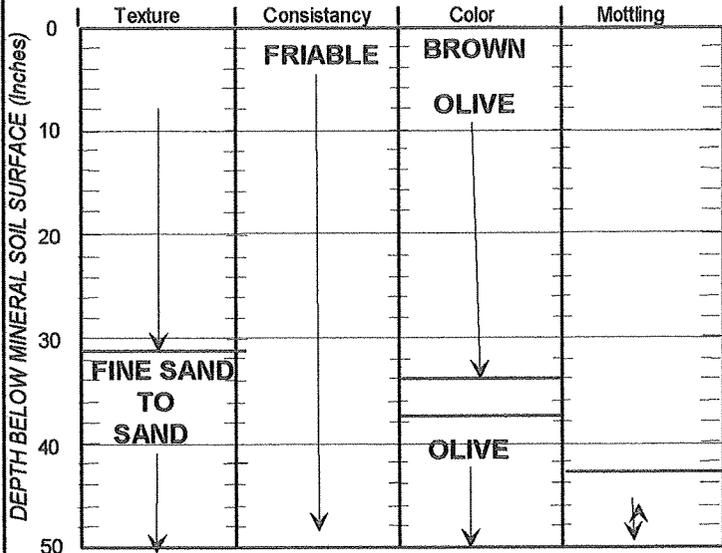


SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole TP-1 Test Pit Boring
 0" Depth of Organic Horizon Above Mineral Soil

Observation Hole TP-2 Test Pit Boring
 0" Depth of Organic Horizon Above Mineral Soil



Soil Classification 5 Profile C Condition	Slope 0 %	Limiting Factor 46 "	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
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Soil Classification 5 Profile C Condition	Slope 0 %	Limiting Factor 43 "	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
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EUGENE DUBE

Site Evaluator Signature

241

SE #

8/6/2006

Date

Town, City, Plantation: **WINTHROP** Street, Road, Subdivision: **501 WINTHROP CENTER ROAD** Owner or Applicant Name: **RONALD DEERING**

SUBSURFACE WASTEWATER DISPOSAL PLAN

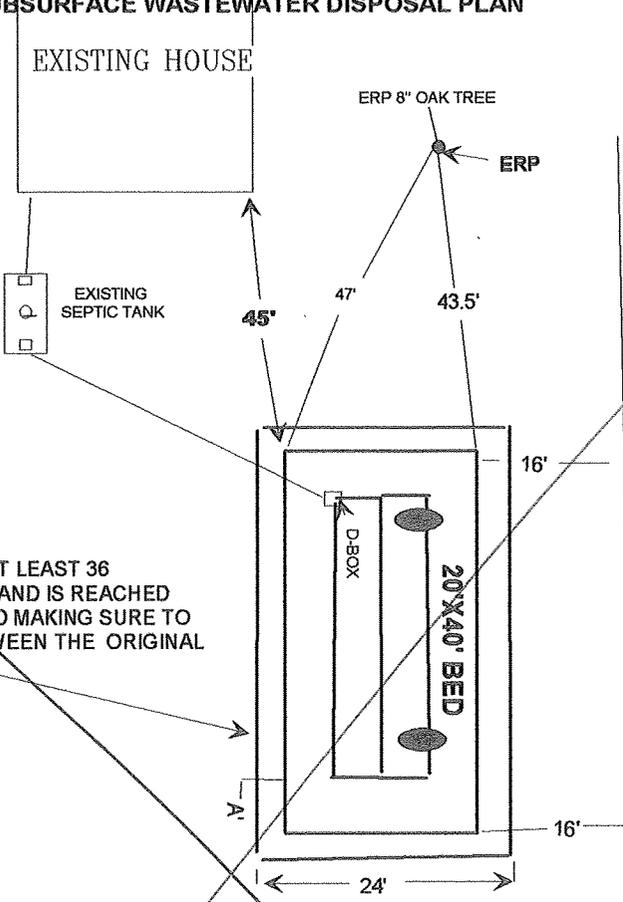
Scale 1" = 20' Ft.

NOTES!

USE EXISTING SEPTIC TANK, CLEAN TANK AND INSTALL POLYLOCK FILTER. USE 4" SCH 35 PIPE FROM TANK TO DISPOSAL AREA.

CONSTRUCTION NOTES!

REMOVE ALL FILL TO A DEPTH OF AT LEAST 36 INCHES OR UNTILL THE ORIGINAL SAND IS REACHED THE PLACE COARSE GRAVELY SAND MAKING SURE TO CREATE A TRANSITION ZONE BETWEEN THE ORIGINAL SOIL AND THE NEW FILL



*See Attached Sheet Page 3 of 3
9/11/06*

BACKFILL REQUIREMENTS

Depth of Fill (Upslope) **0** " Finished Grade Elevation
 Depth of Fill (Downslope) **0**" " Top of Distribution Pipe or Proprietary device
 DEPTHS AT CROSS-SECTION (shown below) Bottom of Disposal Area

CONSTRUCTION ELEVATIONS

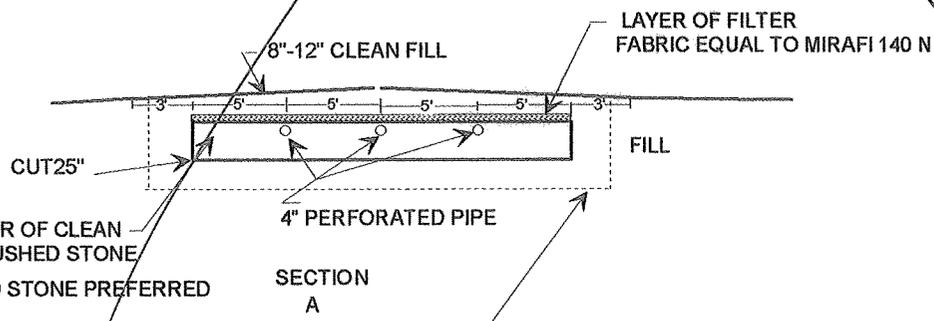
Finished Grade Elevation **-- 46"--**
 Top of Distribution Pipe or Proprietary device **-- 61"**
 Bottom of Disposal Area **-74 "**

ELEVATION REFERENCE POINT

Location and Description: **EVERTIRE NAIL IN 8" OAK TREE**
54" 'ABOVE GROUND
 Reference Elevation is: **00.0"**

DISPOSAL AREA CROSS SECTION

Scale:
 Vertical: 1 inch = 5 Ft.
 Horizontal: 1 inch = 10 Ft.



REMOVE 36" OF CLAY FILL OR UNTILL ORIGINAL SAND IS REACHED IN DISPOSAL AREA THEN PLACE COARSE GRAVELY SAND MIX 4 INCHES OF FILL MATERIAL THOROUGHLY WITH EXISTING SOIL TO FORM A TRANSITION ZONE (ACCORDING TO CHAPTER 8, PLUMBING CODE) ALL FILL SHALL BE GRAVELLY COARSE SAND
 DOWN FINISH GRADE FROM CENTER AT 3%
 SLOPE ALL ONE-WAY
 LOAM, SEED, MULCH DISTURBED AREAS

EUGENE DUBE
 Site Evaluator Signature

241
 SE #

8-7-2006
 Date

Town, City, Plantation

Street, Road, Subdivision

Owner or Applicant Name

AUGUSTA

BURNS ROAD

JIM JONES

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.

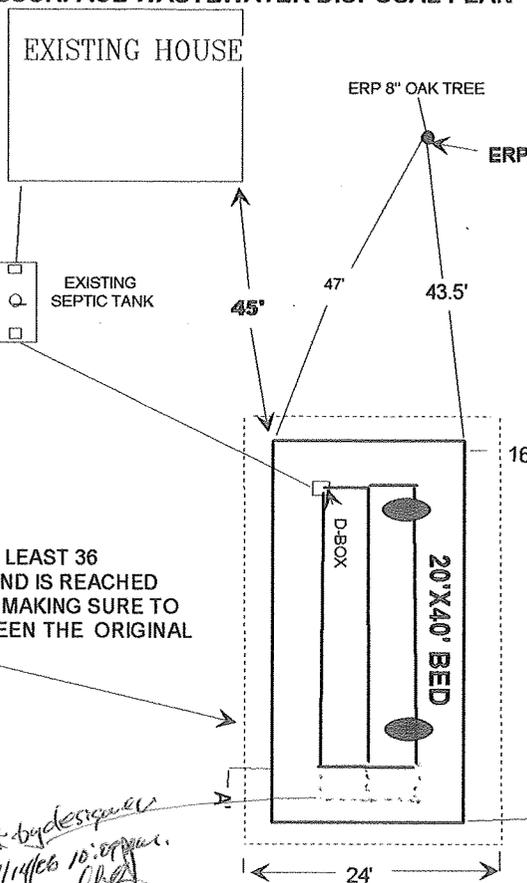
NOTES!

**USE EXISTING SEPTIC TANK ,
CLEAN TANK AND INSTALL
POLYLOCK FILTER.
USE 4" SCH 35 PIPE FROM TANK
TO DISPOSAL AREA.**

CONSTRUCTION NOTES !

REMOVE ALL FILL TO A DEPTH OF AT LEAST 36
INCHES OR UNTILL THE ORIGINAL SAND IS REACHED
THE PLACE COARSE GRAVELY SAND MAKING SURE TO
CREATE A TRANSITION ZONE BETWEEN THE ORIGINAL
SOIL AND THE NEW FILL

*at by design
9/14/06 10:00am
[Signature]*



BACKFILL REQUIREMENTS

Depth of Fill (Upslope)	<u>0</u> "
Depth of Fill (Downslope)	<u>0</u> " "
DEPTHS AT CROSS-SECTION (shown below)	

CONSTRUCTION ELEVATIONS

Finished Grade Elevation	-- 46"--
Top of Distribution Pipe or Proprietary device	- 72 "
Bottom of Disposal Area	- 84 "

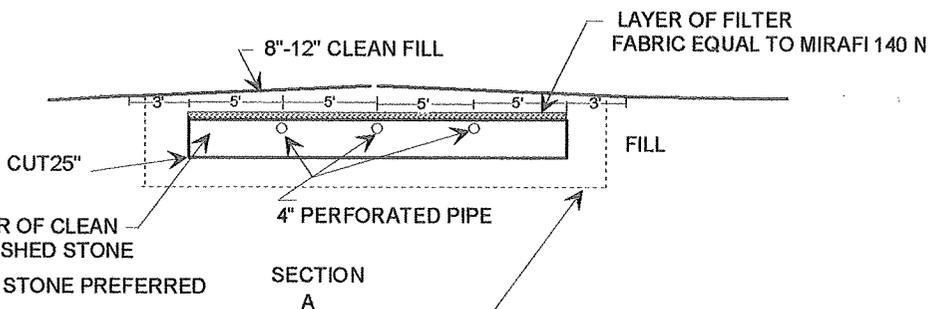
ELEVATION REFERENCE POINT

Location and Description:
EVERTIRE NAIL IN 8" OAK TREE
54" 'ABOVE GROUND'
Reference Elevation is: 00.0"

DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = 5 Ft.
Horizontal: 1 inch = 10 Ft.



REMOVE 36" OF CLAY FILL OR UNTILL ORIGINAL SAND IS REACHED
IN DISPOSAL AREA THEN PLACE COARSE GRAVELY SAND
MIX 4 INCHES OF FILL MATERIAL THOROUGHLY WITH EXISTING SOIL TO FORM
A TRANSITION ZONE (ACCORDING TO CHAPTER 8, PLUMBING CODE)
ALL FILL SHALL BE GRAVELLY COARSE SAND
DOWN FINISH GRADE FROM CENTER AT 3%
SLOPE ALL ONE-WAY
LOAM, SEED, MULCH DISTURBED AREAS

*Approved Permit
#3847
9/14/06
[Signature]*

EUGENE DUBE

Site Evaluator Signature

241

SE #

8-7-2006 rev 9-9-06

Date