

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

<b>PROPERTY LOCATION</b>		>> CAUTION: PERMIT REQUIRED -- ATTACH IN SPACE BELOW <<	
City, Town, Plantation	<b>AUGUSTA</b>	AUGUSTA PERMIT # 5950 TOWN COPY	
Street or Road	<b>BLAIR ROAD</b>		
Subdivision, Lot #			
<b>OWNER/APPLICANT INFORMATION</b>		Date Permit Issued: <u>3/16/07</u> Local Plumbing Inspector Signature: <u>[Signature]</u> L.P.I. # <u>857</u> \$ <u>100.00</u> FEE Charged <input type="checkbox"/> Double Fee	
Name (last, first, MI)	<b>ADAMS, MICHAEL</b> <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant		
Mailing Address of Owner/Applicant	<b>P O BOX 5657 AUGUSTA, ME 04332</b>		
Daytime Tel. #	<b>299-0960</b>	Municipal Tax Map # <u>2</u> Lot # <u>39</u> <span style="float: right;">P.D.</span>	

<b>OWNER OR APPLICANT STATEMENT</b> 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/Applicant: <u>[Signature]</u> Date: <u>3/16/07</u>	<b>CAUTION: INSPECTION REQUIRED</b> 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: _____ _____ (2nd) Date Approved: _____
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PERMIT INFORMATION		
<b>TYPE OF APPLICATION</b> <input checked="" type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type replaced _____ Year installed _____ <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. Minor Expansion <input type="checkbox"/> b. Major Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	<b>THIS APPLICATION REQUIRES</b> <input checked="" type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector approval <input type="checkbox"/> b. State & Local Plumbing Inspector approval <input type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector approval <input type="checkbox"/> b. State & Local Plumbing Inspector approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	<b>DISPOSAL SYSTEM COMPONENTS</b> <input checked="" type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify _____ <input type="checkbox"/> 4. Non-Engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pretreatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous Components
<b>SIZE OF PROPERTY</b> 40 <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres	<b>DISPOSAL SYSTEM TO SERVE:</b> <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>3</u> <input type="checkbox"/> 2. Multiple Family Dwelling Unit, No. of Units: _____ <input type="checkbox"/> 3. Other _____ (specify) Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped	<b>TYPE OF WATER SUPPLY</b> <input checked="" type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other
<b>SHORELAND ZONING</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<b>TREATMENT TANK</b> <input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other _____ CAPACITY <u>1000</u> GAL.	<b>DISPOSAL FIELD TYPE &amp; SIZE</b> <input checked="" type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear <input type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other _____ SIZE <u>900</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	<b>GARBAGE DISPOSAL UNIT</b> 1. <input checked="" type="checkbox"/> No <input type="checkbox"/> 3. Maybe 2. <input type="checkbox"/> Yes >> Specify one below: <input type="checkbox"/> a. multi-compartment tank <input type="checkbox"/> b. _____ tanks in series <input type="checkbox"/> c. increase in tank capacity <input type="checkbox"/> d. Filter on Tank Outlet	<b>DESIGN FLOW</b> <u>270</u> gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 501.1 (dwelling unit(s)) <input type="checkbox"/> 2. Table 501.2 (other facilities) SHOW CALCULATIONS -for other facilities-
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE CONDITION DESIGN <u>3 / C / 1</u> at Observation Hole # <u>TP-1</u> Depth <u>16</u> " of Most Limiting Soil Factor	<b>DISPOSAL FIELD SIZING</b> 1. <input type="checkbox"/> Small - 2.0 sq. ft./gpd 2. <input type="checkbox"/> Medium - 2.6 sq. ft./gpd 3. <input checked="" type="checkbox"/> Medium-Large - 3.3 sq. ft./gpd 4. <input type="checkbox"/> Large - 4.1 sq. ft./gpd 5. <input type="checkbox"/> Extra-Large - 5.0 sq. ft./gpd	<b>EFFLUENT/EJECTOR PUMP</b> 1. <input checked="" type="checkbox"/> Not Required 2. <input type="checkbox"/> May Be Required 3. <input type="checkbox"/> Required >> Specify only for engineered or experimental systems DOSE _____ gallons	<input type="checkbox"/> 3. Section 503.0 (meter readings) ATTACH WATER METER DATA <b>LATITUDE AND LONGITUDE</b> at center of disposal area Lat. <u>44</u> d <u>21</u> m <u>12</u> s Long. <u>69</u> d <u>43</u> m <u>44</u> s if gps, state margin of error: <u>30 ft</u>

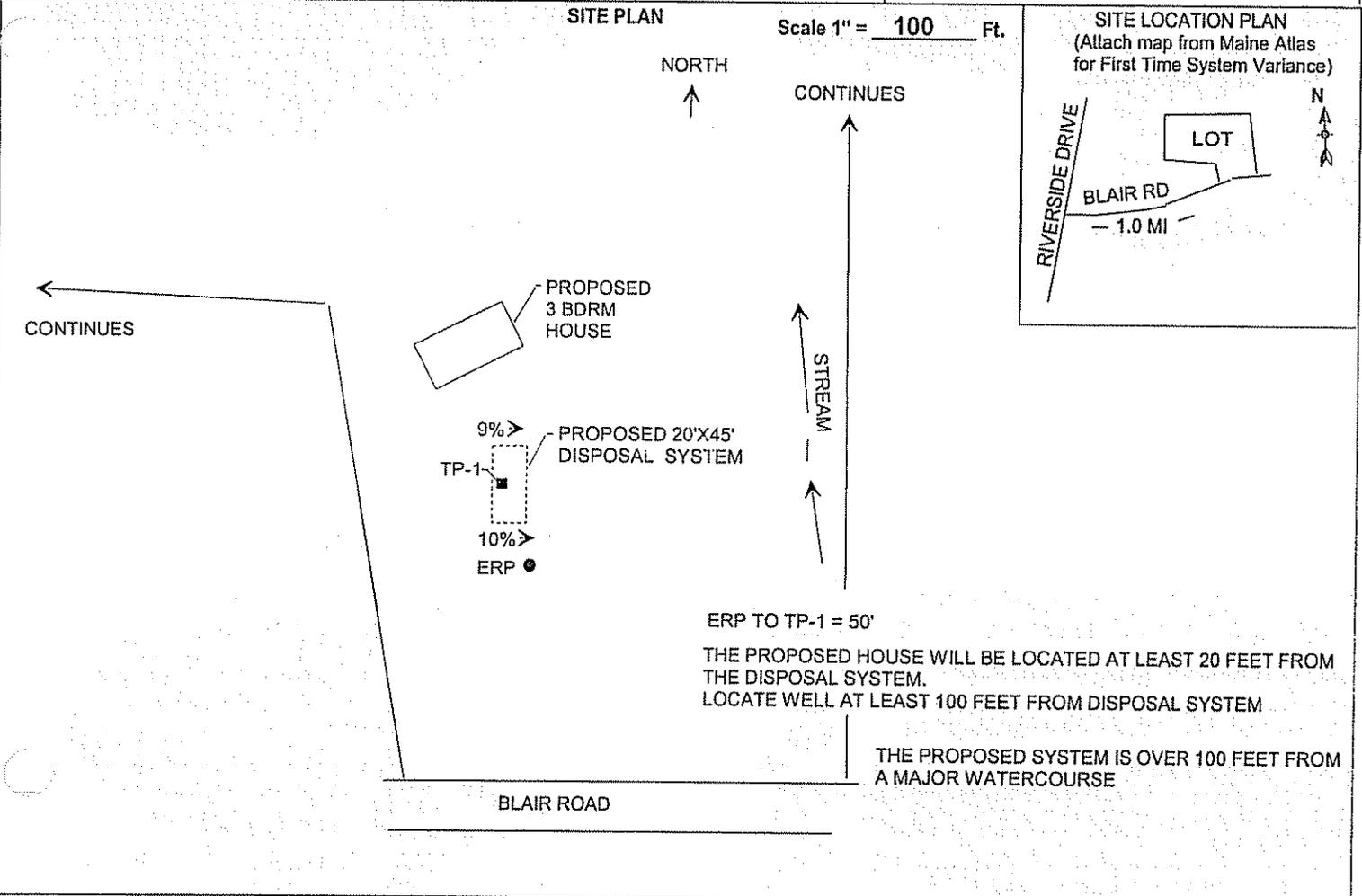
SITE EVALUATOR'S STATEMENT		
I certify that on <u>3/16/07</u> (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).		
Site Evaluator Signature: <u>[Signature]</u>	SE#: <u>188</u>	Date: <u>3/16/2007</u>
Site Evaluator Name Printed: <u>WILLIAM P BROWN</u>	Telephone Number: <u>293-2110</u>	E-mail Address: _____

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

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Maine Department of Human Services  
Division of Health Engineering, Station 10  
(207) 287-5672 FAX 207 287-4165

Town, City, Plantation <b>AUGUSTA</b>	Street, Road, Subdivision <b>BLAIR ROAD</b>	Owner or Applicant Name <b>MICHAEL ADAMS</b>
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SOIL PROFILE DESCRIPTION AND CLASSIFICATION					(Location of Observation Holes Shown Above)				
Observation Hole # <u>TP-1</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring					Observation Hole # _____ <input type="checkbox"/> Test Pit <input type="checkbox"/> Boring				
0" Depth of organic horizon above mineral soil					_____ " Depth of organic horizon above mineral soil				
DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling	DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	SANDY LOAM	FRIABLE	MEDIUM BROWN		0				
10					10				
20		FIRM	ORANGE BROWN	NONE COMMON	20				
30			OLIVE BROWN		30				
40					40				
50					50				
Soil Profile <u>3</u>	Classification <u>C</u>	Slope <u>9-10%</u>	Limiting Factor <u>16"</u>	<input checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock	Soil Profile _____	Classification _____	Slope _____%	Limiting Factor _____"	<input type="checkbox"/> Groundwater <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock

**WILLIAM P BROWN** *William P Brown*  
Site Evaluator Signature

188  
SE #

3/16/2007  
Date

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Town, City, Plantation  
**AUGUSTA**

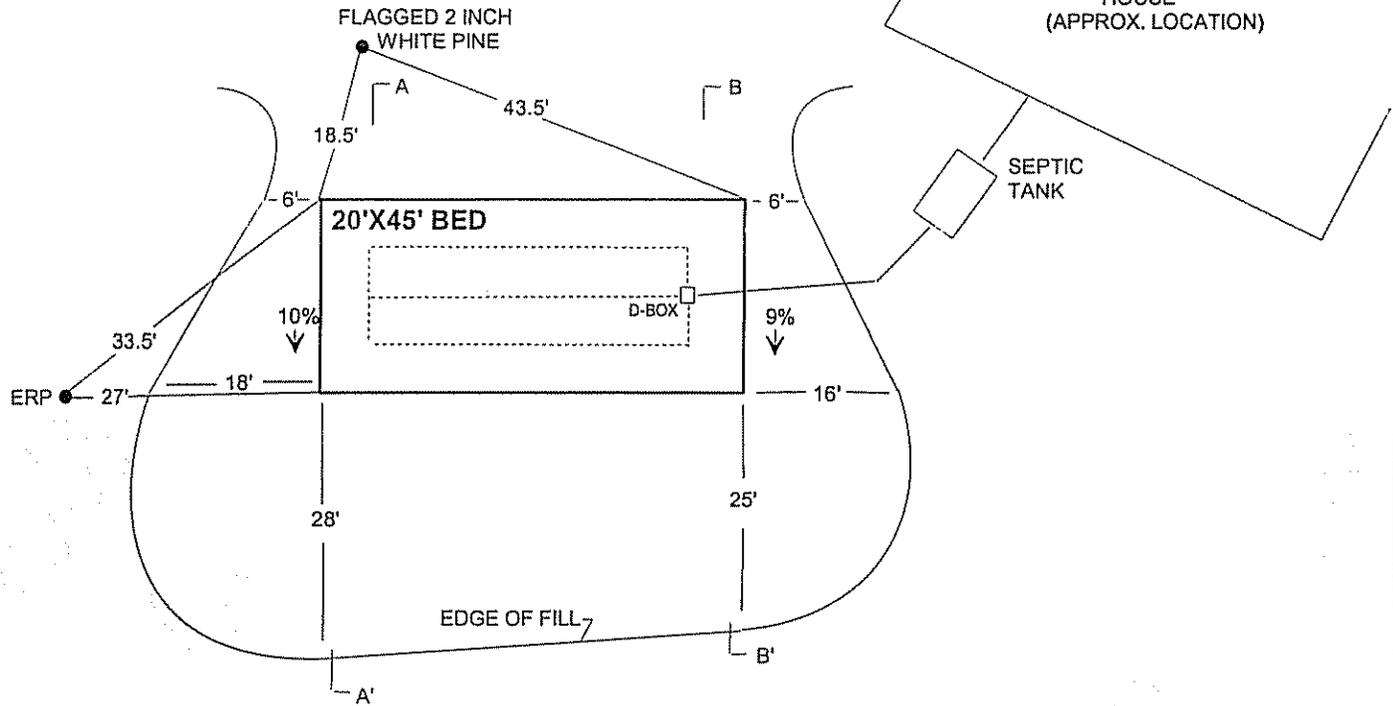
Street, Road, Subdivision  
**BLAIR ROAD**

Owner or Applicant Name  
**MICHAEL ADAMS**

## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.

SEPTIC TANK MAY BE FIELD ADJUSTED AT  
LEAST 8 FT FROM HOUSE.  
LOCATE NEW WELL AT LEAST 100 FT FROM  
THE DISPOSAL SYSTEM



### BACKFILL REQUIREMENTS

Depth of Fill (Upslope) **20-23"**  
Depth of Fill (Downslope) **41-47"**  
DEPTHS AT CROSS-SECTION (shown below)

### CONSTRUCTION ELEVATIONS

Finished Grade Elevation **VARIES**  
Top of Distribution Pipe or Proprietary device **-18"**  
Bottom of Disposal Area **-29"**

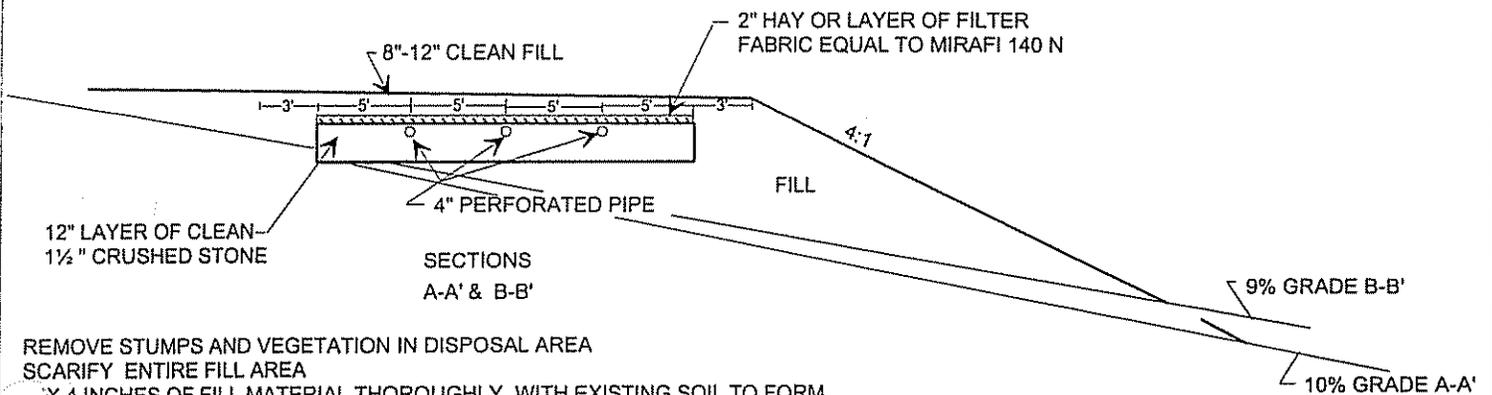
### ELEVATION REFERENCE POINT

Location and Description:  
**FLAGGED NAIL IN 8 INCH WHITE PINE,**  
**4 FEET ABOVE GROUND**  
Reference Elevation is: **00.0"**

### DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = 5 Ft.  
Horizontal: 1 inch = 10 Ft.



REMOVE STUMPS AND VEGETATION IN DISPOSAL AREA  
SCARIFY ENTIRE FILL AREA  
MIX 4 INCHES OF FILL MATERIAL THOROUGHLY WITH EXISTING SOIL TO FORM  
TRANSITION ZONE (ACCORDING TO CHAPTER 8, PLUMBING CODE)  
ALL FILL SHALL BE GRAVELLY COARSE SAND  
CROWN FINISH GRADE FROM CENTER AT 3% OR,  
SLOPE FINISH GRADE ALL ONE-WAY (AS SHOWN)  
LOAM, SEED, MULCH DISTURBED AREAS

**WILLIAM P BROWN**  
Site Evaluator Signature

188  
SE #

3/16/2007  
Date

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