Curt Foster 215-5034 2662

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY LOCATION

City, Town, or Plantation	AUGUSTA
Street or Road	8 Claire Street
Subdivision, Lot #	

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

AUGUSTA PERMIT # 6448 TOWN COPY

Date Permit Issued: 5/27/2010 $ 176.00 ☐ If Double Fee FEE Charged

Local Plumbing Inspector Signature L.P.I. # 1 PGA

OWNER/APPLICANT INFORMATION

Name (last, first, MI) FOSTER Curt ☒ Owner ☐ Applicant

Mailing Address of Owner/Applicant: c/o Clyde Foster Sr 5 Rosida Road, Standish, ME 04084

Daytime Tel. # 831-8250

Municipal Tax Map # 1 Lot # 147

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.

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. 5/21/10 (1st) date approved

Local Plumbing Inspector Signature 5/27/2010 (2nd) date approved

PERMIT INFORMATION

TYPE OF APPLICATION

- ☐ 1. First Time System
- ☒ 2. Replacement System
  - Type replaced: unk
  - Year installed: unk
- ☐ 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. Pre-treatment, specify: ____
- ☐ 12. Miscellaneous Components

SIZE OF PROPERTY

±20,000SF ☒ 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)

Current Use ☐ Seasonal ☒ Year Round ☐ Undeveloped

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 Existing
- ☐ 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: 900 ☒ 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

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

SOIL DATA & DESIGN CLASS

PROFILE	CONDITION	DESIGN
7	D	3

at Observation Hole # TP1

Depth 12" 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

LATITUDE AND LONGITUDE at center of disposal area

Lat. 44 d 21 m 59 s

Lon. 69 d 44 m 05 s

if g.p.s, state margin of error: ____

SITE EVALUATOR STATEMENT

I certify that on 4/15/09 (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
	263	4/15/09

Site Evaluator Name Printed	Telephone Number	E-mail Address
Mark J. Hampton	756-2900	

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

HHE-200 Rev. 4/05

5/24/10 Pump Station in but check valve missing. Contractor Foster cut pump line for check while staff went to pick up check. Electrical work for alarm, power & such by friend of owner - licensed - Owner will call me for inspection and test of alarm. [signature] CEO/LPI

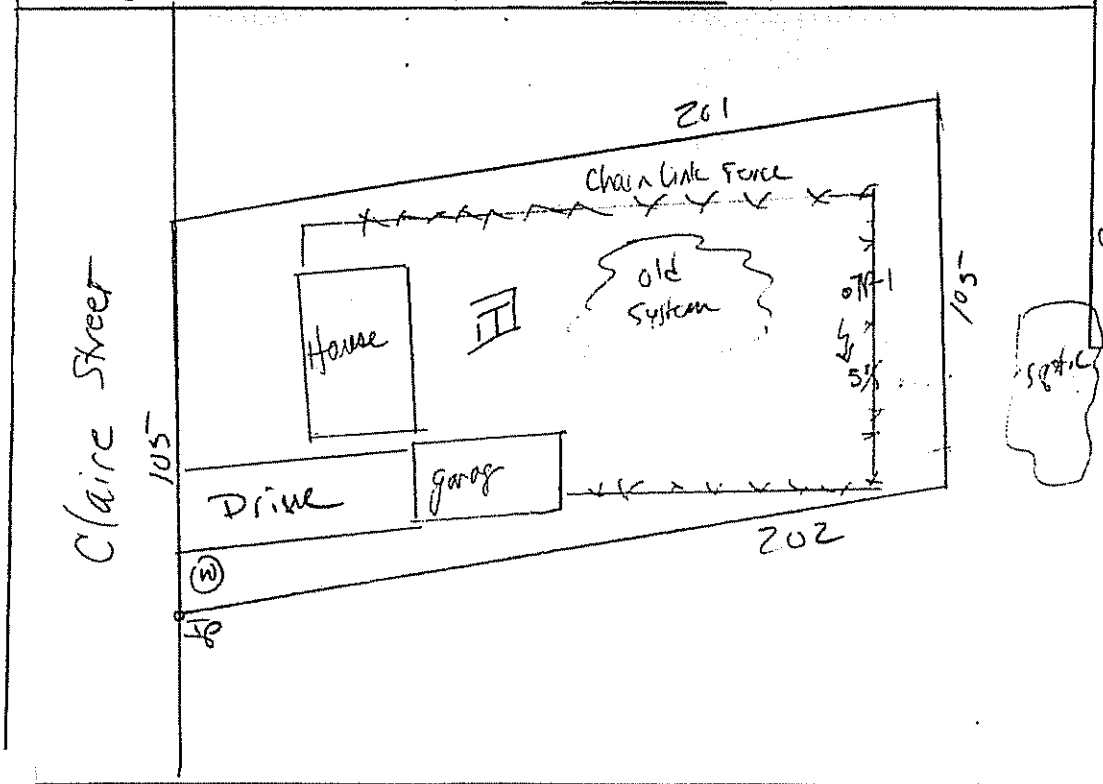
2662

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

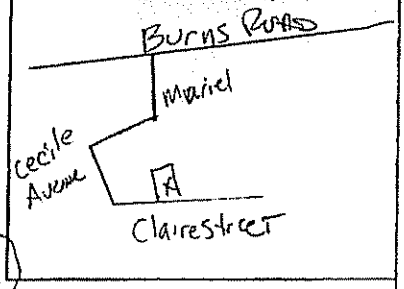
Department of Human Services
Division of Health Engineering
(207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation	Street, Road, Subdivision	Owner's Name
Augusta	8 Claire Street	Curt Foster

SITE PLAN Scale 1" = 50 ft. or as shown



SITE LOCATION PLAN
(map from Maine Atlas recommended)



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

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

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0	Loamy Sand	Friable	Dark Brown	
10	Loamy Sand	Friable	Brown	Common
20	Silty Clay Loam	Firm	Olive Gray	Distinct
30				
40				
50				

Soil Classification	Slope	Limiting Factor	
7 D (Profile / Condition)	3 %	12 "	[x] Ground Water [x] Restrictive Layer [ ] Bedrock [ ] Pit Depth

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

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

Soil Classification	Slope	Limiting Factor	
(Profile / Condition)	%	"	[ ] Ground Water [ ] Restrictive Layer [ ] Bedrock [ ] Pit Depth

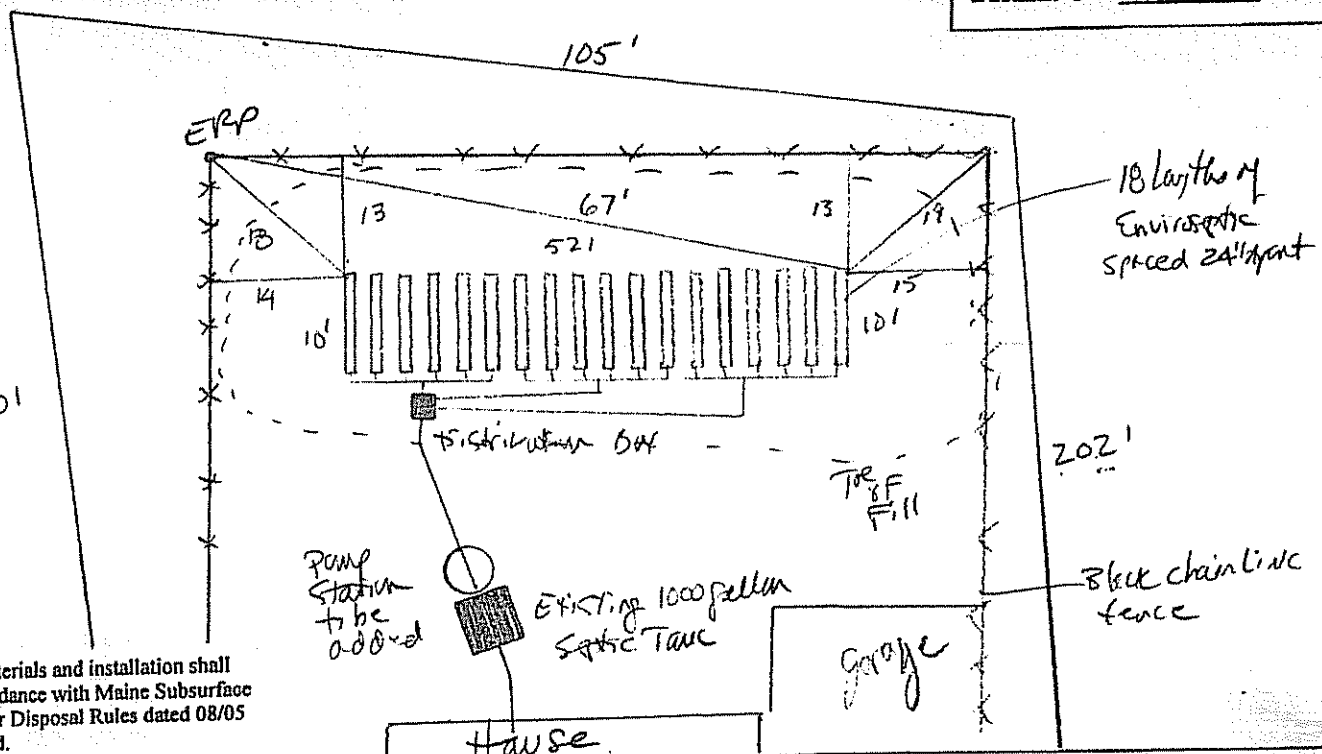
Mary J. Hampton — Site Evaluator Signature
265 — SE #
4/15/09 — Date

2662

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION	Department of Human Services Division of Health Engineering (207) 287-5672 Fax: (207) 287-3165
Town, City, Plantation: Augusta	Street, Road, Subdivision: 8 Claire Street
	Owner's Name: Curt Foster

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 20 FT.

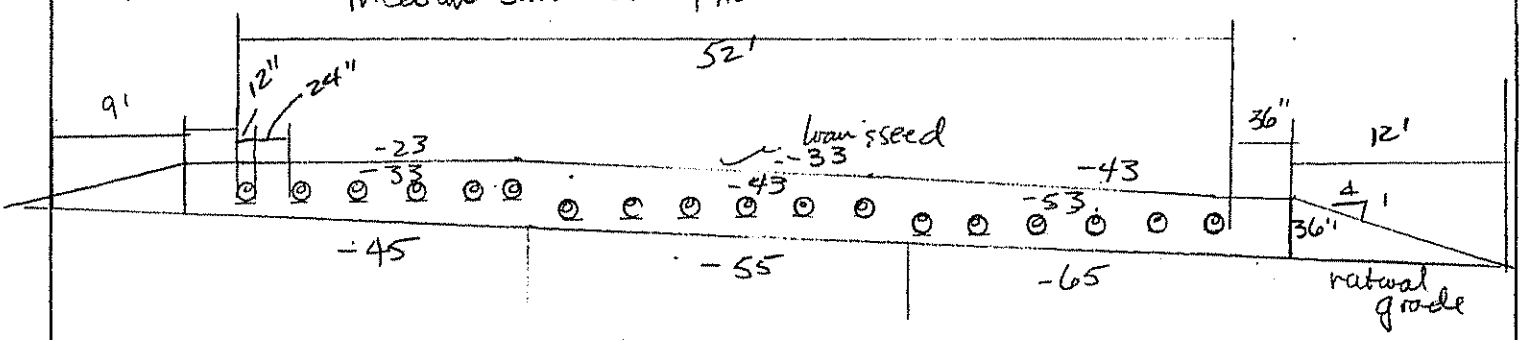


Note: Materials and installation shall be in accordance with Maine Subsurface Wastewater Disposal Rules dated 08/05 as amended.

FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT
Depth of Fill (Upslope): 36-42"	Finished Grade Elevation: see below	Location & Description: Top of corner post in fence 49" up
Depth of Fill (Downslope): 36-42"	Top of Distribution Pipe or Proprietary Device:	Reference Elevation: 0"
	Bottom of Disposal Area:	

DISPOSAL AREA CROSS SECTION

Scale
Horizontal 1" = 10 ft.
Vertical 1" = 10 ft.



Bottom Elevations

note: Contractor to inspect Existing Septic Tank and repair outlet baffle if needed.

Mary Hampton	265	4/15/09
Site Evaluator Signature	SE #	Date