called 6-8-99 8:55

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

AUGUSTA 4196 TOWN COPY
Date Permit Issued 6-7-99
$ 100.00 FEE ☐ If Double Fee Charged
L.P.I. # 850
Local Plumbing Inspector Signature

**PROPERTY LOCATION**

| | |
|---|---|
| Town or Plantation | AUGUSTA |
| Street Subdivision Lot • | RIVERSIDE DRIVE |

**PROPERTY OWNER'S NAME**

| | |
|---|---|
| Last: RODRIGUE | First: NANCY |
| Applicant's Name | |
| Mailing Address of Owner | 337 RIVERSIDE DRIVE LOT 56 AUGUSTA ME 04330 |
| Daytime Tel. • | 622-4260 |

Municipal Tax Map • 3 Lot • 4A

**Owner 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

Nancy Rodrigue — Signature of Owner/Applicant — Date 6-7-99

**Caution: Inspection 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 — Date Approved 7/1/99

## 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. ☒ Non-Engineered System
2. ☐ Primitive System(graywater & alt toilet)
3. ☐ Alternative Toilet _____
4. ☐ Non-Engineered Treatment Tank
5. ☐ Holding Tank _____ Gallons
6. ☐ Non-Engineered Disposal Area (only)
7. ☐ Separated Laundry System
8. ☐ Engineered System (>2000 gpd)
9. ☐ Engineered Treatment Tank (only)
10. ☐ Engineered Disposal Area (only)
11. ☐ Pretreatment

**SIZE OF PROPERTY**

36 ± ACRES

**SHORELAND ZONING**

☐ Yes ☒ No

**DISPOSAL SYSTEM TO SERVE:**

1. ☒ Single Family Dwelling Unit
2. ☐ Multiple Family Dwelling: Number of Units _____
3. ☐ Other _____

**TYPE OF WATER SUPPLY**

PROPOSED DRILLED WELL

## DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

**TREATMENT TANK**

1. ☒ Concrete
   ☒ a. Regular
   OR ☒ b. Low Profile
2. ☐ Plastic
3. ☐ Other _____

SIZE 1000 Gallons

**DISPOSAL AREA TYPE / SIZE**

1. ☒ Bed 891 Sq. Ft.
2. ☐ Proprietary Device _____ Sq. Ft.
   ☐ Cluster ☐ Linear
   ☐ Regular ☐ H-20
3. ☐ Trench
4. ☐ Other _____

**GARBAGE DISPOSAL UNIT**

1. ☒ No
2. ☐ Yes
   ☐ Multi-compartment tank
   ☐ Tank in series
   ☐ Increase in tank capacity
   ☐ Filter on tank outlet

**CRITERIA USED FOR DESIGN FLOW (Show Calculations)**

THREE BEDROOM SINGLE FAMILY DWELLING

3 BR x 90 GPD = 270 GPD

DESIGN FLOW: 270 (Gallons/Day)

**PROFILE & DESIGN CLASS**

| PROFILE | DESIGN |
|---|---|
| 3 | c |

DEPTH TO MOST LIMITING FACTOR 25 "

**DISPOSAL AREA SIZING**

1. ☐ Small - 2.00
2. ☐ Medium - 2.60
3. ☒ Medium-Large - 3.30
4. ☐ Large - 4.10
5. ☐ Extra-Large - 5.20

**PUMPING**

1. ☒ Not required
2. ☐ May be required
3. ☐ Required

DOSE _____ Gallons

## SITE EVALUATOR'S STATEMENT

On 5/31/99 (date) I completed a site evaluation on this property and state that the data reported is accurate and that the proposed sytem is in compliance with the Subsurface Wastewater Disposal Rules. - DESIGN SUBJECT TO LOCAL, STATE AND FEDERAL ORDINANCES.

Site Evaluator Signature — SE • 168 — Date 6-3-99

JOHN W. LORD JR — Site Evaluator Name Printed — (207) 445-3402 Telephone

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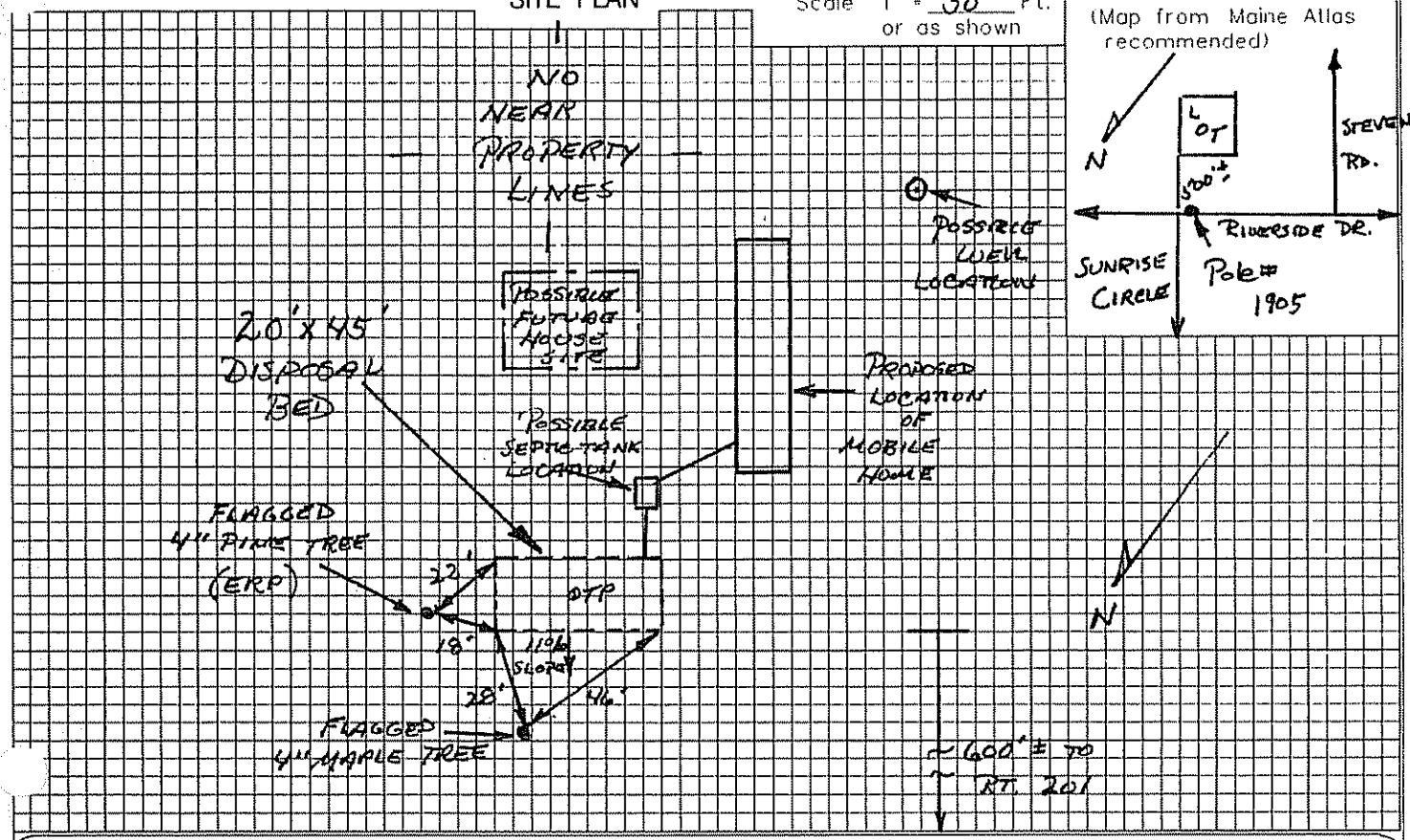
Town, City, Plantation: AUGUSTA
Street, Road Subdivision: RIVERSIDE DRIVE
Owner's Name: NANCY RODRIGUE

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 TP 1 ☒ Test Pit ☐ Boring
ONE " Depth of Organic Horizon Above Mineral Soil

| Depth below mineral soil surface (inches) | Texture | Consistency | Color | Mottling |
|---|---|---|---|---|
| 0–10 | | | BROWN | |
| 10–20 | SANDY LOAM | FRIABLE | YELLOW BROWN | |
| 20–30 | FINE SANDY LOAM | FIRM | OLIVE BROWN | COMMON DISTINCT |
| 30–40 | | | | |
| 40–50 | | | | |

| Soil Classification | | Slope | Limiting Factor | |
|---|---|---|---|---|
| 3 (Profile) | C (Condition) | 11 % | 25" | ☒ 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 | | | | |
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| 20–30 | | | | |
| 30–40 | | | | |
| 40–50 | | | | |

| Soil Classification | | Slope | Limiting Factor | |
|---|---|---|---|---|
| Profile | Condition | % | " | ☐ Ground Water ☐ Restrictive Layer ☐ Bedrock ☐ Pit Depth |

[signature]
Site Evaluator Signature

168
SE #

6-3-99
Date

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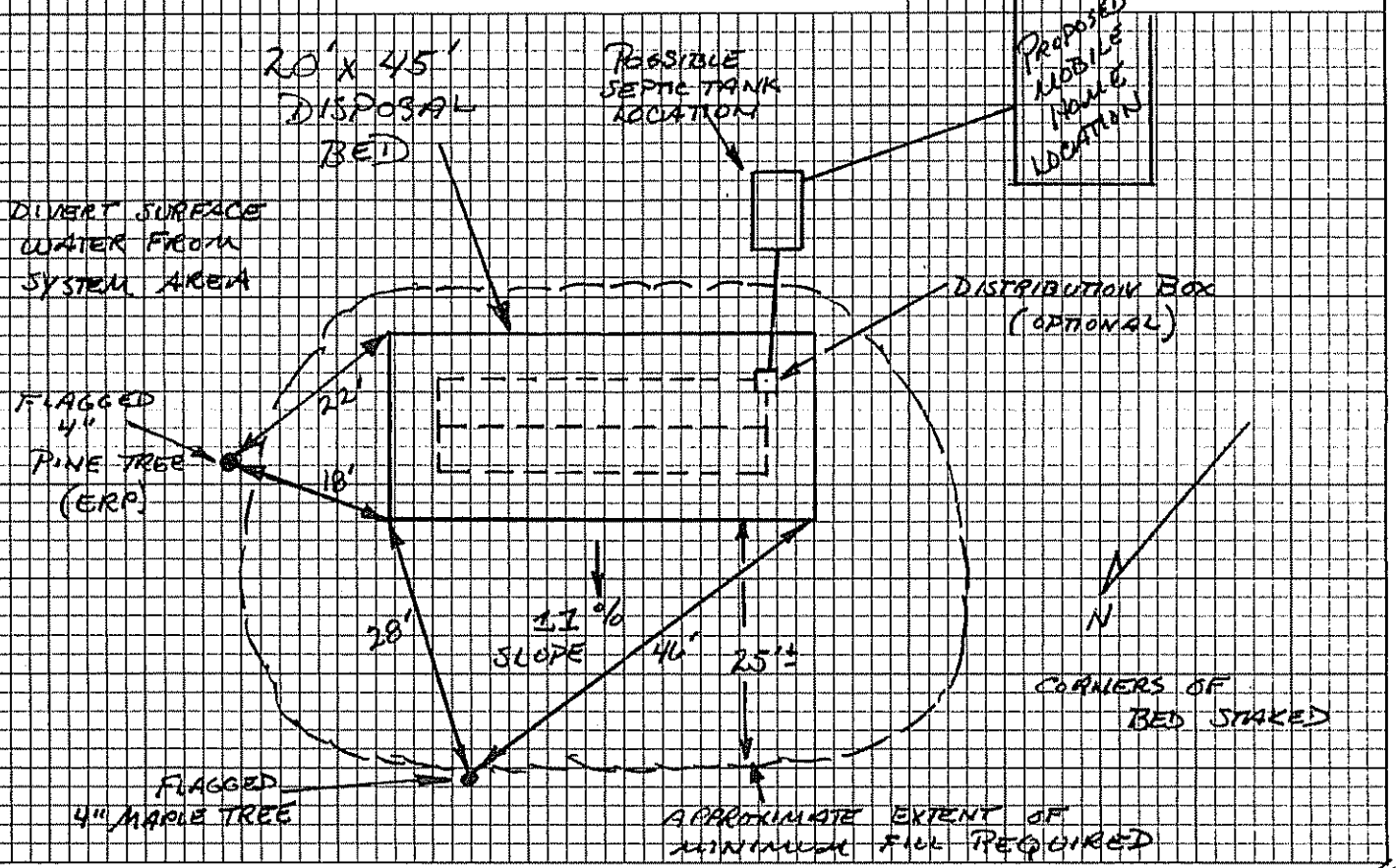
| Town, City, Plantation | Street, Road, Subdivision | Owner's Name |
|---|---|---|
| AUGUSTA | RIVERSIDE DRIVE | NANCY RODRIGUE |

## SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT.




| FILL REQUIREMENTS | | CONSTRUCTION ELEVATIONS | | ELEVATION REFERENCE POINT (ERP) |
|---|---|---|---|---|
| Depth of Fill (Upslope) | 11" | Finished Grade Elevation | -38" | Location & Description: FLAGGED NAIL IN FLAGGED |
| Depth of Fill (Downslope) | 37"± | Top of Distribution Pipe or Proprietary Device | -51" | PINE TREE 65" ABOVE |
| | | Bottom of Disposal Area | -62" | EXISTING GRADE AT TREE |
| | | | | Reference Elevation: ERP IS AT → 0" |

## DISPOSAL AREA CROSS SECTION

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

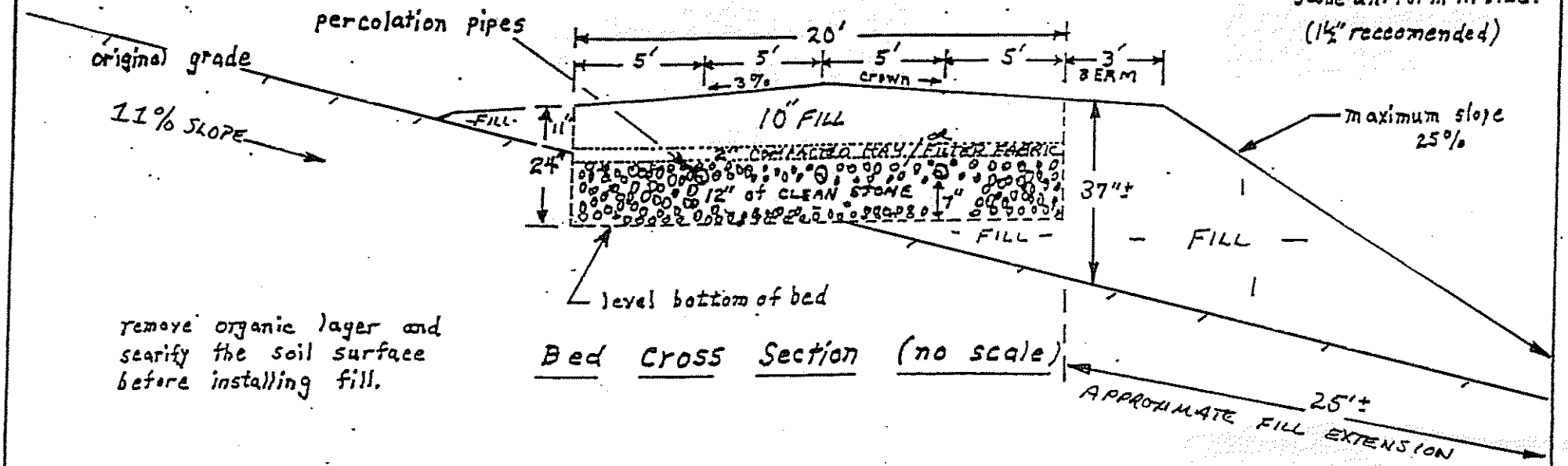
(SEE ATTACHED BED DIAGRAM)

| Site Evaluator Signature | SE # | Date |
|---|---|---|
| [signature] | 168 | 6-3-99 |

# SEWAGE DISPOSAL BED DETAILS

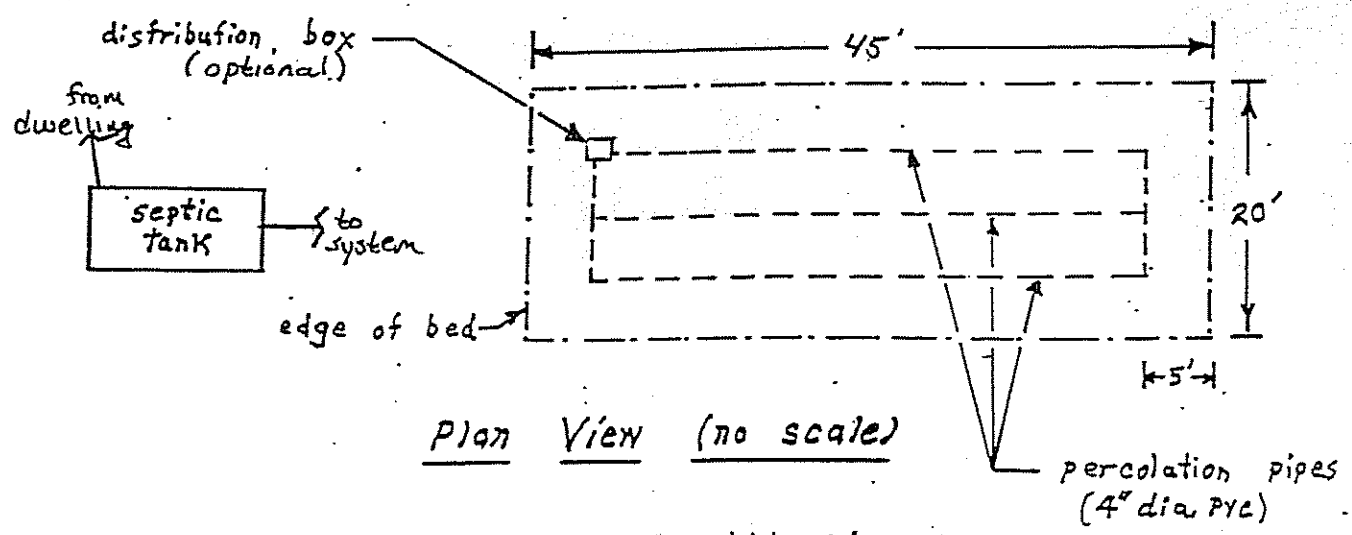
4" Loam mulch to cover.

bed requires clean stone uniform in size. (1½" recommended)




remove organic layer and scarify the soil surface before installing fill.

Bed Cross Section (no scale)




Plan View (no scale)

NOTES

1.) 11 inches of fill is required at uphill side of bed.
2.) texture of fill shall be gravelly coarse sand.
3.) refer to the MAINE STATE PLUMBING CODE, PART II (EFFECTIVE DATE: JAN. 1, 1998) for further details regarding installation procedures. (MAINE SUBSURFACE WASTE WATER DISPOSAL RULES)

FOR: NANCY RODRIGUE

DATE: 6-3-98

BY: JOHN W. LORD, JR. S.E. # 168