SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

RECEIVED JUL 20 1999

AUGUSTA 4235 TOWN COPY
Date Permit Issued: 7/29/99 $ 100.00 FEE ☐ If Double Fee Charged
L.P.I. # 850
Local Plumbing Inspector Signature

PROPERTY LOCATION

Town or Plantation: AUGUSTA
Subdivision Lot #: 66 STEVENS ROAD

PROPERTY OWNER'S NAME

Last: KANARIS First: TOM
Applicant's Name:
Mailing Address of Owner: 64 STEVENS ROAD AUGUSTA ME 04330
Daytime Tel. #: 622-3266

Municipal Tax Map #: 3 Lot #: 95A

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

Carol Kanaris 7-13-99
Signature of Owner/Applicant Date

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

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. ☒ 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

1+ ACRE

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 OR PUBLIC WATER

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: 3 DESIGN: C

DEPTH TO MOST LIMITING FACTOR 16"

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 6/30/99 (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 7-2-99

JOHN W. LORD JR — Site Evaluator Name Printed — (207) 445-3403 Telephone

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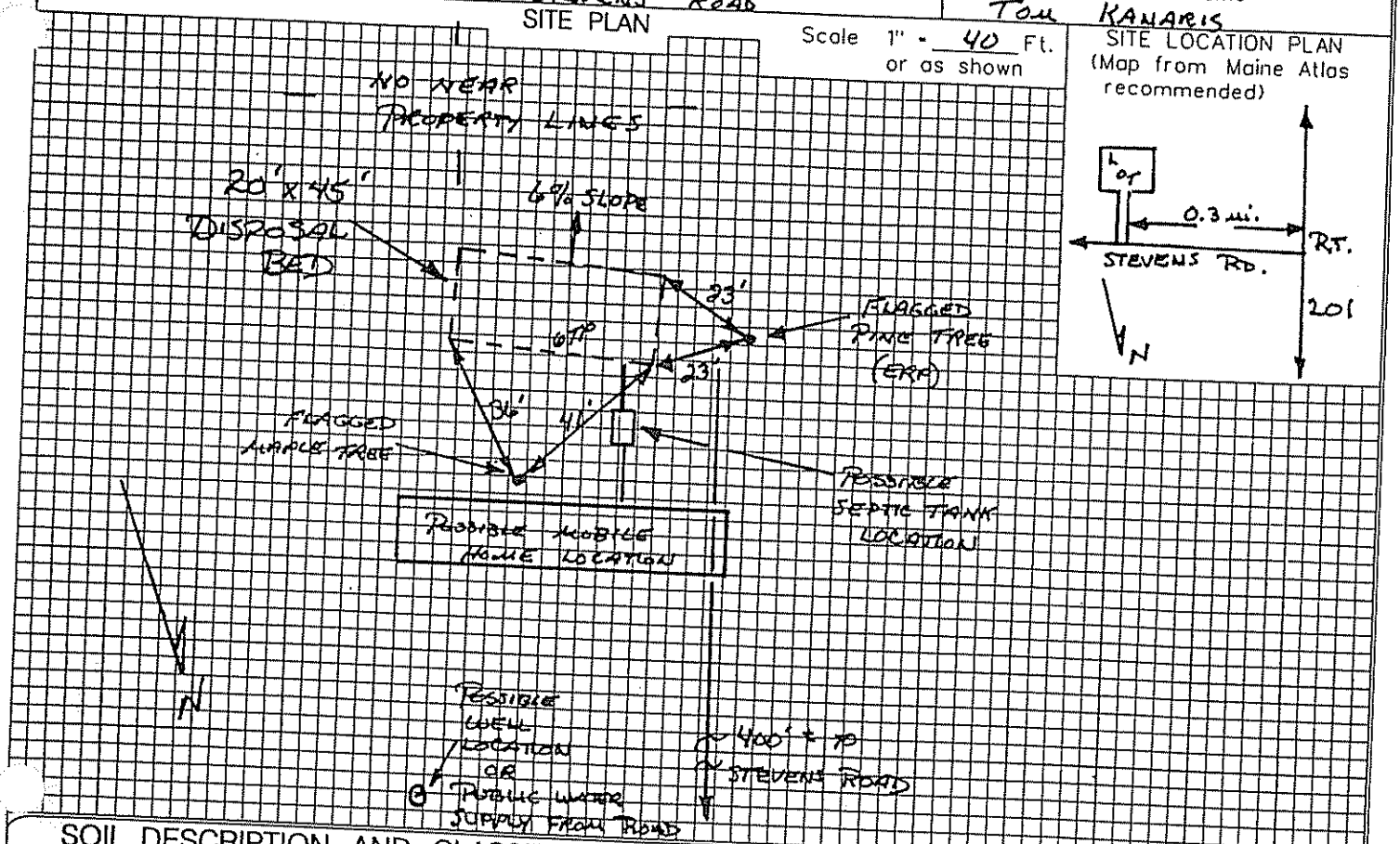
Town, City, Plantation: AUGUSTA

Street, Road Subdivision: STEVENS ROAD

Owner's Name: TOM KANARIS

SITE PLAN

Scale 1" = 40 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
SANDY LOAM	FRIABLE	BROWN / YELLOW BROWN	
FINE SANDY LOAM	FIRM	OLIVE BROWN	COMMON DISTINCT

Soil Classification		Slope	Limiting Factor	
3 (Profile)	C (Condition)	6 %	16"	☒ 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

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

Site Evaluator Signature _____ SE 1168 _____ Date 7-2-99

HHE-200 Rev. 7/97

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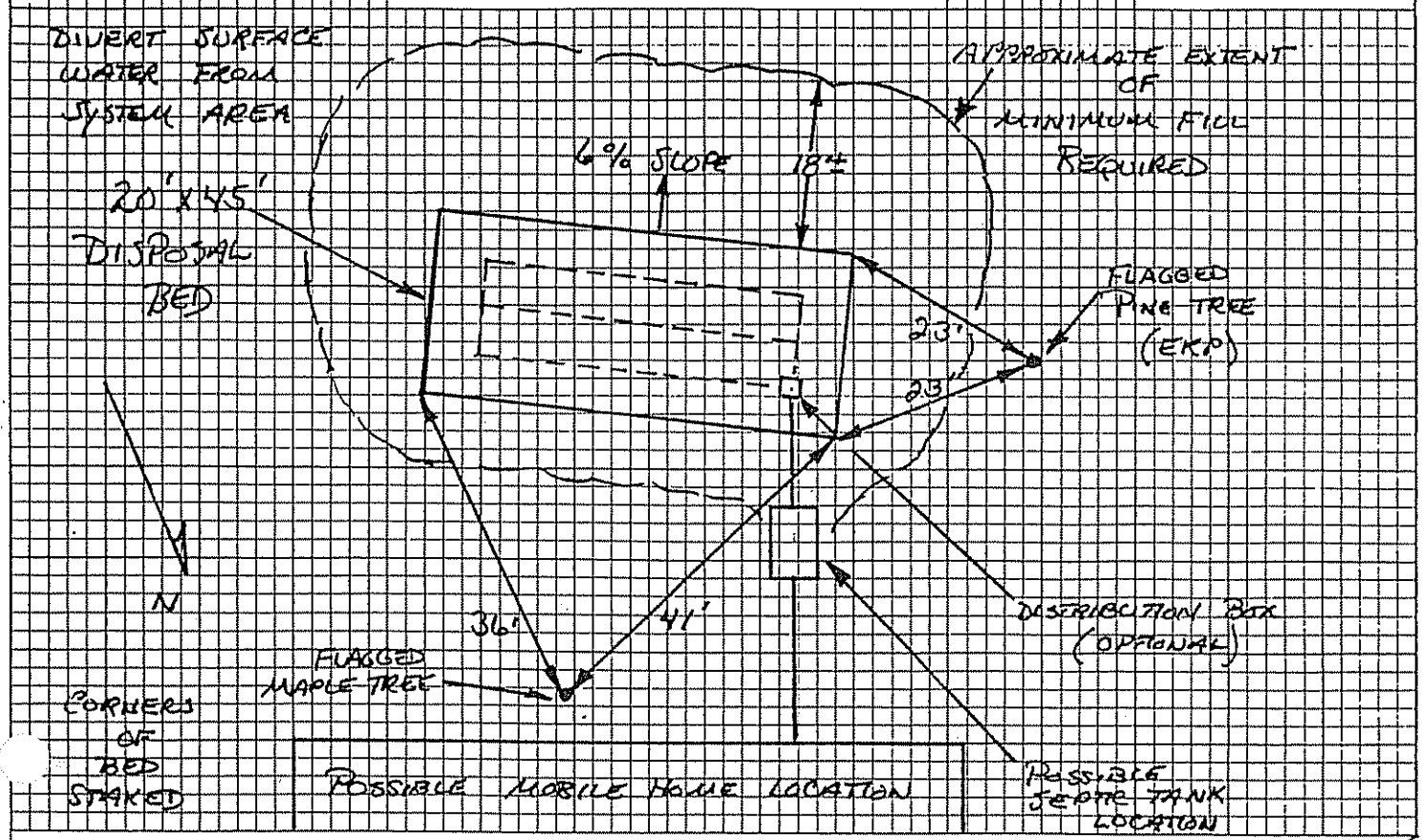
AUGUSTA	STEVENS ROAD	TOM KANARIS

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT (EKP)
Depth of Fill (Upslope)	20"	Finished Grade Elevation	-30"	Location & Description: FLAGGED NAIL IN FLAGGED PINE TREE 47" ABOVE EXISTING GRADE AT TREE.
Depth of Fill (Downslope)	34"±	Top of Distribution Pipe or Proprietary Device	-43"	
		Bottom of Disposal Area	-54"	Reference Elevation

DISPOSAL AREA CROSS SECTION

SCALE: ERP IS AT → 0"
VERTICAL: 1" =
HORIZONTAL: 1" =

(SEE ATTACHED BED DIAGRAM)

[signature] Site Evaluator Signature

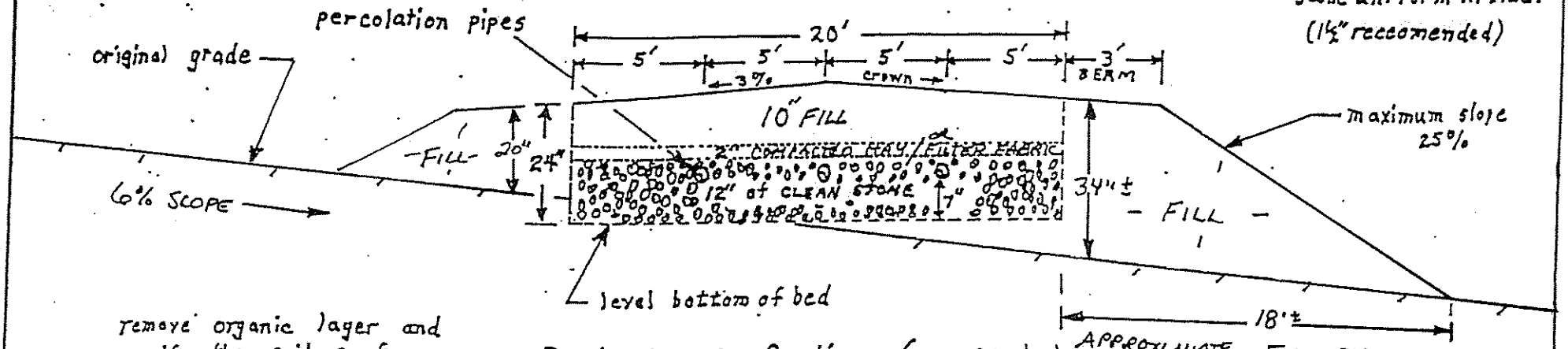
168 SE #

7-2-99 Date

SEWAGE DISPOSAL BED DETAILS

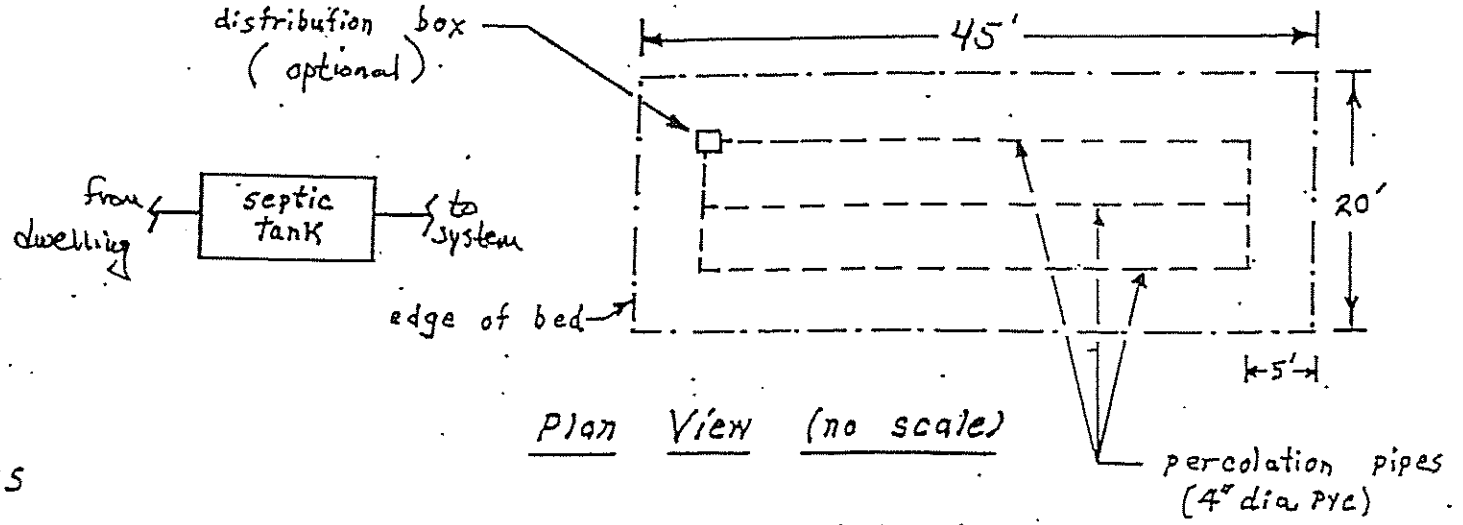
4" Lo[illegible] t mulch to cover,

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



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

Bed Cross Section (no scale)



Plan View (no scale)

NOTES

1.) 20 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: JUNE, 1999) for further details regarding installation procedures. (MAINE SUBSURFACE WASTE WATER DISPOSAL RULES)

ORI Tom KANARIS

DATE: 7-2-99

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