919 West River Rd

see revised

FORMS

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, Plantation: AUGUSTA

Street or Road: ROUTE 104

Subdivision, Lot #: 919 A.K.A. WEST RIVER ROAD

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

AUGUSTA 4970 TOWN COPY

Date Permit Issued: 10/17/02

$ 100 ☐ If Double Fee Charged FEE

Local Plumbing Inspector Signature

L.P.I. # 672

OWNER/APPLICANT INFORMATION

Name (last, first, MI): HASSEN, DAVID (Owner) Applicant

Mailing Address of ☒ Owner ☐ Applicant: 140 INGRAHAM ROAD, SOUTH CHINA, ME 04358

Daytime Tel. #:

Municipal Tax Map # 2 Lot # 72

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 26 Sept 02

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 — (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
   ☐ 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

± 1.5 ☐ sq. ft. ☒ acres

SHORELAND ZONING

☐ Yes ☒ No

DISPOSAL SYSTEM TO SERVE

1. ☒ Single Family Dwelling Unit, No. of Bedrooms: 4
2. ☐ Multiple Family Dwelling, No. of Units: ____
3. ☐ Other: ____ SPECIFY

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 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 1400 ☒ sq. ft. ☐ lin. ft.

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

360 gallons per day

BASED ON:

1. ☒ Table 501.1 (dwelling unit(s)
2. ☐ Table 501.2 (other facilities)

SHOW CALCULATIONS – for other facilities –

3. ☐ Section 503.0 (meter readings)

ATTACH WATER-METER DATA

SOIL DATA & DESIGN CLASS

PROFILE 8 / CONDITION D / DESIGN ____

at Observation Hole # 2

Depth ____ " Elevation ____

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 8/14/02 (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 # 226 — Date 8/30/02

VAUGHN L. SMITH — Site Evaluator Name Printed — Telephone # 724-5635

Page 1 of 3
HHE-200 Rev. 1/99

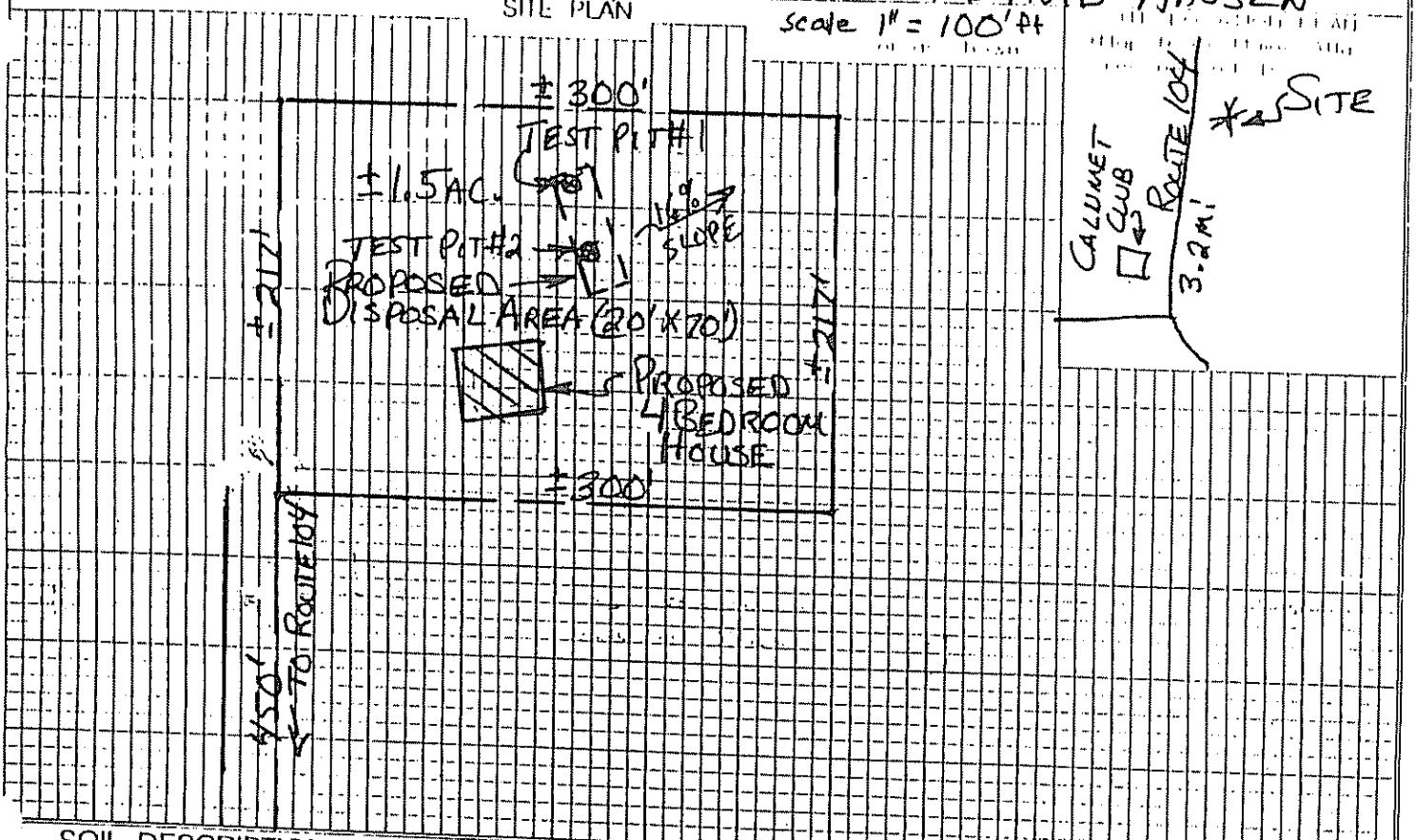
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation: AUGUSTA
Street, Road, Subdivision: ROUTE 104
Owner, Name: DAVID HASSEN

SITE PLAN

Scale 1" = 100' ft



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

Observation Hole #1 ☒ Test Pit ☐ Boring
1 " Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–10	LOAM	FRIABLE	BROWN	NONE
10–20			OLIVE	
20–30		FIRM		FEW FAINT
30–40				
40–50				

Soil Classification: 8 (Profile) D (Condition) | Slope: 16 | Limiting Factor: 13" | ☒ Ground Water ☒ Restrictive Layer ☐ Bedrock ☐ Pit Depth

Observation Hole #2 ☒ Test Pit ☐ Boring
0 " Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–10	LOAM	FRIABLE	OLIVE BROWN	NONE
10–20			OLIVE	FEW FAINT
20–30		FIRM		
30–40				
40–50				

Soil Classification: 8 (Profile) D (Condition) | Slope: 15 | Limiting Factor: 12" | ☒ Ground Water ☒ Restrictive Layer ☐ Bedrock ☐ Pit Depth

Site Evaluator Signature: [signature] | SE #: 226 | Date: 8/30/02

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

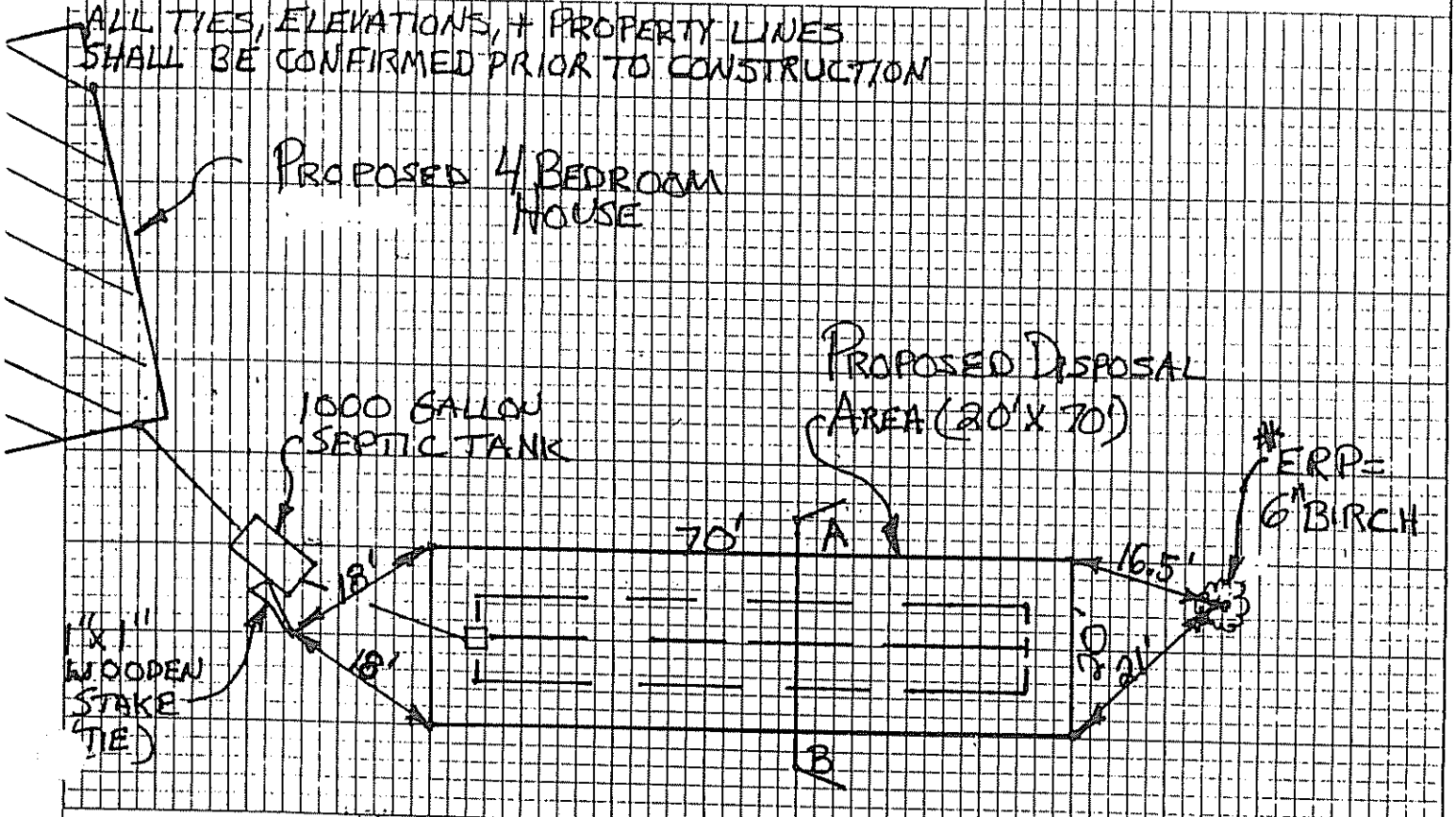
Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX (207) 287-4172

Town/City/Plantation: AUGUSTA | Street/Road/Subdivision: ROUTE 104 | Property Owner: DAVID HASSEN

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT

NOTE:
ALL TIES, ELEVATIONS, + PROPERTY LINES SHALL BE CONFIRMED PRIOR TO CONSTRUCTION



FILL REQUIREMENTS

Depth of Fill (Upslope) 30"
Depth of Fill (Downslope) 54"
FILL DEPTHS WILL VARY

CONSTRUCTION ELEVATIONS

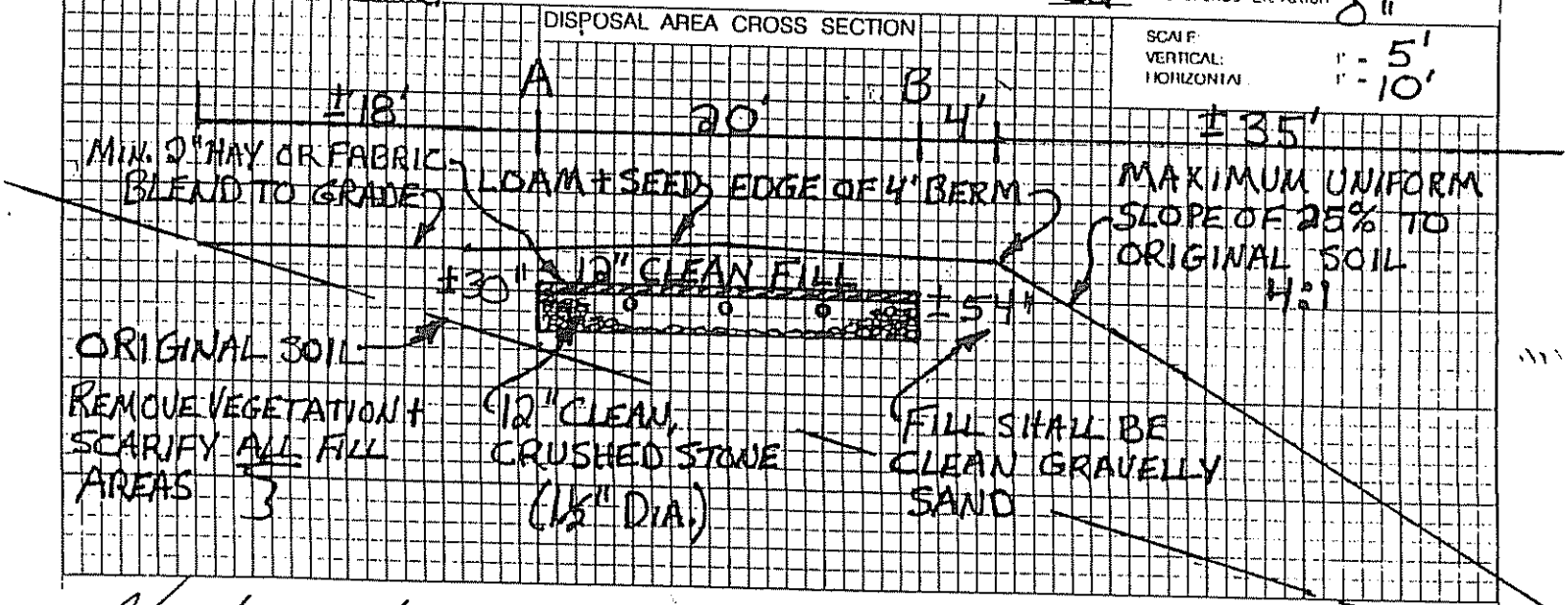
Finished Grade Elevation -28"
Top of Distribution Pipe or Proprietary Device -40"
Bottom of Disposal Area -52"

ELEVATION REFERENCE POINT

Location & Description 6" BIRCH W/NAIL 74" ABOVE GROUND
Reference Elevation 0"

DISPOSAL AREA CROSS SECTION

SCALE: VERTICAL: 1" = 5' HORIZONTAL: 1" = 10'



Site Evaluator Signature: Vaughn L. [illegible]
SE #: 226
Date: 8/30/02

FORMS

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-6672 FAX (207) 287-4172

PROPERTY LOCATION

City, Town, Plantation: AUGUSTA

Street or Road: ROUTE 104

Subdivision, Lot #: A.K.A. WEST RIVER ROAD

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Name (last, first, MI): HASSEN, DAVID (Owner / Applicant)

Mailing Address of ☒ Owner ☐ Applicant: 140 INGRAHAM ROAD, SOUTH CHINA, ME 04358

Daytime Tel. #:

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

The Subsurface Wastewater Disposal System ***shall not*** be installed until a Permit is attached HERE by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

Municipal Tax Map # _____ Lot # _____

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 25 Nov 02

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 3/30/03

(2nd) Date Approved _____

PERMIT INFORMATION

TYPE OF APPLICATION

1. ☒ First Time System
2. ☐ Replacement System
   Type Replaced: _____
   Year Installed: _____
3. ☐ Expanded System
   - ☐ One-time exempted
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5. ☐ Seasonal Conversion

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3. ☐ Other: _____ (SPECIFY)

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CAPACITY 1000 gallons

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DESIGN FLOW

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BASED ON:

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PROFILE 8 / CONDITION D / DESIGN _____

at Observation Hole # 2

Depth _____ " Elevation _____ "

OF MOST LIMITING SOIL FACTOR

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2. ☐ May Be Required
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   DOSE: _____ gallons

SITE EVALUATOR STATEMENT

I Certify that on 8/14/02 (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 # 226 Date 8/30/02 REVISED 11/15/02

Site Evaluator Name Printed VAUGHN L. SMITH Telephone # 724-5635

Page 1 of 3
HHE-200 Rev. 1/99

10 CMR 241 (June 1, 2000)

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: ROUTE 104
Owner's Name: DAVID HASSEN

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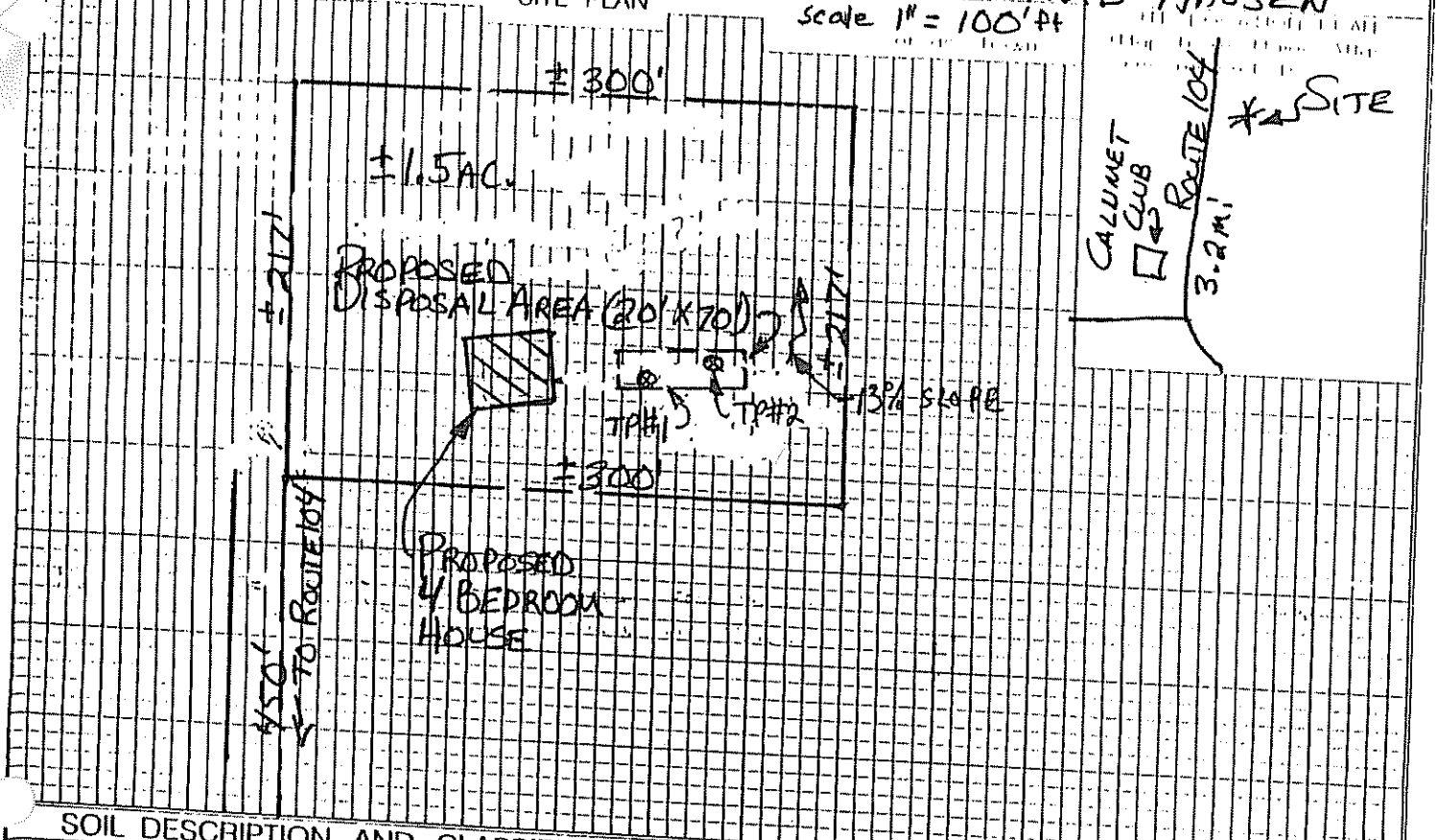

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10–20			OLIVE	
20–30		FIRM		FEW FAINT
30–40				
40–50				

Soil Classification: Profile 8, Condition D
Slope: 16%
Limiting Factor: 13"
☒ Ground Water ☒ Restrictive Layer ☐ Bedrock ☐ Pit Depth

Observation Hole #2 ☒ Test Pit ☐ Boring
0 " Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–10	LOAM	FRIABLE	OLIVE BROWN	NONE
10–20			OLIVE	FEW FAINT
20–30		FIRM		
30–40				
40–50				

Soil Classification: Profile 8, Condition D
Slope: 15%
Limiting Factor: 12"
☒ Ground Water ☒ Restrictive Layer ☐ Bedrock ☐ Pit Depth

Site Evaluator Signature: [signature]
SE 226
Date: 8/30/02

REVISED 11/15/02

Page 2 of 3
HHE 200 Rev. 7/97

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: ROUTE 104
Owner's Name: DAVID HASSEN

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT

NOTE:
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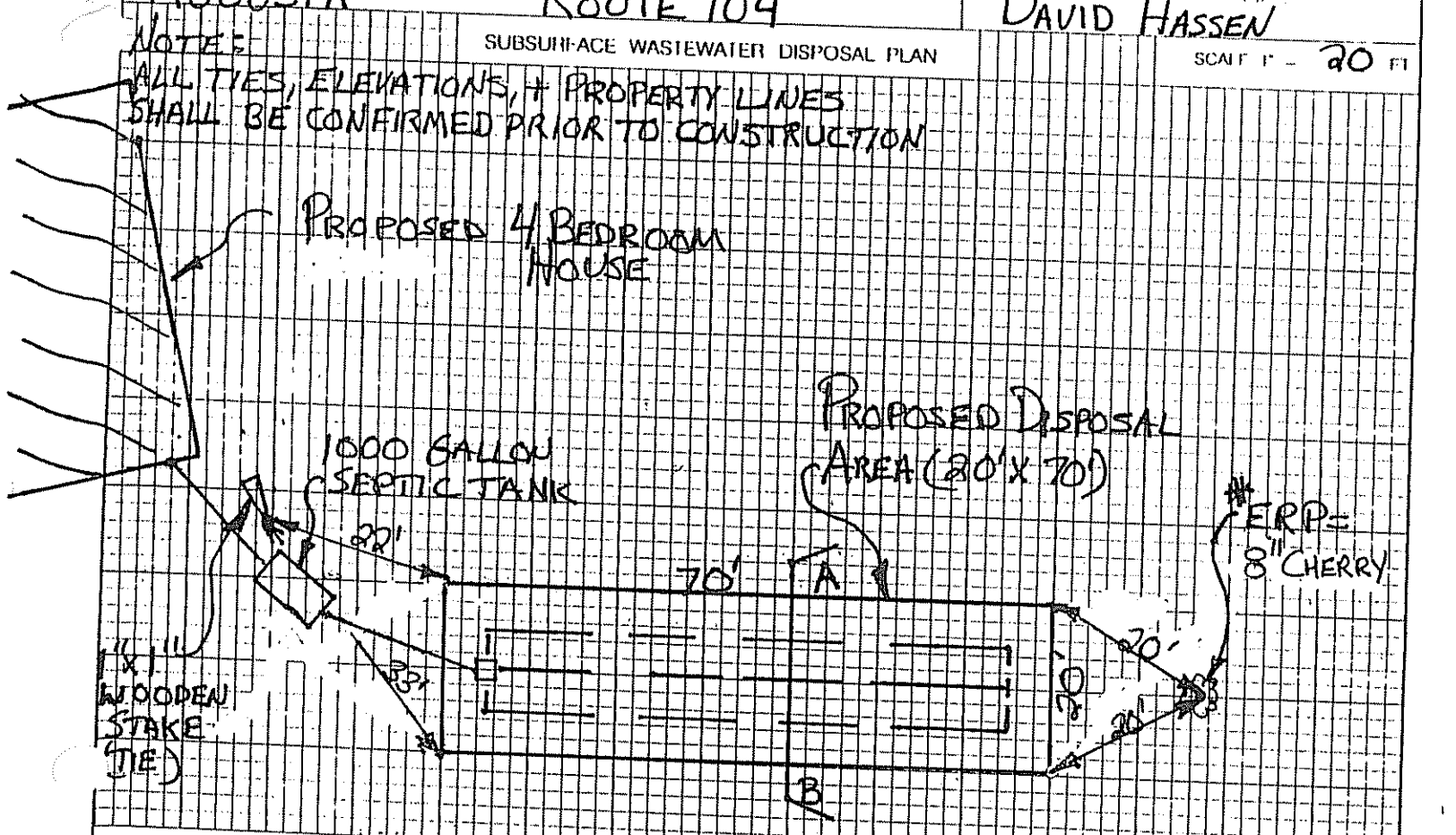
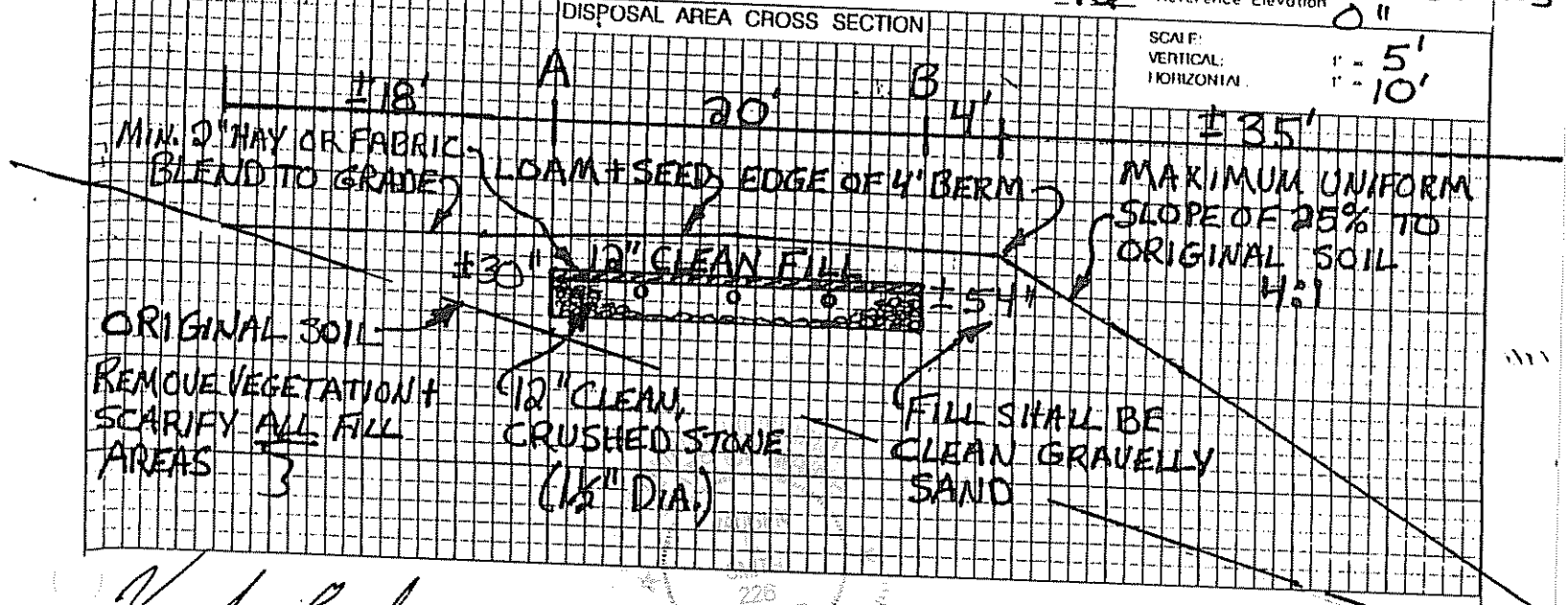


FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT
Depth of Fill (Upslope)	30"	Finished Grade Elevation	-18"	Location & Description 8" CHERRY W/NAIL 88" ABOVE GROUND
Depth of Fill (Downslope)	54"	Top of Distribution Pipe or Proprietary Device	-30"	
FILL DEPTHS WILL VARY		Bottom of Disposal Area	-42"	Reference Elevation 0"

DISPOSAL AREA CROSS SECTION

SCALE: VERTICAL: 1" = 5'; HORIZONTAL: 1" = 10'



Vaughn L. [illegible]
Site Evaluator Signature

226
SE #

8/30/02
Date

HHE-200 Rev. 7/95

REVISED 11/15/02