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

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

City, Town, Plantation: AUGUSTA

Street or Road: 669 RIVERSIDE DRIVE

Subdivision, Lot #:

AUGUSTA PERMIT # 6568 TOWN COPY

Date Permit Issued: 6/20/11 $ 150.00 + 15.00 ☐ If Double Fee Charged

Local Plumbing Inspector Signature: Gary R. Fuller L.P.I. # 1850

OWNER/APPLICANT INFORMATION

Name (last, first, MI): G+E ROOFING ☒ Owner ☐ Applicant

Mailing Address of Owner/Applicant: 669 RIVERSIDE DRIVE, AUGUSTA, ME 04330

Daytime Tel. #: 207 622 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: Dennis M Langer Date: 6/12/11

CAUTION: INSPECTION 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: Gary R. Fuller (1st) date approved: 6/28/11 (2nd) date approved: / /

PERMIT INFORMATION

TYPE OF APPLICATION

☐ 1. First Time System
☒ 2. Replacement System
Type replaced: BED
Year Installed: 1975
☐ 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

3.2 ☐ 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: OFFICE COMPLEX (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 — EXISTING

☒ 1. Concrete — SAVE + USE IF IN GOOD CONDITION
☒ 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: 1815 ☒ 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

NOTE: QUARTERLY WATER RECORDS SHOW
550 gallons per day
BASED ON: MAX. USE 254 gpd
☐ 1. Table 501.1 (dwelling unit(s))
☒ 2. Table 501.2 (other facilities)
SHOW CALCULATIONS for other facilities
80 ON SITE EMPLOYEES @ 15 gpd = 300
50 OFF SITE EMPL @ 5 gpd = 250
☐ 3. Section 503.0 (meter readings) TOTAL 550
ATTACH WATER METER DATA No SHOWERS

SOIL DATA & DESIGN CLASS

PROFILE	CONDITION	DESIGN
3	A/C	1

at Observation Hole # TP1
Depth 30"
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 — EXISTING

☐ 1. Not Required — SAVE + USE IF IN GOOD CONDITION
☐ 2. May Be Required
☒ 3. Required
Specify only for engineered systems:
DOSE: _____ gallons

LATITUDE AND LONGITUDE

at center of disposal area
Lat. N 44 d 21 m 25.0 s
Lon. W 69 d 44 m 22.9 s
If g.p.s, state margin of error: 14'

SITE EVALUATOR STATEMENT

I certify that on 6/16/11 (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 # 168 Date: 6/17/11

Site Evaluator Name Printed: JOHN W LORD JR Telephone Number: 207 445 3402 FAX 207 445 3149 ~~E-mail Address~~

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

DESIGN SUBJECT TO LOCAL, STATE + FEDERAL ORDINANCES.

PS 1 of 3

HHE-200 Rev. 4/05

Robin Tobey # 446-1163

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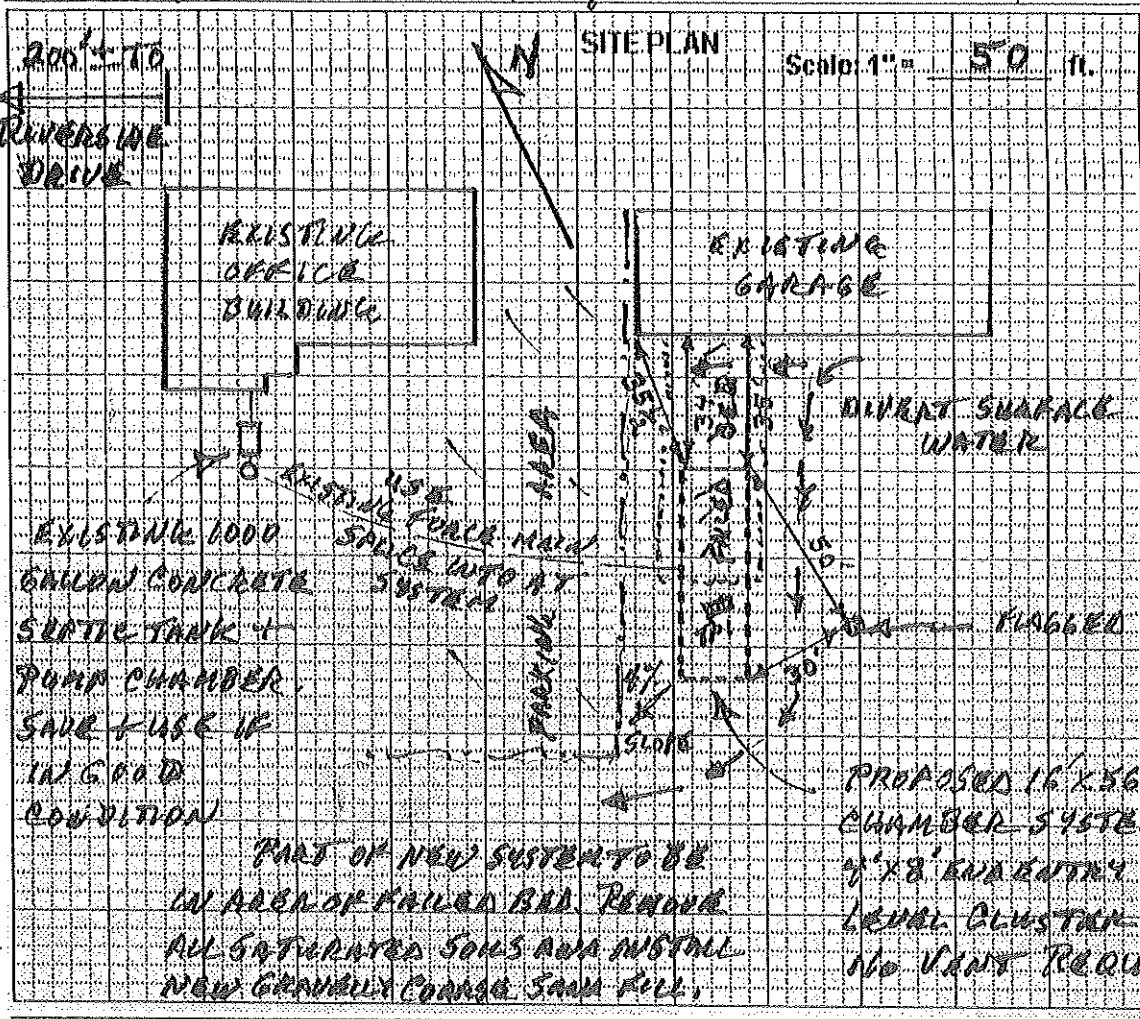
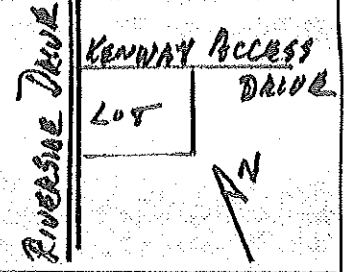
Division of Environmental Health, STS 11
(207) 287-5338 FAX (207) 287-3165

Town, City, Plantation	Street, Road, Subdivision	Owner or Applicant Name
AUGUSTA	669 RIVERSIDE DRIVE	G+E ROOFING

SITE PLAN Scale: 1" = 50 ft.



SITE LOCATION MAP
(Attach Map From Maine Atlas for First Time System Variance)



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

Observation Hole # TP1 ☒ Test Pit ☐ Boring

NONE SKIM COAT OF GRAVEL

Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–6	LOAM		10YR 3/3	
6–18	FINE SANDY	FRIABLE	7.5YR 4/4	
18–30	LOAM	FIRM	10YR 5/6	COMMON DISTINCT
30–48	BEDROCK @ 30"			

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	
3	AOE/C	4	30	☐ Groundwater ☐ Restrictive Layer ☒ Bedrock

Observation Hole # _____ ☐ Test Pit ☐ Boring

_____" Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–6				
6–12				
12–18				
18–24				
24–30				
30–36				
36–42				
42–48				

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	
				☐ Groundwater ☐ Restrictive Layer ☐ Bedrock

Site Evaluator Signature _____ SE # 168 Date 6/17/11

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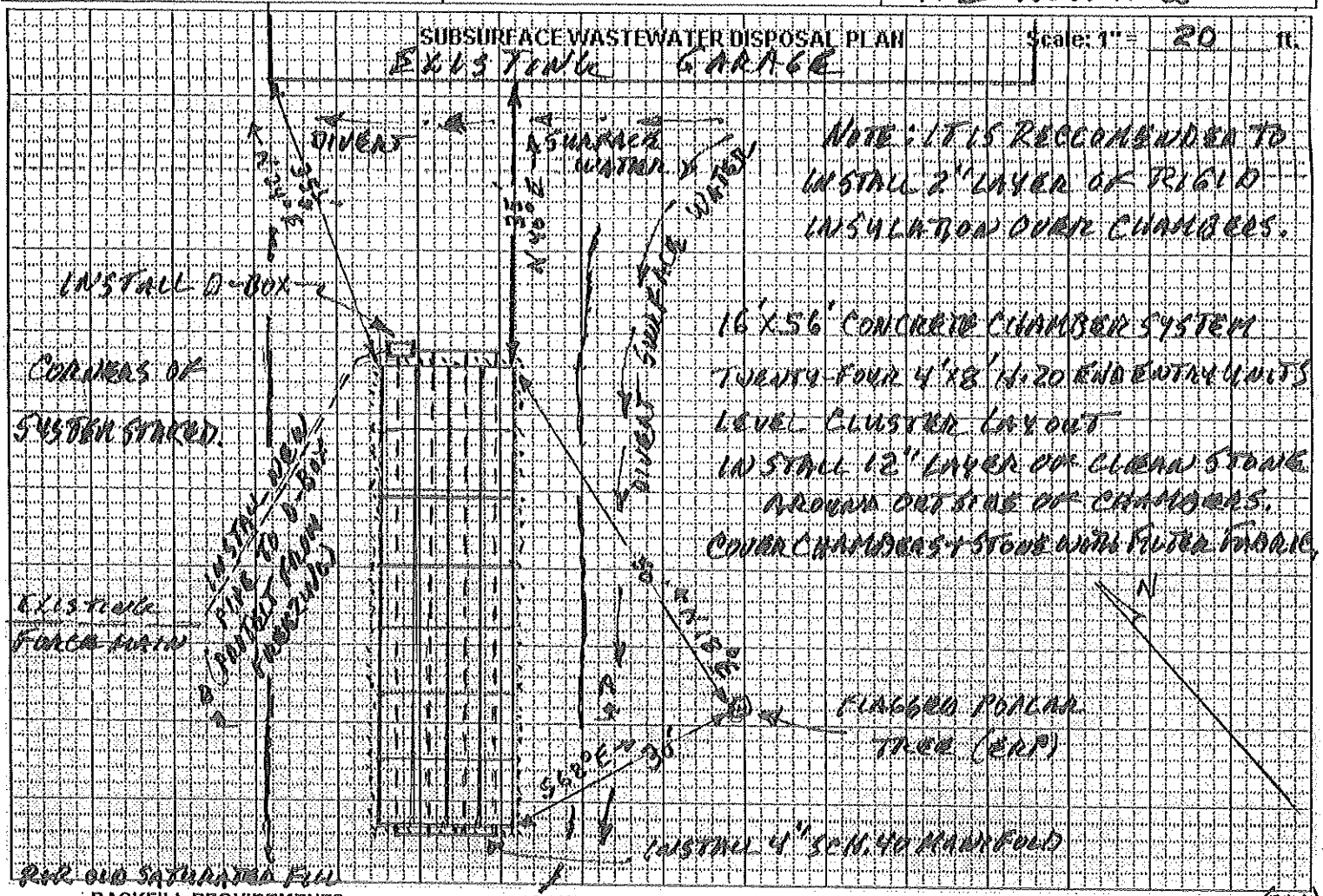
SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 ft.



BACKFILL REQUIREMENTS

Depth of Backfill (upslope)	18 "
Depth of Backfill (downslope)	28± "

DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

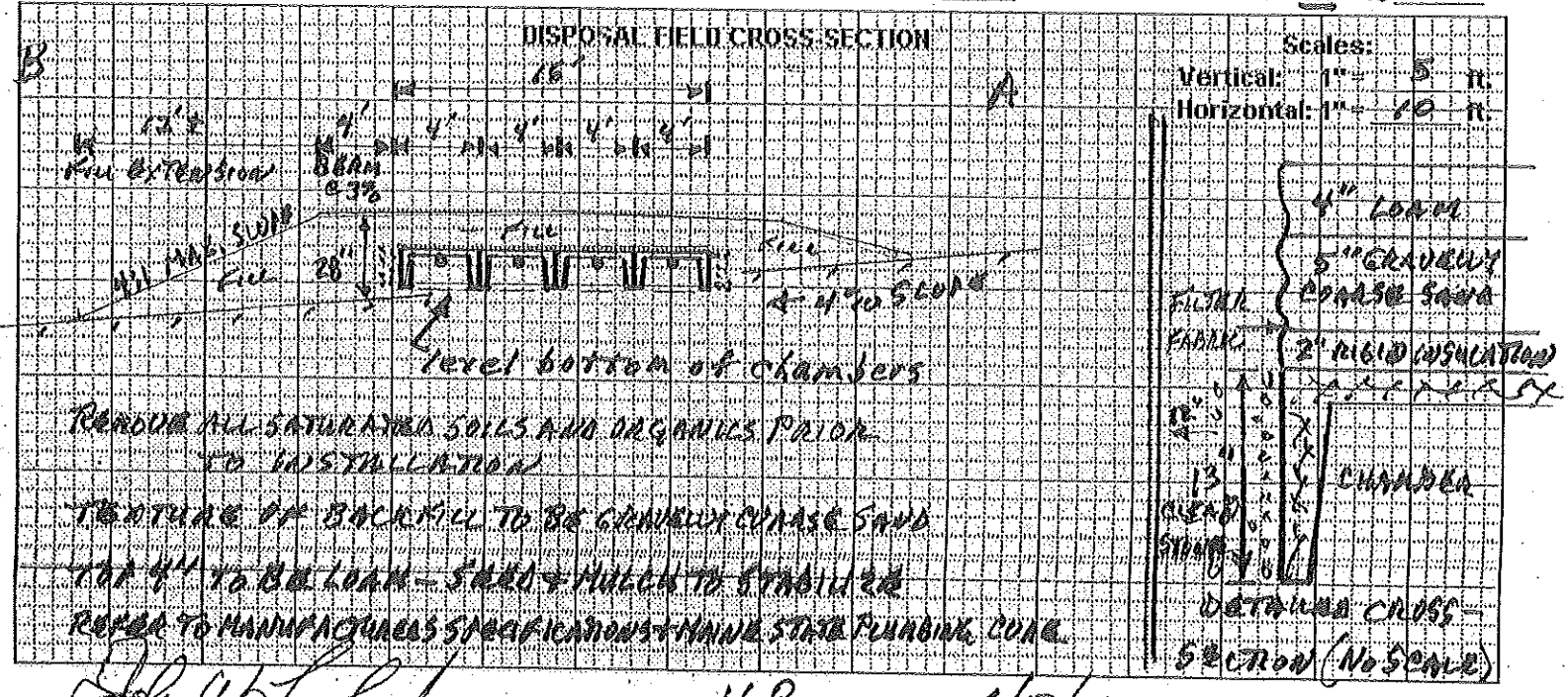
Finished Grade Elevation	-36 "
Top of ~~Distribution Pipe or~~ Proprietary Device	-47 "
Bottom of Disposal Field	-60 "

ELEVATION REFERENCE POINT (ERP)

Location & Description: FLAGGED NAIL IN POPLAR TREE 31" ABOVE GRADE AT TREE

Reference Elevation is: 0.0" or

DISPOSAL FIELD CROSS-SECTION



REMOVE ALL SATURATED SOILS AND ORGANICS PRIOR TO INSTALLATION

TEXTURE OF BACKFILL TO BE GRAVELLY COARSE SAND

TOP 4" TO BE LOAM - SEED + MULCH TO STABILIZE

REFER TO MANUFACTURER'S SPECIFICATIONS + MAINE STATE PLUMBING CODE

John A. [illegible]
Site Evaluator Signature

168
SE #

6/17/11
Date