

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

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

PROPERTY LOCATION	
City, Town, or Plantation	AUGUSTA
Street or Road	RED MAPLE ROAD
Subdivision, Lot #	LOT 7

OWNER/APPLICANT INFORMATION	
Name (last, first, MI)	VELASQUEZ, WILSON <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant
Mailing Address of Owner/Applicant	PMB 240 126 WESTERN AVE AUGUSTA, ME 04330
Daytime Tel. #	485-0133
	Municipal Tax Map # <u>2</u> Lot # <u>210</u>

AUGUSTA Date Permit Issued: 7.7.05 PERMIT # 5572 \$ 199 FEE Double Fee Charged
Harry P. Fuller L.P.I. # 850
 Local Plumbing Inspector Signature

OWNER OR APPLICANT STATEMENT	CAUTION: INSPECTION REQUIRED
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.	I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application
<i>W. Velasquez</i> Signature of Owner/Applicant <u>7/10/05</u> Date	Local Plumbing Inspector Signature <u>Harry P. Fuller</u> (1st) Date Approved _____ (2nd) Date Approved _____

PERMIT INFORMATION	
TYPE OF APPLICATION	THIS APPLICATION REQUIRES
<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	<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
SIZE OF PROPERTY	DISPOSAL SYSTEM TO SERVE:
4 <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres	<input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>4</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
SHORELAND ZONING	DISPOSAL SYSTEM COMPONENTS
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<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
	TYPE OF WATER SUPPLY
	<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

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 2)			
TREATMENT TANK	DISPOSAL FIELD TYPE & SIZE	GARBAGE DISPOSAL UNIT	DESIGN FLOW
<input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile (IF NEEDED) <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other _____ CAPACITY <u>1500</u> GAL.	<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>1500</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	1. <input checked="" type="checkbox"/> No <input type="checkbox"/> 3. <input type="checkbox"/> 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	<u>360</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-
SOIL DATA & DESIGN CLASS	DISPOSAL FIELD SIZING	EFFLUENT/EJECTOR PUMP	
PROFILE CONDITION DESIGN <u>8 / C / 1</u> at Observation Hole # <u>TP-1</u> Depth <u>15</u> " of Most Limiting Soil Factor	1. <input type="checkbox"/> Small - 2.0 sq. ft./gpd 2. <input type="checkbox"/> Medium - 2.6 sq. ft./gpd 3. <input type="checkbox"/> Medium-Large - 3.3 sq. ft./gpd 4. <input checked="" type="checkbox"/> Large - 4.1 sq. ft./gpd 5. <input type="checkbox"/> Extra-Large - 5.0 sq. ft./gpd	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

SITE EVALUATOR'S STATEMENT			
I certify that on <u>5/26/05</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).			
<i>William P. Brown</i> Site Evaluator Signature	188 SE#	5/27/2005 Date	
WILLIAM P BROWN Site Evaluator Name Printed	293-2110 Telephone Number	E-mail Address	

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation

Street, Road, Subdivision

Owners Name

AUGUSTA

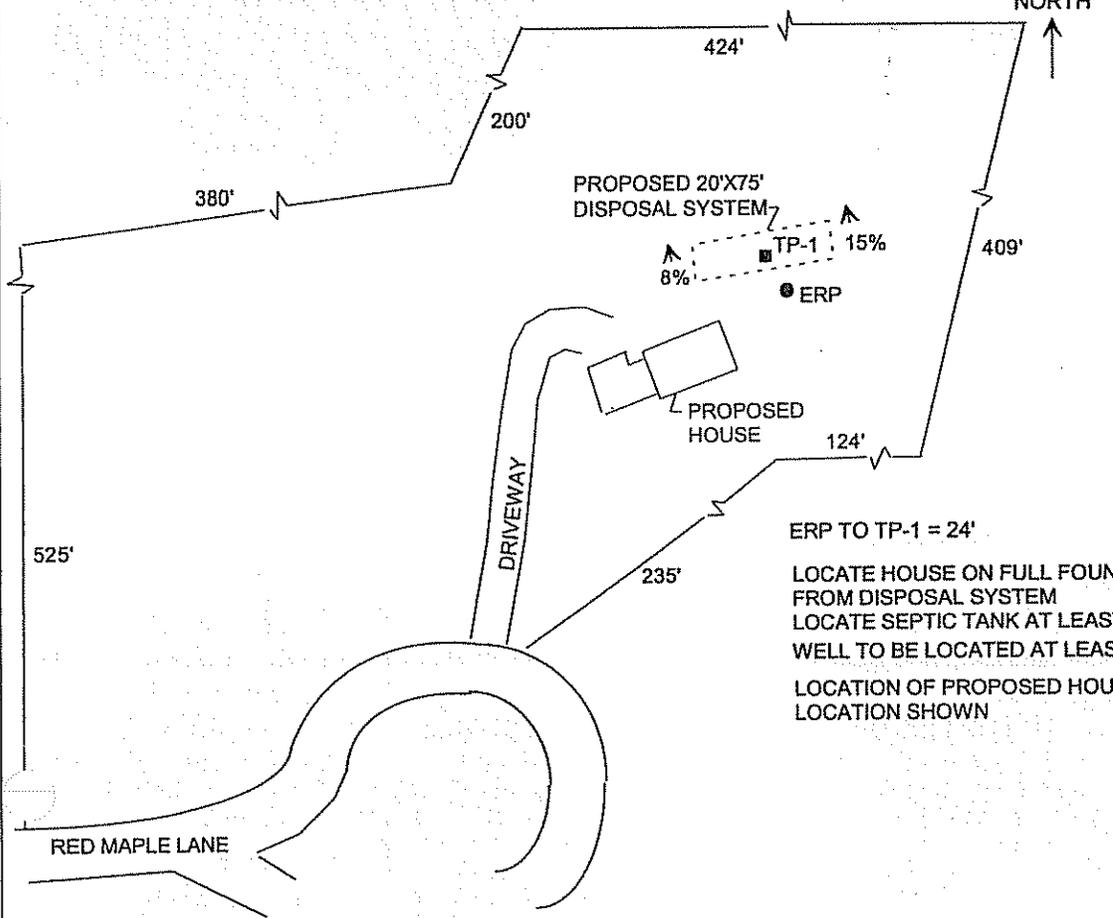
RED MAPLE LANE LOT 7

WILSON VELASQUEZ

SITE PLAN

Scale 1" = 100 Ft.

SITE LOCATION PLAN
(Map from Maine Atlas recommended)



ERP TO TP-1 = 24'

- LOCATE HOUSE ON FULL FOUNDATION AT LEAST 20 FT FROM DISPOSAL SYSTEM
- LOCATE SEPTIC TANK AT LEAST 8 FT FROM HOUSE
- WELL TO BE LOCATED AT LEAST 100 FT FROM DISPOSAL SYSTEM
- LOCATION OF PROPOSED HOUSE MAY VARY FROM THE LOCATION SHOWN

SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole TP-1 Test Pit Boring
1" Depth of Organic Horizon Above Mineral Soil

Observation Hole Test Pit Boring
" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	LOAM	FRIABLE	DK BRN	
10			ORANGE BROWN	
20		FIRM	LIGHT BROWN	NONE COMMON
30	SILT LOAM WITH SAND		OLIVE BRN	
40				
50				

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0				
10				
20				
30				
40				
50				

Soil Classification: **8 C**
Slope: **8-15 %**
Limiting Factor: **15"**

Soil Classification: _____
Slope: _____ %
Limiting Factor: _____"

WILLIAM P BROWN *William P Brown*
Site Evaluator Signature

188
SE #

5/27/2005
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10

Town, City, Plantation
AUGUSTA

Street, Road, Subdivision
RED MAPLE LANE LOT 7

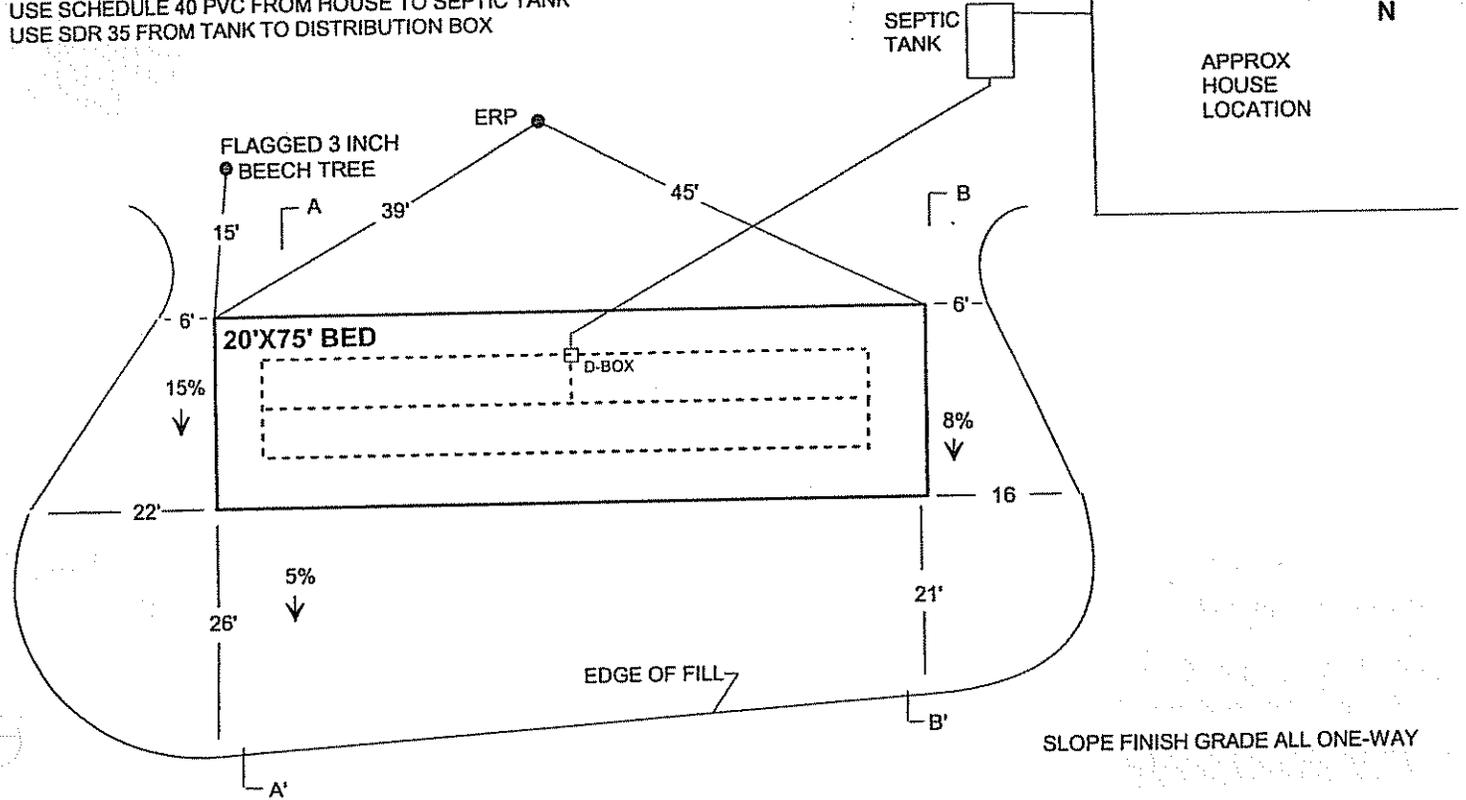
Owner or Applicant Name

WILSON VELASQUEZ

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.

HOUSE WITH FULL FOUNDATION MUST BE AT LEAST 20 FEET FROM DISPOSAL SYSTEM
NEW 1500 GALLON SEPTIC TANK MAY BE FIELD ADJUSTED AT LEAST 8 FT FROM HOUSE
NEW WELL MUST BE AT LEAST 100 FEET FROM DISPOSAL SYSTEM
USE SCHEDULE 40 PVC FROM HOUSE TO SEPTIC TANK
USE SDR 35 FROM TANK TO DISTRIBUTION BOX



BACKFILL REQUIREMENTS

Depth of Fill (Upslope) **21-22"**
Depth of Fill (Downslope) **40-58"**
DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

Finished Grade Elevation **VARIES**
Top of Distribution Pipe or Proprietary device **-47"**
Bottom of Disposal Area **-58"**

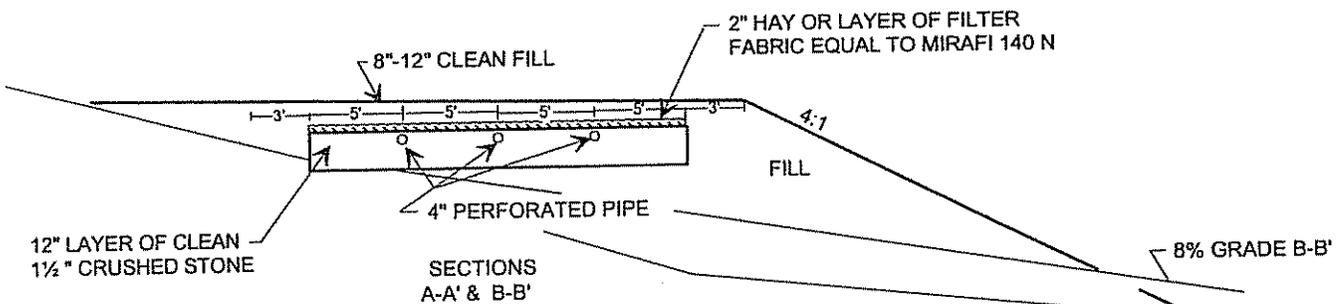
ELEVATION REFERENCE POINT

Location and Description:
FLAGGED NAIL IN 6 INCH OAK TREE, 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 ALL ONE-WAY (AS SHOWN)
LOAM, SEED, MULCH DISTURBED AREAS

WILLIAM P BROWN *William P Brown*
Site Evaluator Signature

188
SE #

5/27/2005
Date

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