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, or Plantation	Augusta
Street or Road	Church Hill Road
Subdivision, Lot #	

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

AUGUSTA 4376 TOWN COPY
Date Permit Issued: 4/10/2000
$ 10.00 FEE If Double Fee Charged
Local Plumbing Inspector Signature
L.P.I. #

OWNER/APPLICANT INFORMATION

Name (last, first, MI) Foster James (Owner / Applicant)

Mailing Address of ☒ Owner ☐ Applicant: RFD # Box 1055, Augusta, ME 04330

Daytime Tel. # 207-624-9172

Municipal Tax Map # 3 Lot # 27

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 04/05/00

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 5/17/00 — (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
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 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
4.0 ☐ 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)

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 975 ☒ 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
270 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 3 / CONDITION C / DESIGN 1
at Observation Hole # 1
Depth 30" Elevation 50"
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 9/10/99 (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 # 288 — Date 9/17/99

Site Evaluator Name Printed: Robert Gilchrist — Telephone # 634-5214

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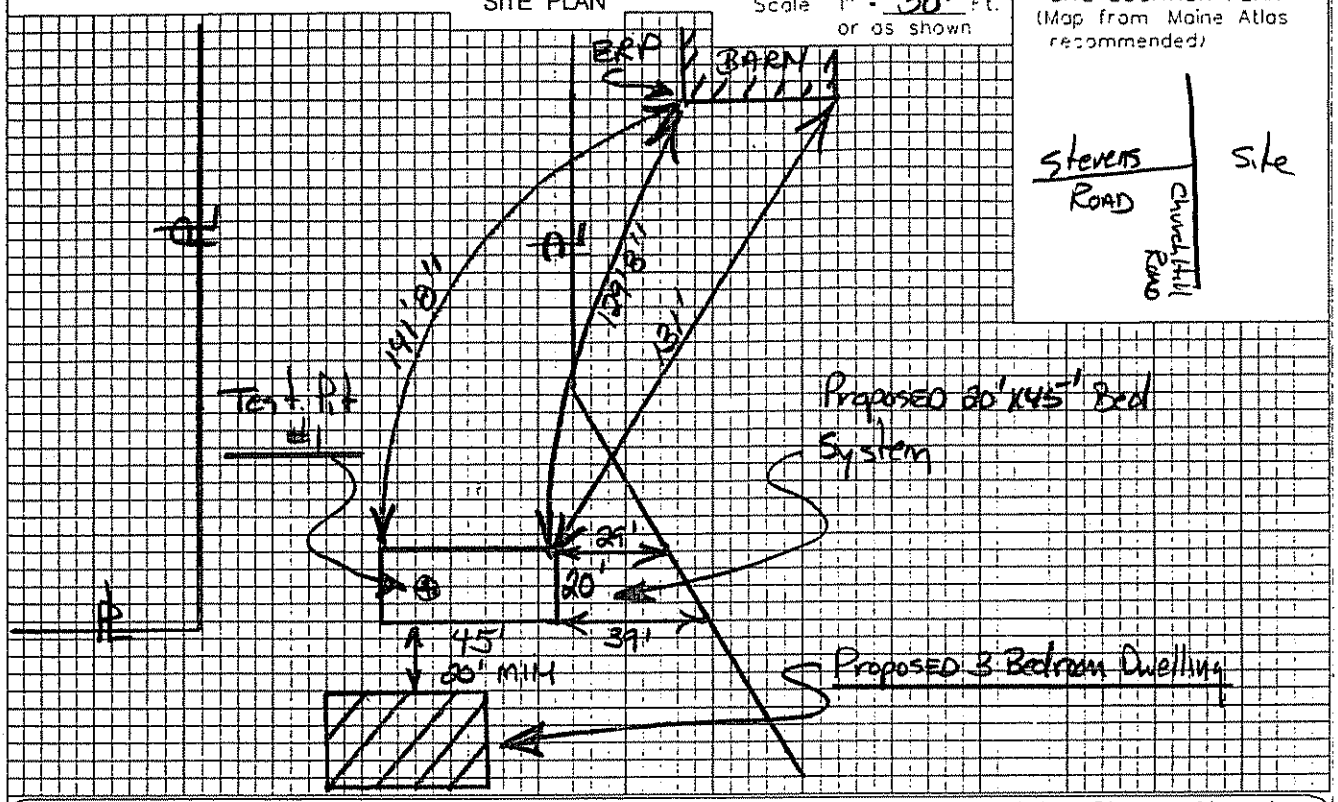
Division of Health Engineering
(207) 287-5672 FAX (207) 287-4172

Town, City, Plantation: Augusta
Street, Road Subdivision: Church Hill Road
Owner's Name: James Foster

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
1 " Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–10	fine Sandy Loam	friable	DK Brown	None
10–20			orange Brown	
20–30	Sandy Loam		yellow Brown	
30–40		firm		
40–50	Limit of Examination @ 40"			

Soil Classification: 3 (Profile) C (Condition) — Slope: 4 % — Limiting Factor: 30" — ☐ 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				
10–20				
20–30				
30–40				
40–50				

Soil Classification: _____ (Profile) _____ (Condition) — Slope: _____ — Limiting Factor: _____ " — ☐ Ground Water ☐ Restrictive Layer ☐ Bedrock ☐ Pit Depth

[signature] — Site Evaluator Signature
288 — SE #
9/17/99 — Date

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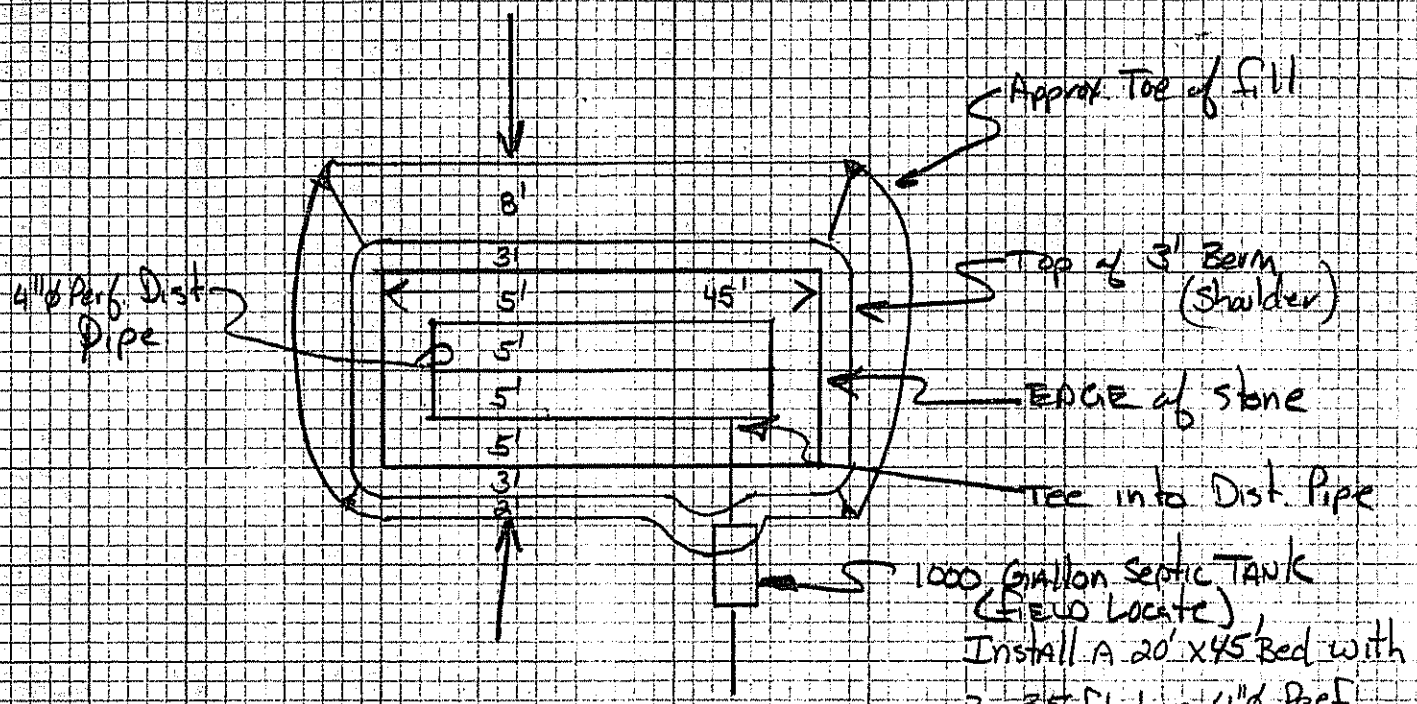
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City or Plantation	Street, Road or Subdivision	Name of Owner
Augusta	Church Hill Road	James Foster

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 Ft.

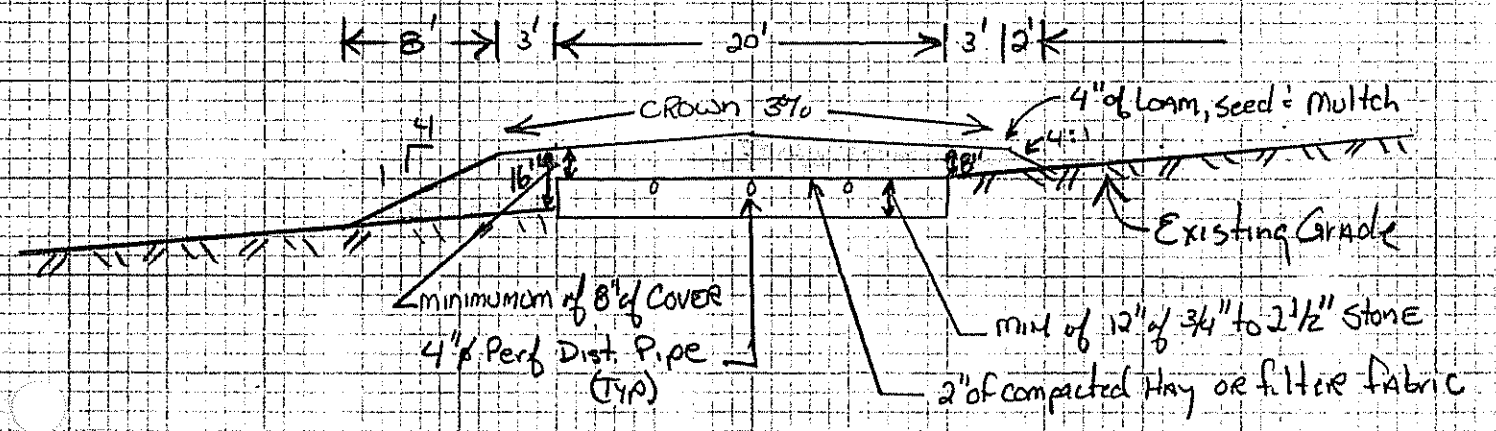


Install A 20' x 45' Bed with 3 - 35 ft. long 4"ø Perf Distribution pipes in a continous grid, 5' Apart. Bottom of Stone to be Level

FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT	
Depth of Fill (Upslope)	8"	Finished Grade Elevation	-20"	Location & Description	P-K nail IW COR Barn 5'7" High
Depth of Fill (Downslope)	16"	Top of Distribution Pipe or Proprietary Device	-28"	Reference & Elevation	0"
		Bottom of Disposal Area	-39"		

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1" = 5 Ft.
~~Scale:~~ HOR 1" = 10 Ft.



- Fill to be A gravelly Coarse Sand
- Remove Sod under All fill & Scarify Soil

Site Evaluator Signature	SE #	Date
[signature]	288	9/12/99