SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY LOCATION

City, Town, Plantation: AUGUSTA

Street or Road: 258 BURNS ROAD

Subdivision, Lot #:

>> Caution: Permit Required -- Attach In Space Below <<

AUGUSTA 5209 TOWN COPY

Date Permit Issued: 1/13/04 $ 100.00 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature: [signature] L.P.I. # 104

OWNER/APPLICANT INFORMATION

Name (last, first, MI): STAPLES + McGEE DEUEL (Owner) (Applicant)

Mailing Address of ☒ Owner ☐ Applicant: 537 HIGH STREET, WEST GARDINER, ME 04345

Daytime Tel #:

Municipal Tax Map # 1 Lot # 103A

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.

Signature of Owner or Applicant: [signature] Date: 12/8/03

Caution: Inspections 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: (1st) Date Approved 1-20-04 (2nd) Date Approved

PERMIT INFORMATION

TYPE OF APPLICATION
1. ☒ First Time System
2. ☐ Replacement System
Type Replaced: ____
Year Installed: ____
3. ☐ Expanded System
4. ☐ One-time exempted ☐ Non-exempted
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 Approval

DISPOSAL SYSTEM COMPONENT(S)
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
± 1.2 ☐ 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

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
a. ☒ Regular
b. ☐ Low Profile
2. ☐ Plastic
3. ☐ Other: ____
CAPACITY 1000 gallons

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 1200 ☒ 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 --
3. ☐ Section 503.0 (meter readings)
ATTACH WATER-METER DATA

SOIL DATA & DESIGN CLASS
PROFILE CONDITION DESIGN
B / D /
at Observation Hole # 2
Depth 12 Elevation ____
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

PUMPING
1. ☐ Not Required
2. ☒ May Be Required
3. ☐ Required >> Specify only for engineered or experimental systems:
DOSE: gallons

SITE EVALUATOR STATEMENT

I Certify that on 10/22/03 (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: [signature] Date: 11/10/03

Site Evaluator Name Printed: VAUGHN L. SMITH

Site Evaluator # 226 Telephone # 724-5635

STATE OF MAINE VAUGHN L. SMITH 226 SITE EVALUATOR

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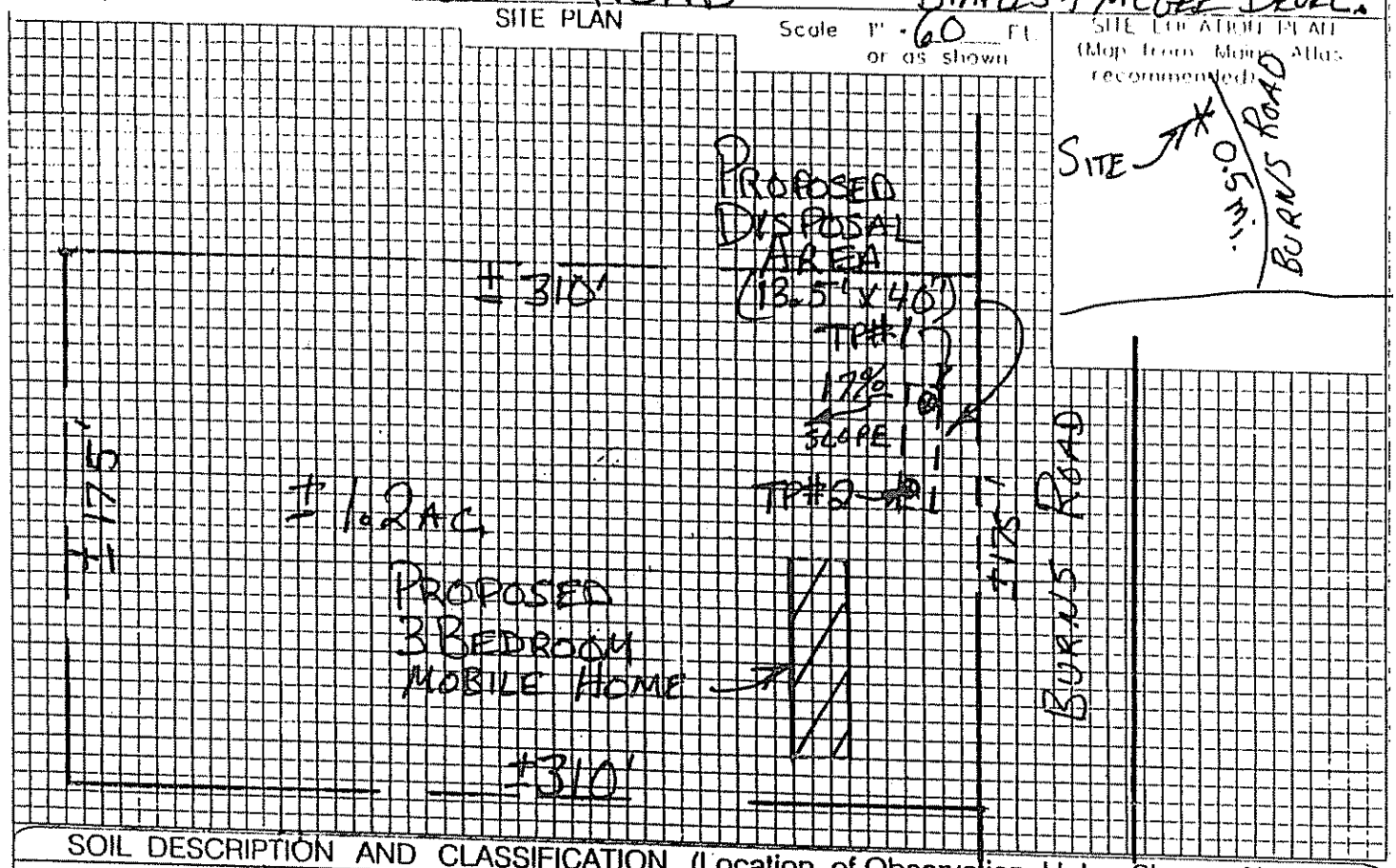
Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX (207) 287-4174

Town, City, Plantation: AUGUSTA
Street, Road Subdivision: BURNS ROAD
Owner's Name: STAPLES + McGEE DEVEL.

SITE PLAN

Scale 1" = 60 FT. or as shown



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

Observation Hole 1 ☒ Test Pit ☐ Boring
1" Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–10	LOAM	FRIABLE	BROWN	NONE
10–50		FIRM	OLIVE	FEW DISTINCT

Soil Classification: Profile	Condition	Slope	Limiting Factor	
8	D	12%	14"	☒ Ground Water ☒ Restrictive Layer ☐ Bedrock ☐ Pit Depth

Observation Hole #2 ☒ Test Pit ☐ Boring
1" Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–10	LOAM	FRIABLE	BROWN	NONE
10–50		FIRM	OLIVE	FEW FAINT

Soil Classification: Profile	Condition	Slope	Limiting Factor	
8	D	15%	12"	☒ Ground Water ☒ Restrictive Layer ☐ Bedrock ☐ Pit Depth

Site Evaluator Signature: Vaughn L. Smith

STATE OF MAINE — VAUGHN L. SMITH — 226 — LICENSED SITE EVALUATOR

Date: 11/10/03

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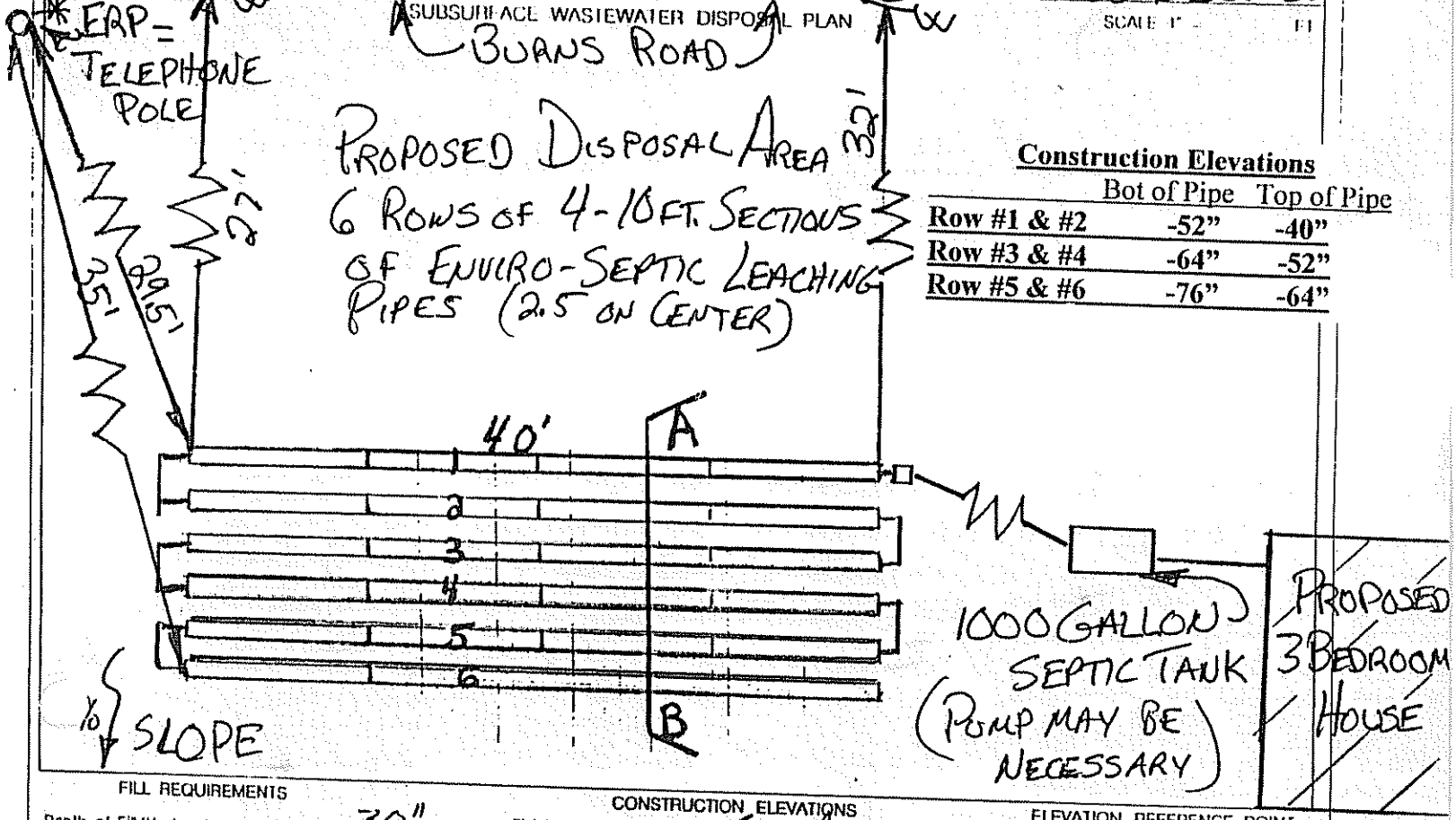
SUBSURFACE WASTEWATER DISPOSAL PLAN
BURNS ROAD

SCALE 1" = FT



Construction Elevations

	Bot of Pipe	Top of Pipe
Row #1 & #2	-52"	-40"
Row #3 & #4	-64"	-52"
Row #5 & #6	-76"	-64"

FILL REQUIREMENTS

Depth of Fill (Upslope) 30"
Depth of Fill (Downslope) 38"
FILL DEPTHS WILL VARY

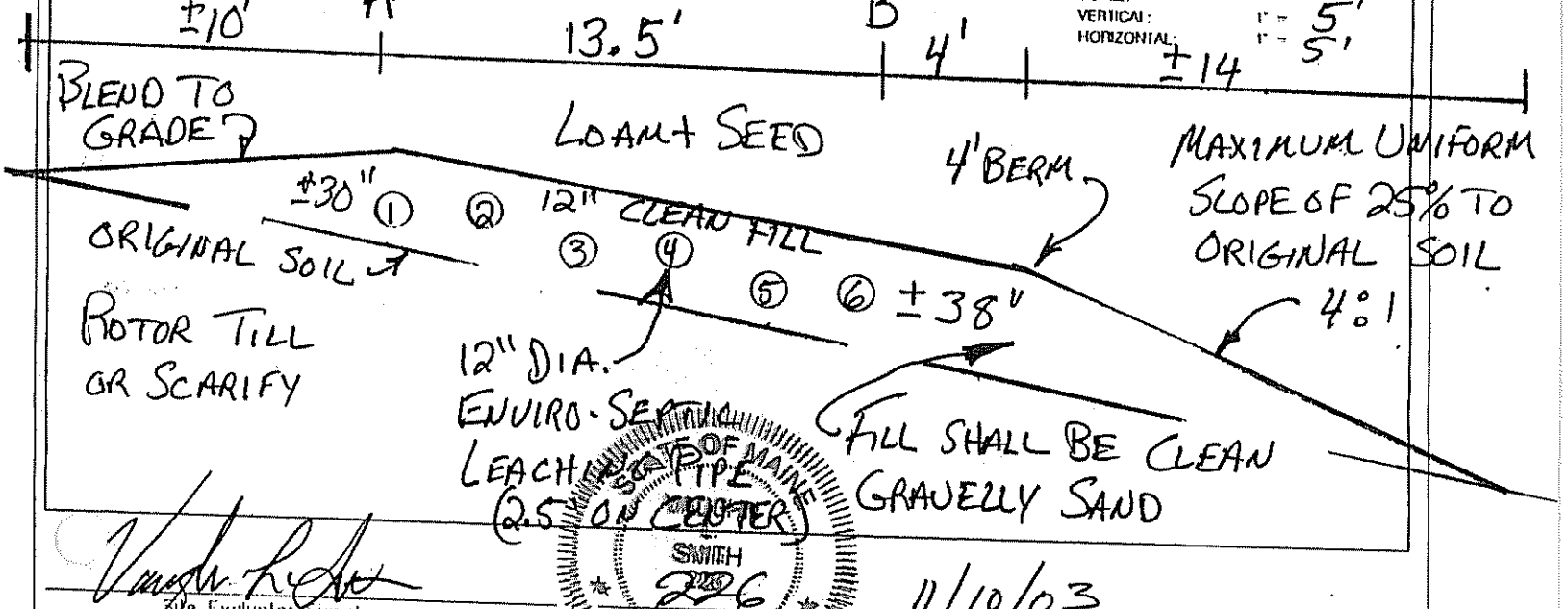
CONSTRUCTION ELEVATIONS

Finished Grade Elevation SEE ABOVE
Top of Distribution Pipe or Proprietary Device
Bottom of Disposal Area

ELEVATION REFERENCE POINT

Location & Description TELEPHONE POLE W/ NAIL 38" ABOVE GROUND
Reference Elevation 0"

DISPOSAL AREA CROSS SECTION



Site Evaluator Signature

STATE OF MAINE
SMITH
226
LICENSED
SITE EVALUATOR

11/10/03
Date