SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering, Station 10
(207) 287-5672 FAX (207) 287-4172

Paul Soucy
582-7391

PROPERTY LOCATION

City, Town, or Plantation: AUGUSTA

Street or Road: WEST RIVER ROAD

Subdivision, Lot #:

>> Caution: Permit Required -- Attach in Space Below <<

AUGUSTA 4380 TOWN COPY

Date Permit Issued: 4 26 2000 $ 100.00 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature

L.P.I. # 1808

OWNER/APPLICANT INFORMATION

Name (last, first, M.I.): HERBERT, JOHN (Owner / Applicant)

Mailing Address of ■ Owner ☐ Applicant: 82 WINDOW STREET APT. 2
AUGUSTA, ME 04330

Daytime Tel. #:

Municipal Tax Map # 2 Lot # 96 5-3-2000

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 4/24/2000

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 6/26/2000 — (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
☐ 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 PUMP

SIZE OF PROPERTY
27,000 ■ sq. ft. ☐ acres

SHORELAND ZONING
☐ Yes ■ No

DISPOSAL SYSTEM TO SERVE
1. ■ Single Family Dwelling Unit, No. of Bedrooms: 2
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 2)

TREATMENT TANK
1. ■ Concrete
a. ☐ Regular
b. ■ Low Profile
2. ☐ Plastic
3. ☐ Other ____
CAPACITY 1,000 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 600 ■ 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
180 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 CONDITION DESIGN
5 / A / XXX
at Observation Hole # 1
Depth 32" Elevation -88
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 18 APR 00 (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 # 301 — Date 18 APR 00

STEPHEN P. ROBBINS
BOX 271
EAST WINTHROP, ME 04343
Site Evaluator Name Printed

Telephone # 377-6207

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

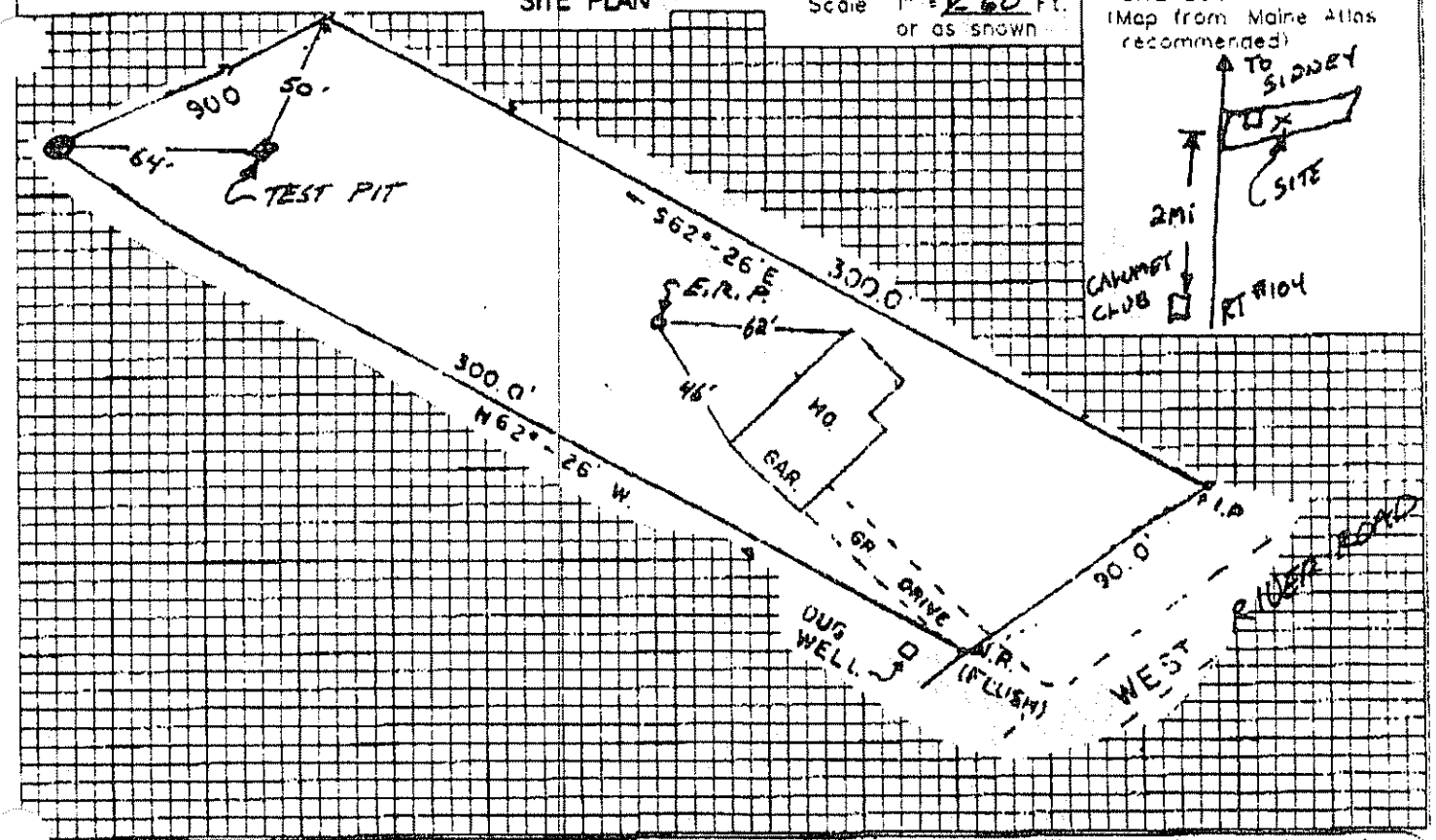
Town, City, Plantation: AUGUSTA

Street, Road Subdivision: WEST RIVER ROAD

Owner's Name: JOHN HERBERT

SITE PLAN

Scale 1" = 60 Ft. or as shown



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

Observation Hole _____ ☒ Test Pit ☐ Boring

6" Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0	SANDY LOAM	VERY FRIABLE	DARK BROWN	
10			RED BROWN	
			YELLOW BROWN	
20	SAND			
			OLIVE	FEW
30		BEDROCK		
40				
50				

Soil Classification		Slope	Limiting Factor	
S (Profile)	A III (Condition)	3 %	24"	☒ 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				
10	MULTIPLE PROBINGS REVEALED BEDROCK TO BE AT 24" IN SOME AREAS			
20				
30				
40				
50				

Soil Classification		Slope	Limiting Factor	
S (Profile)	A III (Condition)	3 %	24"	☐ Ground Water ☐ Restrictive Layer ☒ Bedrock ☐ Pit Depth

Site Evaluator Signature: [signature]

SE #: 301

Date: 18 APR 00

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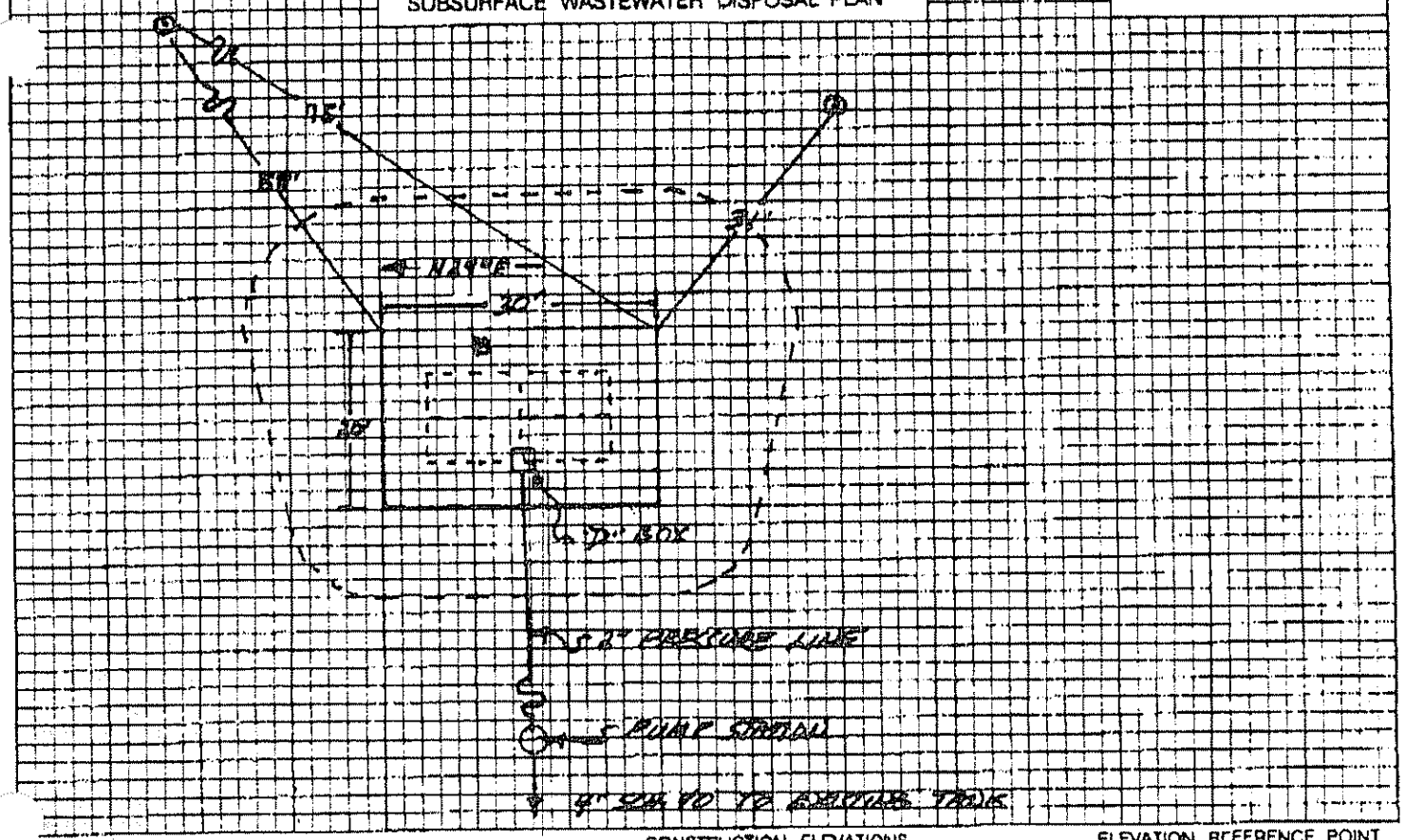
Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX (207) 287-4172

Town, City, Plantation	Street, Road, Subdivision	Owner's Name
AUGUSTA	WEST RIVER ROAD	JOHN HERBERT

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT

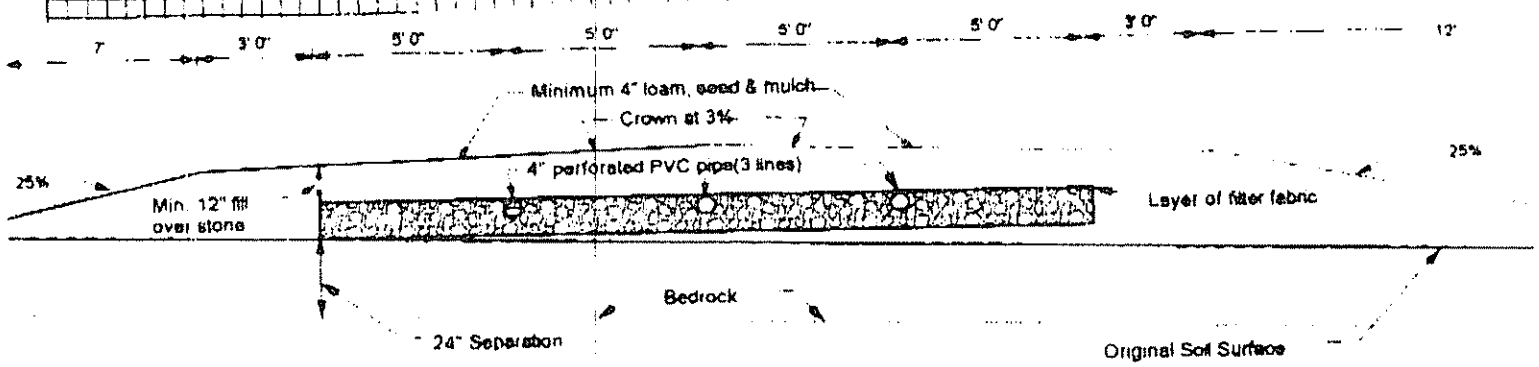


FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT	
Depth of Fill (Upslope)	24"	Finished Grade Elevation	-31"	Location & Description	NAIL IN 15" SPRUCE 51" FROM GROUND
Depth of Fill (Downslope)	31"	Top of Distribution Pipe or Proprietary Device	-44"		
		Bottom of Disposal Area	-55"	Reference Elevation	0

DISPOSAL AREA CROSS SECTION

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

NOTE: REMOVE LOAM LAYER BEFORE INSTALLING SYSTEM



Site Evaluator Signature	SE #	Date	Page 1 of 4
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