SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of 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, or Plantation: AUGUSTA

St or Road: 20 ROSANNE DR. Cir

Subdivision, Lot #: GREEN AC. LOT #1

AUGUSTA PERMIT # 4992 STATE COPY

Date Permit Issued: 11/26/02 $ 100.00 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature: Gary D. Fuller L.P.I. # 850

OWNER/APPLICANT INFORMATION

Name (last, first, MI): KAPLAN, DAVE ☑ Owner ☐ Applicant

Mailing Address of Owner/Applicant: 25 BIRCHVIEW DR. AUGUSTA, ME. 04330

Daytime Tel. #:

Municipal Tax Map # 2 Lot # 190

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: D. Kaplan Date: 11/20/02

CAUTION: INSPECTION REQUIRED

I have inspected the installation authoirzed above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.

Local Plumbing Inspector Signature: Gary D. Fuller (1st) date approved: 1/21/03 (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 Disposal Area
☐ 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: 3
☐ 2. Multiple Family Dwelling, No. of Units: ____
☐ 3. Other: ____ (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: 1,000 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: 112.5 ☐ 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

270 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
3 / C / 1
at Observation Hole # 1
Depth 16"
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

☐ 1. Not Required
☑ 2. May Be Required
☐ 3. Required
Specify only for engineered systems:
DOSE: ____ gallons

SITE EVALUATOR STATEMENT

I certify that on 11/15/02 (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: [signature] SE #: 256 Date: 11/18/02

JOHN PHILBRICK
Site Evaluator Name Printed

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

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

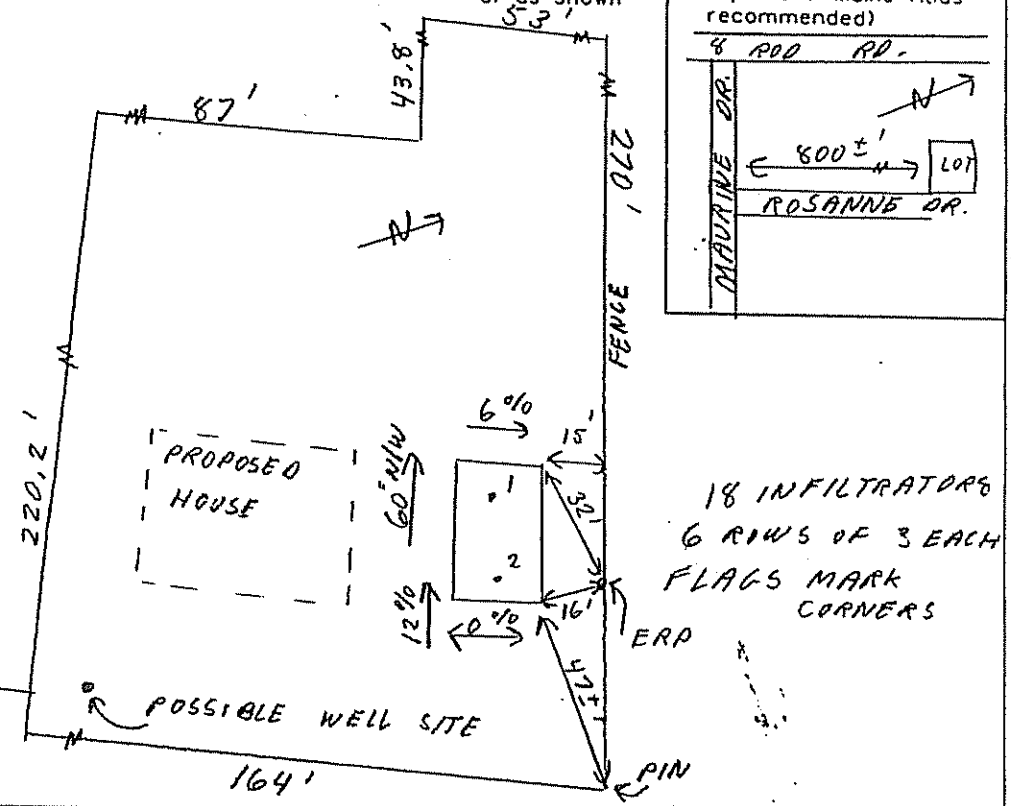
Town, City, Plantation: AUGUSTA

Street, Road Subdivision: ROSANNE DR. LOT #1

Owner's Name: DAVE KAPLAN

SITE PLAN

Scale 1" = 50 Ft. or as shown



SITE LOCATION PLAN

(Map from Maine Atlas recommended)

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

Observation Hole 1 ☑ Test Pit ☐ Boring

2" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)

Texture	Consistency	Color	Mottling
SANDY LOAM	FRIABLE	DARK BR	NONE
		ORANGE BR.	
		YELLOW BR.	
FINE SANDY LOAM	FIRM	GRAY	COMMON DISTINCT

Soil Classification: Profile 3, Condition C

Slope: 12%

Limiting Factor: 16" ☑ Ground Water ☑ Restrictive Layer ☐ Bedrock ☐ Pit Depth

Observation Hole 2 ☑ Test Pit ☐ Boring

2" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)

Texture	Consistency	Color	Mottling
SANDY LOAM	FRIABLE	DARK BR	NONE
		ORANGE BR.	
		YELLOW BR.	
FINE SANDY LOAM	FIRM	GRAY	COMMON DISTINCT

Soil Classification: Profile 3, Condition C

Slope: 12%

Limiting Factor: 18" ☑ Ground Water ☑ Restrictive Layer ☐ Bedrock ☐ Pit Depth

Site Evaluator Signature: [signature] SE # 256 Date 11/18/02

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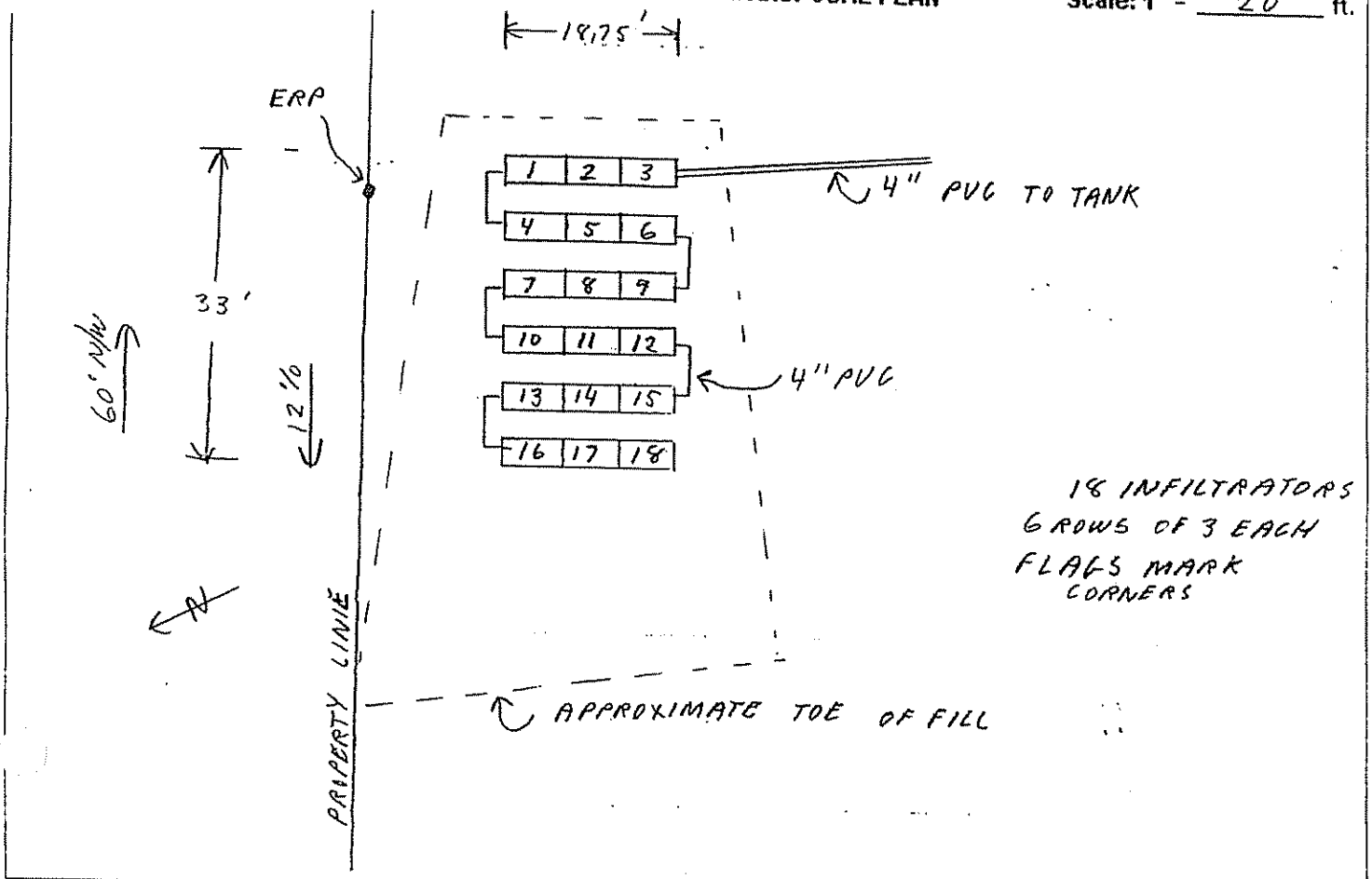
Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5672 FAX (207) 287-4172

Town, City, Plantation	Street, Road, Subdivision	Owner or Applicant Name
AUGUSTA	ROSEANNE AV. LOT #1	DAVE KAPLAN

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 ft.



BACKFILL REQUIREMENTS

Depth of Backfill (upslope) 20"
Depth of Backfill (downslope) 20"
DEPTHS AT CROSS-SECTION (shown below) R-1

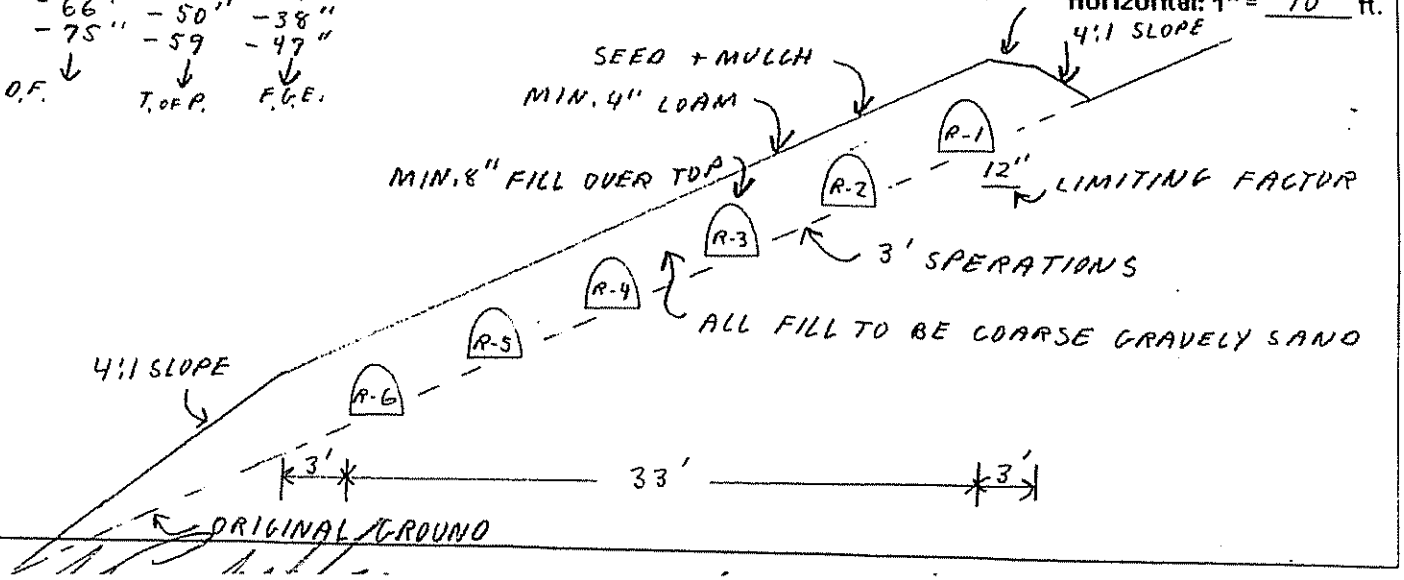
CONSTRUCTION ELEVATIONS

Finished Grade Elevation -2"
Top of Distribution Pipe or Proprietary Device -14"
Bottom of Disposal Field -30"

ELEVATION REFERENCE POINT

Location & Description: ERP IS IN 24' HEMLOCK, 16' NORTH OF SYSTEM, 43"
Reference Elevation is: 0.0" or: ABOVE GROUND

	B.O.F.	T. of P.	F.G.E.
R-2	-39"	-23"	-11"
R-3	-48"	-32"	-20"
R-4	-57"	-41"	-29"
R-5	-66"	-50"	-38"
R-6	-75"	-59	-47"

DISPOSAL FIELD CROSS-SECTION

Scales:
Vertical: 1" = 5 ft.
Horizontal: 1" = 10 ft.