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, or Plantation	Augusta Me.
Street or Road	Cecile Ave
Subdivision, Lot #	

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

AUGUSTA 4875 TOWN COPY
Date Permit Issued 5-22-02 $ 100.00 FEE ☐ If Double Fee Charged
Local Plumbing Insector Signature L.P.I. # 850

OWNER/APPLICANT INFORMATION

Name (last, first, MI)	Porter Clifford (Owner / Applicant)
Mailing Address of ☑ Owner ☐ Applicant	RR 5 Box 1035
	Augusta Maine
Daytime Tel. #	207-622-0023

Municipal Tax Map # 1 Lot # 156

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 Date

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 6/20/02

(2nd) Date Approved

PERMIT INFORMATION

TYPE OF APPLICATION
1. ☐ First Time System
2. ☑ Replacement System
Type Replaced: _____
Year Installed: _____
3. ☐ Expanded System
   a. ☐ One-time exempted
   b. ☐ 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
☐ sq. ft. ☑ acres
1 Acre +-

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 (Existing)
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: Mono Cast/Pump
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 900 ☑ sq. ft. ☐ lin. ft.
20'x 45'

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 Bedrooms
90
x3
270 x 3.3 = 900 sqFT
3. ☐ Section 503.0 (meter readings)
ATTACH WATER-METER DATA

SOIL DATA & DESIGN CLASS

PROFILE	CONDITION	DESIGN
7	C	1

at Observation Hole # 1
Depth 21 " Elevation -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
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 5-19-02 (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
	241	5-19-02

Eugene Dube 242-7707
Evaluator Name Printed Telephone #

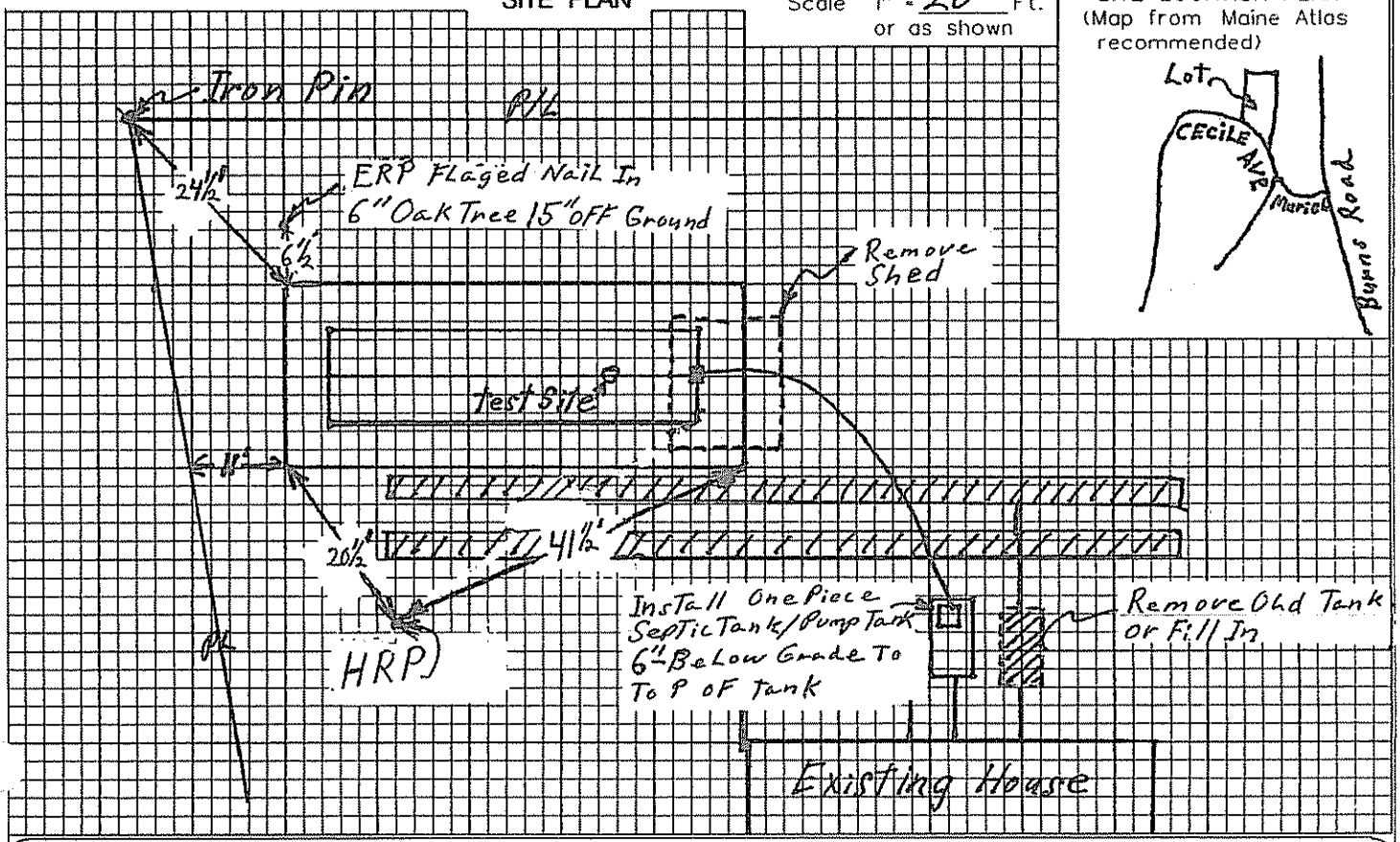
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation: Augusta
Street, Road Subdivision: Cecile Ave
Owner's Name: Clifford Porter

SITE PLAN

Scale 1" = 20 Ft. or as shown



SITE LOCATION PLAN
(Map from Maine Atlas recommended)

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

Observation Hole 1 ☑ Test Pit ☐ Boring
½" Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–10	Fine Sandy Loam	Friable	Brown	None
10–20			Yellow Brown	
20–30	Fine Sand To Sand	Firm	Olive	Common
30–50	Slt Clay			

Soil Classification: Profile	Condition	Slope	Limiting Factor	
7	C	0-1 %	21"	☑ Ground Water ☐ 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
0–50				

Soil Classification: Profile	Condition	Slope	Limiting Factor	
		%	"	☐ Ground Water ☐ Restrictive Layer ☐ Bedrock ☐ Pit Depth

Site Evaluator Signature: [signature]
SE #: 241
Date: 5-19-02

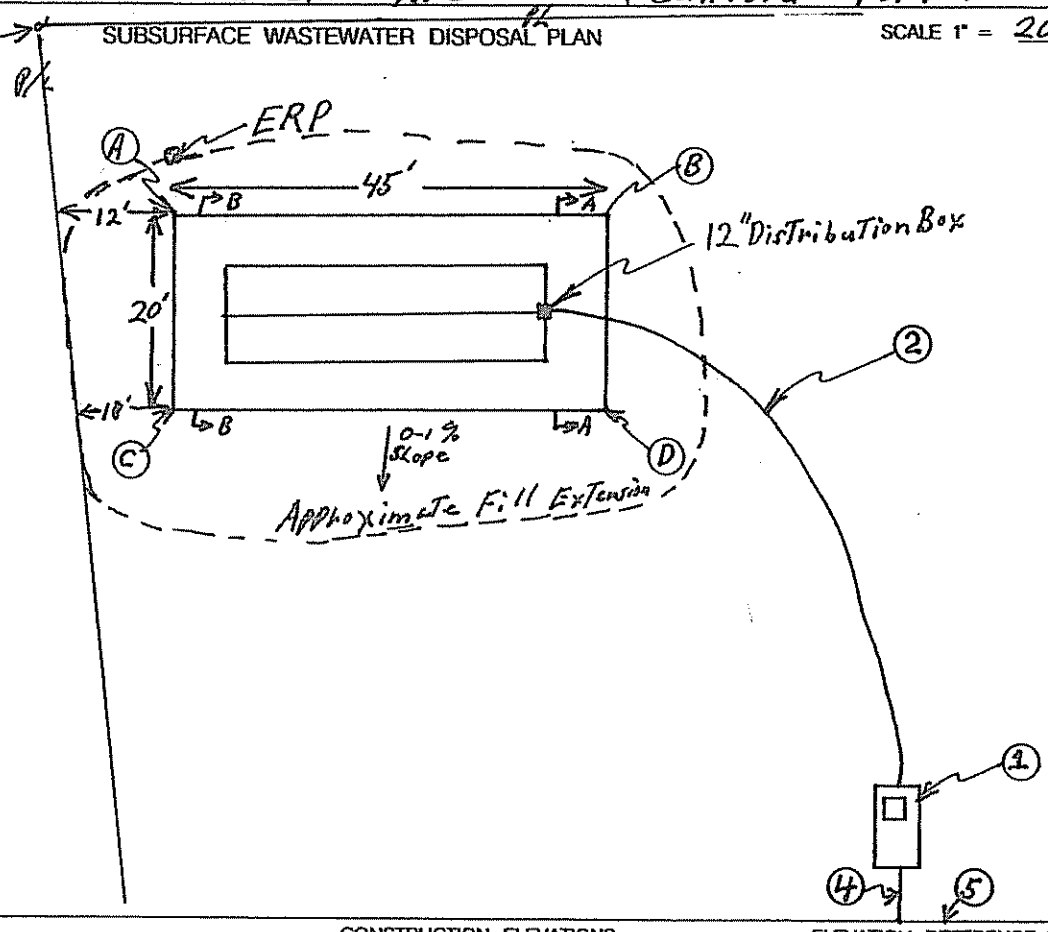
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation	Street, Road, Subdivision	Owner's Name
Augusta	Cecile Ave	Clifford Porter

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT.



FILL REQUIREMENTS				
Depth of Fill (Upslope)	A	22"	B	12"
Depth of Fill (Downslope)	C	25"	D	17"

CONSTRUCTION ELEVATIONS	
Finished Grade Elevation	-7"
Top of Distribution Pipe or Proprietary Device	-15"
Bottom of Disposal Area	-28"

ELEVATION REFERENCE POINT

Location & Description: Flaged Nail in 6" Oak 15" off

Reference Elevation: 0" Ground

DISPOSAL AREA CROSS SECTION

SCALE:
VERTICAL: 1" =
HORIZONTAL: 1" =

Notes!

1. **Install a 1000 gallon septic tank\pump tank ,one piece with check valve and alarm.**
2. **Use 2" pipe from septic tank to the distribution box.**
3. **Install 12" concrete distribution box.**
4. **Use 4" Sch 40 PVC pipe from the house to the septic tank.**
5. **The new Septic tank must be 8' minimum from the home, the existing septic tank needs to be filled in or removed.**
6. **All Disposal field construction techniques in Chapter 8 of the Maine Subsurface wastewater Disposal Rules are to be followed, Including erosion and sediment control measures.**

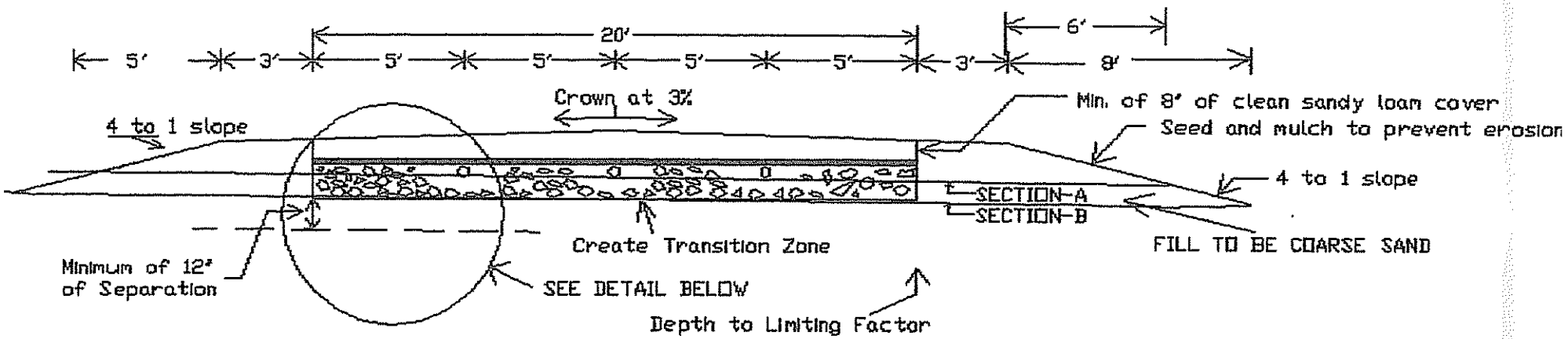
Site Evaluator Signature	SE #	Date
[signature]	241	5-19-02

ATTACHMENT TO FORM HHE-200

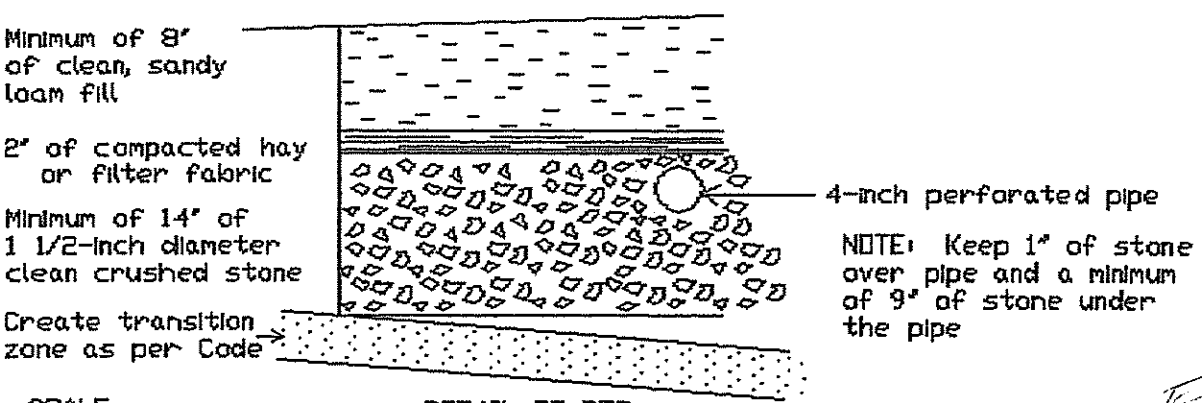
5-19-02
CLIFFORD PORTER

ELEVATIONS

Reference Elevation is -0"
Bottom of Disposal Area is -28"
Top of Distribution Lines is -15"



Remove all trees and vegetation and scarify original surface thoroughly in all areas including fill extensions Prepair a transion zone as per Maine Subsurface disposal Rules Chapter 8 Section 801.5.



NOTE: Keep 1" of stone over pipe and a minimum of 9" of stone under the pipe

DETAIL OF BED

Depth of Fill (Upslope) = (A) 22" (B) 12"

Depth of Fill (Downslope) = (C) 25" (D) 17"

SCALE:
Vertical: 1 inch = 5 feet
Horizontal: 1 inch = 5 feet

DATE: 5-19-02

EUGENE DUBE SE 241