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	669 Riverside Dr.
Subdivision, Lot #	

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

AUGUSTA PERMIT # 6133 TOWN COPY

Date Permit Issued: 4/4/08 $ 150.00 ☐ If Double Fee Charged FEE

Local Plumbing Inspector Signature L.P.I. # 860

OWNER/APPLICANT INFORMATION

Name (last, first, MI)	Gitz Roofing ☑ Owner ☐ Applicant
Mailing Address of Owner/Applicant	669 Riverside Dr. Augusta
Daytime Tel. #	622-9503

Municipal Tax Map # 2 Lot # 33

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 4-4-08

CAUTION: INSPECTION REQUIRED

I have inspected the installation authoirzed above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. _____ (1st) date approved

Local Plumbing Inspector Signature — (2nd) date approved

PERMIT INFORMATION

TYPE OF APPLICATION

- ☐ 1. First Time System
- ☐ 2. Replacement System
- Type replaced: _____
- Year installed: _____
- ☐ 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

☐ SQ. FT. ☐ ACRES

SHORELAND ZONING

☐ Yes ☐ No

DISPOSAL SYSTEM TO SERVE

- ☐ 1. Single Family Dwelling Unit, No. of Bedrooms: ____
- ☐ 2. Multiple Family Dwelling, No. of Units: ____
- ☑ 3. Other: Roofing Contractor (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
- ☐ 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: _____ ☐ 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

_____ 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

_____/_____/_____

at Observation Hole #_____

Depth _____"

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. f.t / 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. _____d _____m _____s

Lon. _____d _____m _____s

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

SITE EVALUATOR STATEMENT

I certify that on _____ (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

Site Evaluator Name Printed — Telephone Number — E-mail Address

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