

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

06174327

PROPERTY ADDRESS
 Town Or Plantation: AUGUSTA
 Street: 215 CROSS HILL RD.
 Division Lot #

PROPERTY OWNER'S NAME
 Last: SMITH First: SCOTT

Applicant Name: SAME
 Mailing Address of Owner/Applicant (if Different): RT #6 BOX 14 AUGUSTA, ME. 04330

Approved 8/15/94 m466A

AUGUSTA CAUTION: PERMIT 30181 RE-TOWN COPY

Date Permit Issued: 7-15-94 Fee: \$602.00 If Double Fee Charged

[Signature] L.P.I. # [Signature]

Local Plumbing Inspector Signature

OWNER/APPLICANT STATEMENT
 I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.
Scott A. Smith 6/20/94
 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.
[Signature]
 Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

THIS APPLICATION IS FOR:
 1. NEW SYSTEM
 2. REPLACEMENT SYSTEM
 3. EXPANDED SYSTEM
 4. EXPERIMENTAL SYSTEM

THIS APPLICATION REQUIRES:
 1. NO RULE VARIANCE
 2. NEW SYSTEM VARIANCE Attach New System Variance Form
 3. REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form
 a. Requires Local Plumbing Inspector Approval
 b. Requires State and Local Plumbing Inspector Approval
 4. MINIMUM LOT SIZE VARIANCE

INSTALLATION IS:
 COMPLETE SYSTEM
 1. NON-ENGINEERED SYSTEM
 2. PRIMITIVE SYSTEM (Includes Alternative Toilet)
 3. ENGINEERED (+ 2000 gpd)
 INDIVIDUALLY INSTALLED COMPONENTS
 4. TREATMENT TANK (ONLY)
 5. HOLDING TANK _____ GAL.
 6. ALTERNATIVE TOILET (ONLY)
 7. NON-ENGINEERED DISPOSAL AREA (ONLY)
 8. ENGINEERED DISPOSAL AREA (ONLY)
 9. SEPARATED LAUNDRY SYSTEM

SEASONAL CONVERSION
 to be completed by the LPI
 5. SYSTEM COMPLIES WITH RULES
 6. CONNECTED TO SANITARY SEWER
 7. SYSTEM INSTALLED - P# _____
 SYSTEM DESIGN RECORDED AND ATTACHED

DISPOSAL SYSTEM TO SERVE:
 1. SINGLE FAMILY DWELLING
 2. MODULAR OR MOBILE HOME
 3. MULTIPLE FAMILY DWELLING
 4. OTHER _____ SPECIFY _____

IF REPLACEMENT SYSTEM:
 YEAR FAILING SYSTEM INSTALLED _____
 THE FAILING SYSTEM IS
 1. BED 3. TRENCH
 2. CHAMBER 4. OTHER _____
 SIZE OF PROPERTY _____ ZONING _____
300' X 200' SHORELAND

TYPE OF WATER SUPPLY
PRIVATE

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK
 1. SEPTIC: Regular Low Profile
 2. AEROBIC
 SIZE 1000 GALS.

WATER CONSERVATION
 1. NONE
 2. LOW VOLUME TOILET
 3. SEPARATED LAUNDRY SYSTEM
 4. ALTERNATIVE TOILET
 SPECIFY _____

PUMPING
 1. NOT REQUIRED
 2. MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION & ELEVATION)
 3. REQUIRED
 DOSE: _____ GALS.

CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING EMPLOYEES, WATER RECORDS, ETC.)
3 BEDROOM

SOIL CONDITIONS/USED FOR DESIGN PURPOSES
 PROFILE 3 CONDITION C
 DEPTH TO LIMITING FACTOR: 19 "

SIZE RATINGS USED FOR DESIGN PURPOSES
 1. SMALL
 2. MEDIUM
 3. MEDIUM-LARGE
 4. LARGE
 5. EXTRA-LARGE

DISPOSAL AREA TYPE/SIZE
 1. BED 900 Sq. Ft.
 2. CHAMBER _____ Sq. Ft.
 REGULAR H-20
 3. TRENCH _____ Linear Ft.
 4. OTHER: _____

DESIGN FLOW: 270 G.P.D.
 (GALLONS/DAY)

TE EVALUATOR STATEMENT
6-14-94 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

[Signature]
 John A. Philbrick, Licensed Site Evaluator

256
 SE#

6-20-94
 Date

Approved for use as HHE 200 by Division of Health Engineering 9/87

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

06174327

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

AUGUSTA

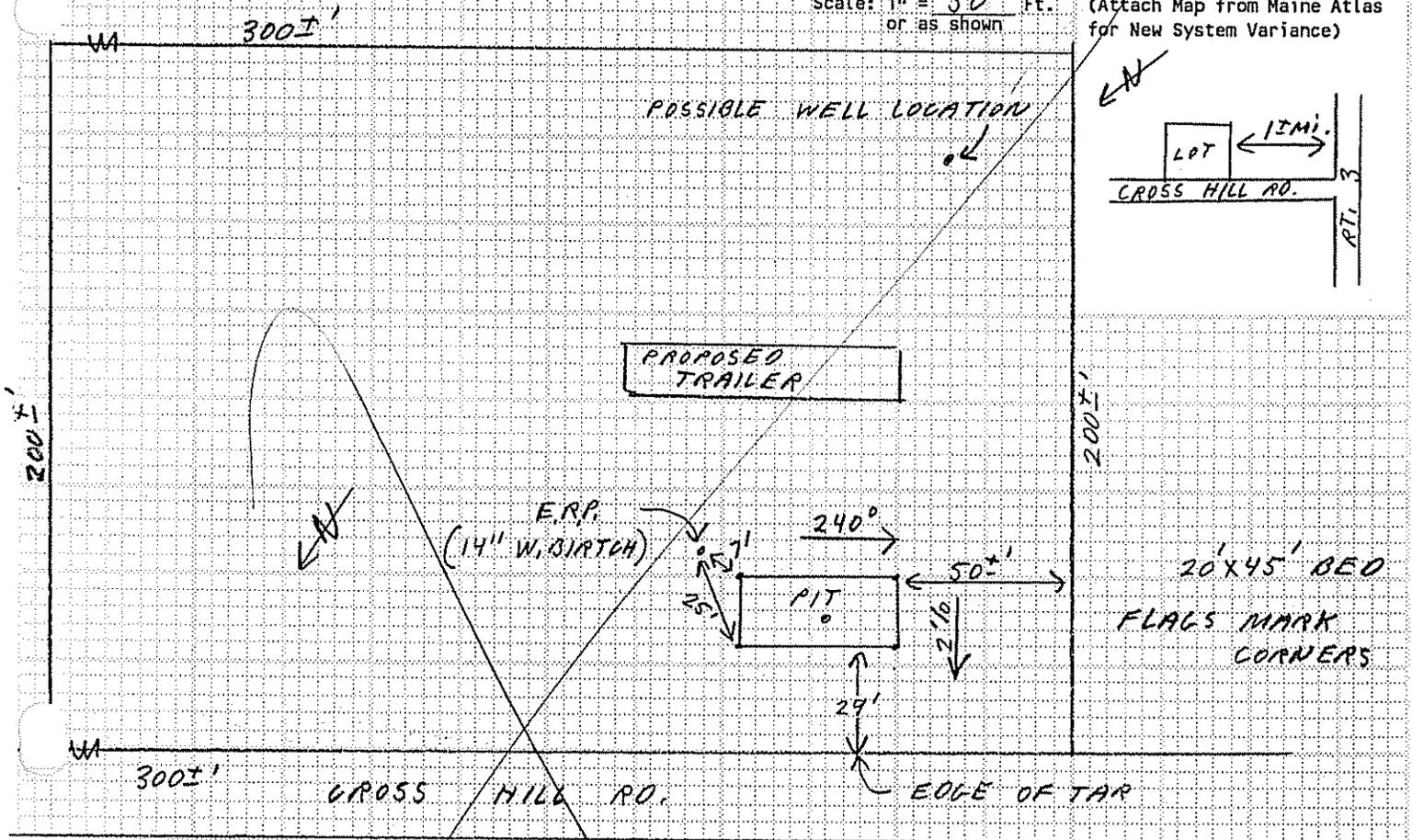
CROSS HILL RD.

SCOTT SMITH

SITE PLAN

Scale: 1" = 50' Ft.
or as shown

SITE LOCATION PLAN
(Attach Map from Maine Atlas
for New System Variance)



SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole 1 Test Pit Boring
2 3 " Depth of Organic Horizon Above Mineral Soil

Inches	Texture	Consistency	Color	Mottling
0	SANDY	FRIABLE	DARK BR.	NONE
6	LOAMY		YELLOW BR.	
10				
15				
20	LOAMY SAND	FIRM	GRAY	COMMON
30				DISTINCT
40				
50				

Soil Classification: 3 C Slope: 2 % Limiting Factor: 19 Ground Water Restr. Layer Bedrock

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

Inches	Texture	Consistency	Color	Mottling
0				
6				
10				
15				
20				
30				
40				
50				

Soil Classification _____ Slope _____ % Limiting Factor _____ Ground Water Restr. Layer Bedrock

Scott Smith
Site Evaluator Signature

256
SE#

6-20-94
Date

Approved for use as
HHE 200 by Division of
Health Engineering 9/87

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

06174327

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

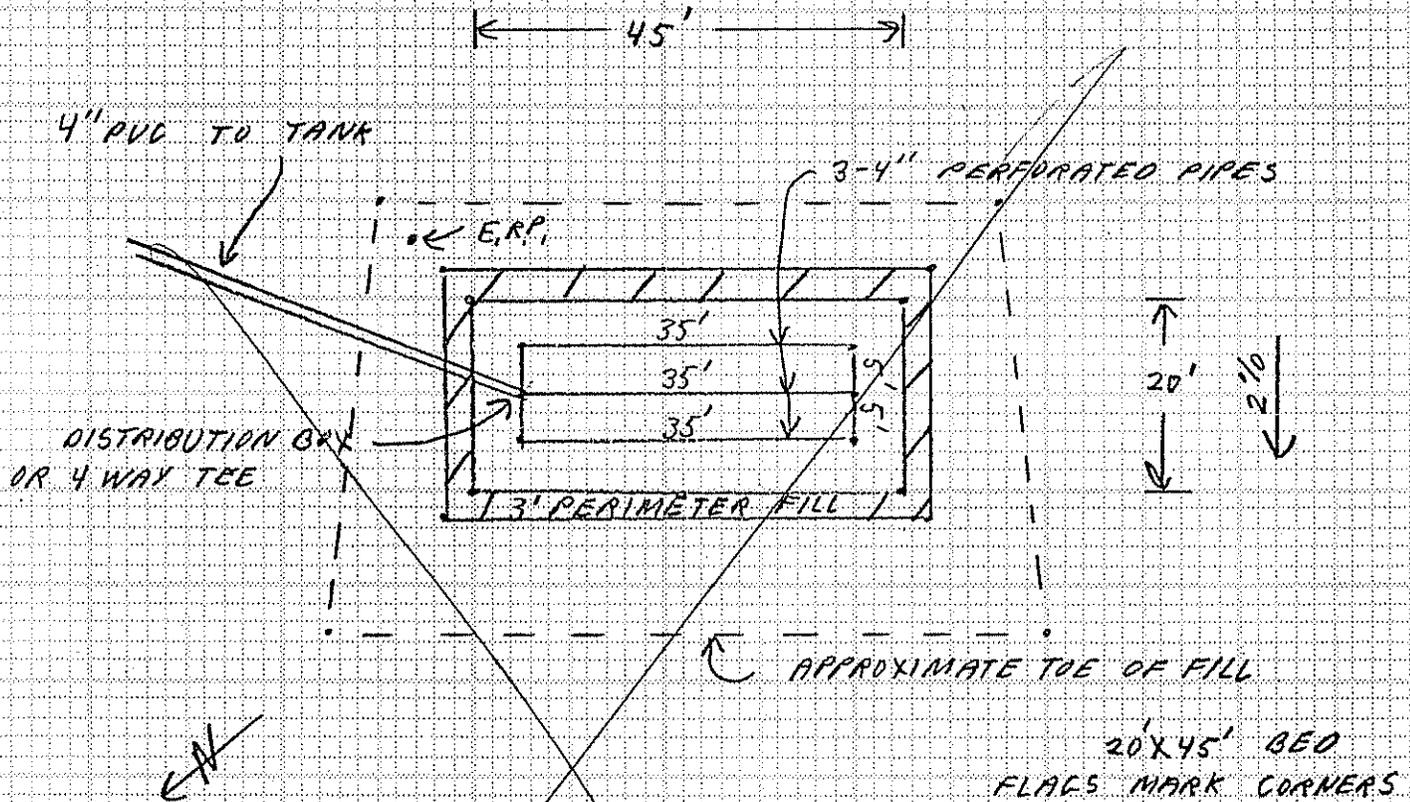
AUGUSTA

CROSS HILL RD.

SCOTT SMITH

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 Ft.
or as shown



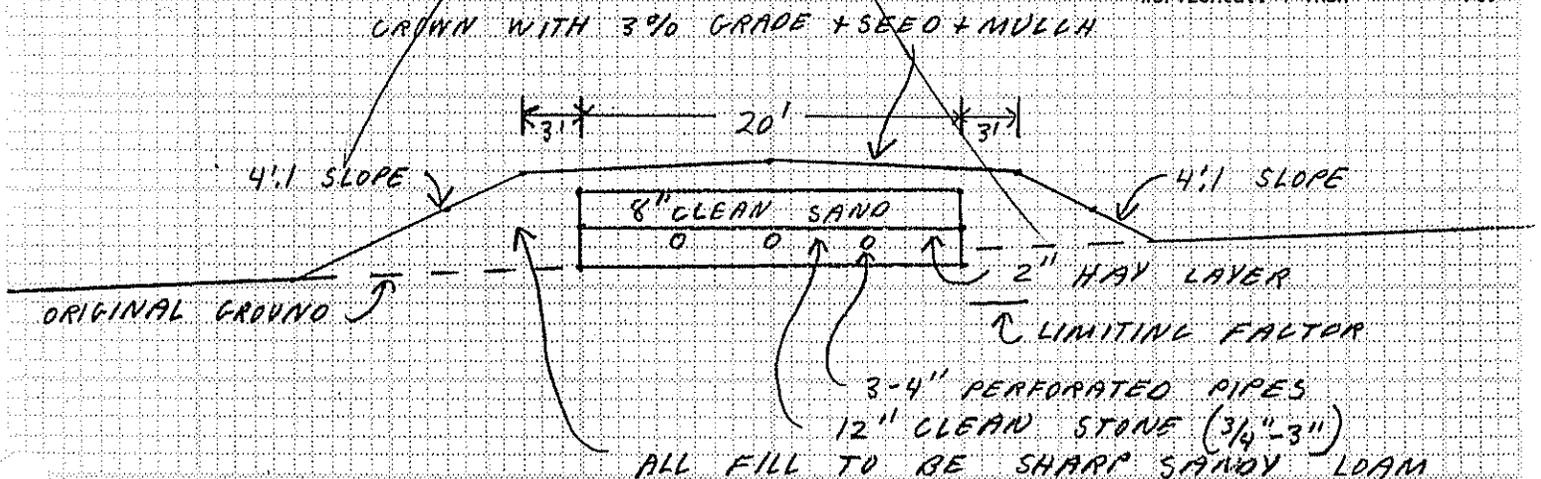
FILL REQUIREMENTS
 Depth of Fill (Upslope) 17"
 Depth of Fill (Downslope) 23"

CONSTRUCTION ELEVATION
 Reference Elevation is 17"
 Bottom of Disposal Area 23"
 Top of Distribution Lines or Chambers

ELEVATION REFERENCE POINT
0"
-53" E.R.P. IN 14" W. BIRTH, 7'
-42" N.E. OF SYSTEM, 27" ABOVE GROUND

DISPOSAL AREA CROSS SECTION

Scale:
 Vertical: 1 inch = 5 Ft.
 Horizontal: 1 inch = 10 Ft.



Site Evaluator Signature

256
SE#

6-20-94
Date

Approved for use as
 RHE 200 by Division of
 Health Engineering 9/87

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

08054056

M4 66A
[Signature]

PROPERTY ADDRESS	
Town Or Plantation	AUGUSTA
Street	
Division Lot #	CROSS HILL RD
PROPERTY OWNER'S NAME	
Last:	SMITH
First:	SCOTT
Applicant Name: SAME	
Mailing Address of Owner/Applicant (if Different): R#6 BOX 14 AUGUSTA, ME. 04330	

*8/15/94 Amending permit number # 3018
 Issued 7/5/94 by Scott Smith*

CAUTION: PERMIT REQUIRED

The Subsurface Wastewater Disposal System shall not be installed until a Permit is attached here by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

[Signature]

OWNER/APPLICANT STATEMENT

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

Scott Smith 8/16/94

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.

[Signature] 8/16/94

Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <p>1. <input checked="" type="checkbox"/> NEW SYSTEM 2. <input type="checkbox"/> REPLACEMENT SYSTEM 3. <input type="checkbox"/> EXPANDED SYSTEM 4. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p> <p>SEASONAL CONVERSION to be completed by the LPI</p> <p>5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES 6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER 7. <input type="checkbox"/> SYSTEM INSTALLED - P# _____ 8. <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED</p> <p>IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED _____ THE FAILING SYSTEM IS 1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH 2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER _____</p> <p>SIZE OF PROPERTY: 1.8 AC. ZONING: RURAL</p>	<p>THIS APPLICATION REQUIRES:</p> <p>1. <input checked="" type="checkbox"/> NO RULE VARIANCE 2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form 3. <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form a. <input type="checkbox"/> Requires Local Plumbing Inspector Approval b. <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval 4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE</p> <p>DISPOSAL SYSTEM TO SERVE:</p> <p>1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input checked="" type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER _____ SPECIFY _____</p>	<p>INSTALLATION IS:</p> <p>COMPLETE SYSTEM</p> <p>1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM 2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) 3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd)</p> <p>INDIVIDUALLY INSTALLED COMPONENTS</p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY) 5. <input type="checkbox"/> HOLDING TANK _____ GAL. 6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY) 7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY) 8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) 9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>TYPE OF WATER SUPPLY PRIVATE</p>
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DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: 1000 GALS.</p>	<p>WATER CONSERVATION</p> <p>1. <input checked="" type="checkbox"/> NONE 2. <input type="checkbox"/> LOW VOLUME TOILET 3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM 4. <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY _____</p>	<p>PUMPING</p> <p>1. <input type="checkbox"/> NOT REQUIRED 2. <input checked="" type="checkbox"/> MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION & ELEVATION) 3. <input type="checkbox"/> REQUIRED DOSE: 50 GALS.</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING) EMPLOYEES, WATER RECORDS, ETC.)</p> <p>4 BEDROOM</p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: 3 CONDITION: C</p> <p>DEPTH TO LIMITING FACTOR: 16"</p>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input type="checkbox"/> SMALL 2. <input type="checkbox"/> MEDIUM 3. <input checked="" type="checkbox"/> MEDIUM-LARGE 4. <input type="checkbox"/> LARGE 5. <input type="checkbox"/> EXTRA-LARGE</p>	<p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input checked="" type="checkbox"/> BED 1200 Sq. Ft. 2. <input type="checkbox"/> CHAMBER _____ Sq. Ft. <input type="checkbox"/> REGULAR <input type="checkbox"/> H-20 3. <input type="checkbox"/> TRENCH _____ Linear Ft. 4. <input type="checkbox"/> OTHER: _____</p>	<p>DESIGN FLOW: 360 G.P.D. (GALLONS/DAY)</p>

SITE EVALUATOR STATEMENT

On 8/06/94 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

[Signature] 256 8/07/94 Approved for use as HHE 200 by Division of Health Engineering 9/87

John A. Philbrick, Licensed Site Evaluator SE# Date

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08054056

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

AUGUSTA

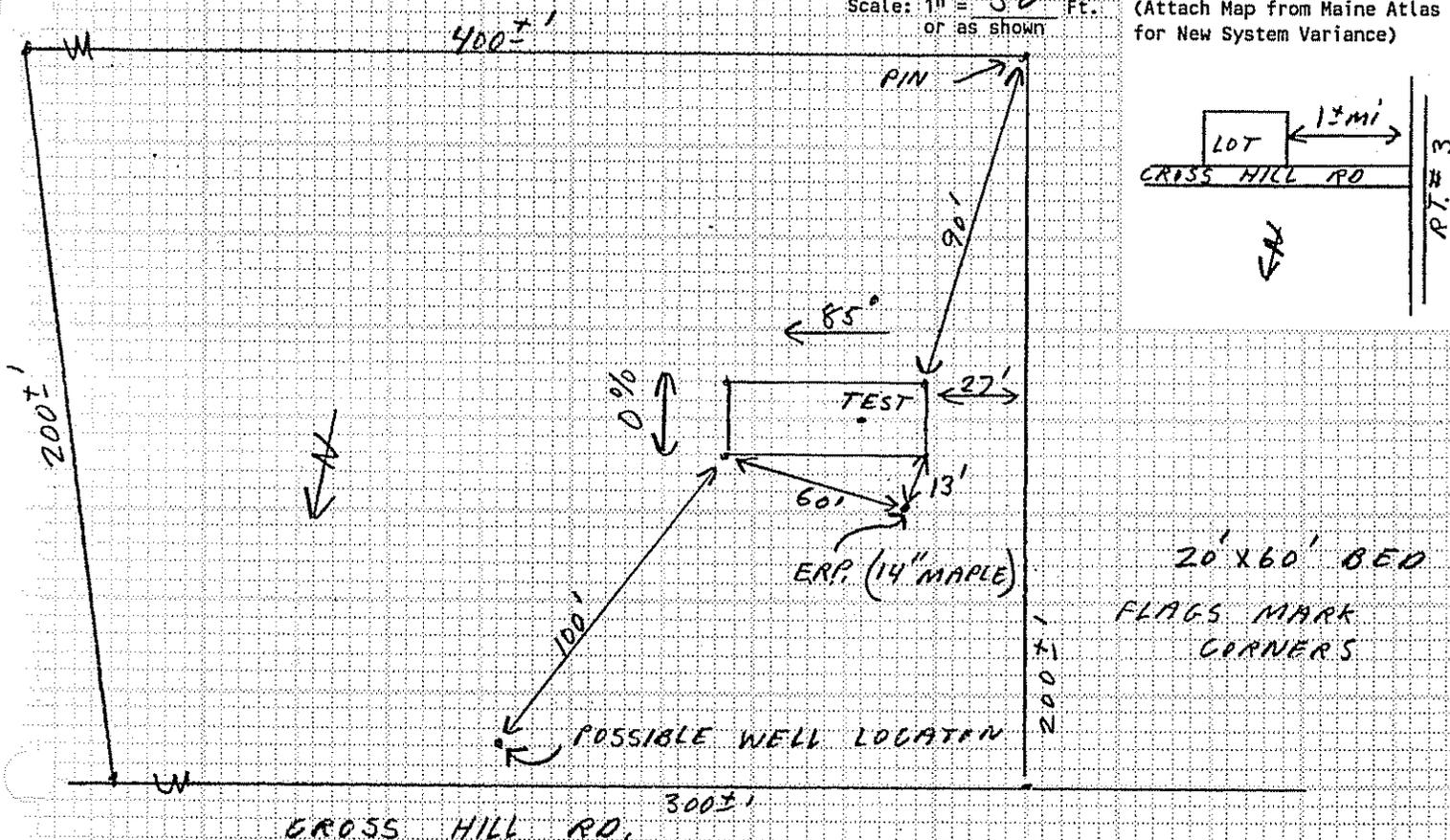
CROSS HILL RD.

SCOTT SMITH

SITE PLAN

Scale: 1" = 50 Ft.
or as shown

SITE LOCATION PLAN
(Attach Map from Maine Atlas for New System Variance)



SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

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

Inches	Texture	Consistency	Color	Mottling
0	<u>SANDY</u>	<u>FRIABLE</u>	<u>DARK BR.</u>	<u>NONE</u>
6	<u>LOAM</u>		<u>YELLOW BR.</u>	
15			<u>GRAY</u>	<u>COMMON</u>
20		<u>FIRM</u>		<u>DISTINCT</u>
30				
40				
50				

Soil Classification: 3 C Slope: 2 % Limiting Factor: 16 Ground Water Restr. Layer Bedrock

Observation Hole 2 Test Pit Boring
23 " Depth of Organic Horizon Above Mineral Soil

Inches	Texture	Consistency	Color	Mottling
0				
6				
10				
15				
20				
20	<u>SAME AS #1</u>			
30				
40				
50				

Soil Classification: _____ Slope: _____ % Limiting Factor: _____ Ground Water Restr. Layer Bedrock

[Signature]
Site Evaluator Signature

256
SE#

8/07/94
Date

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Town, City, Plantation

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Owner's Name

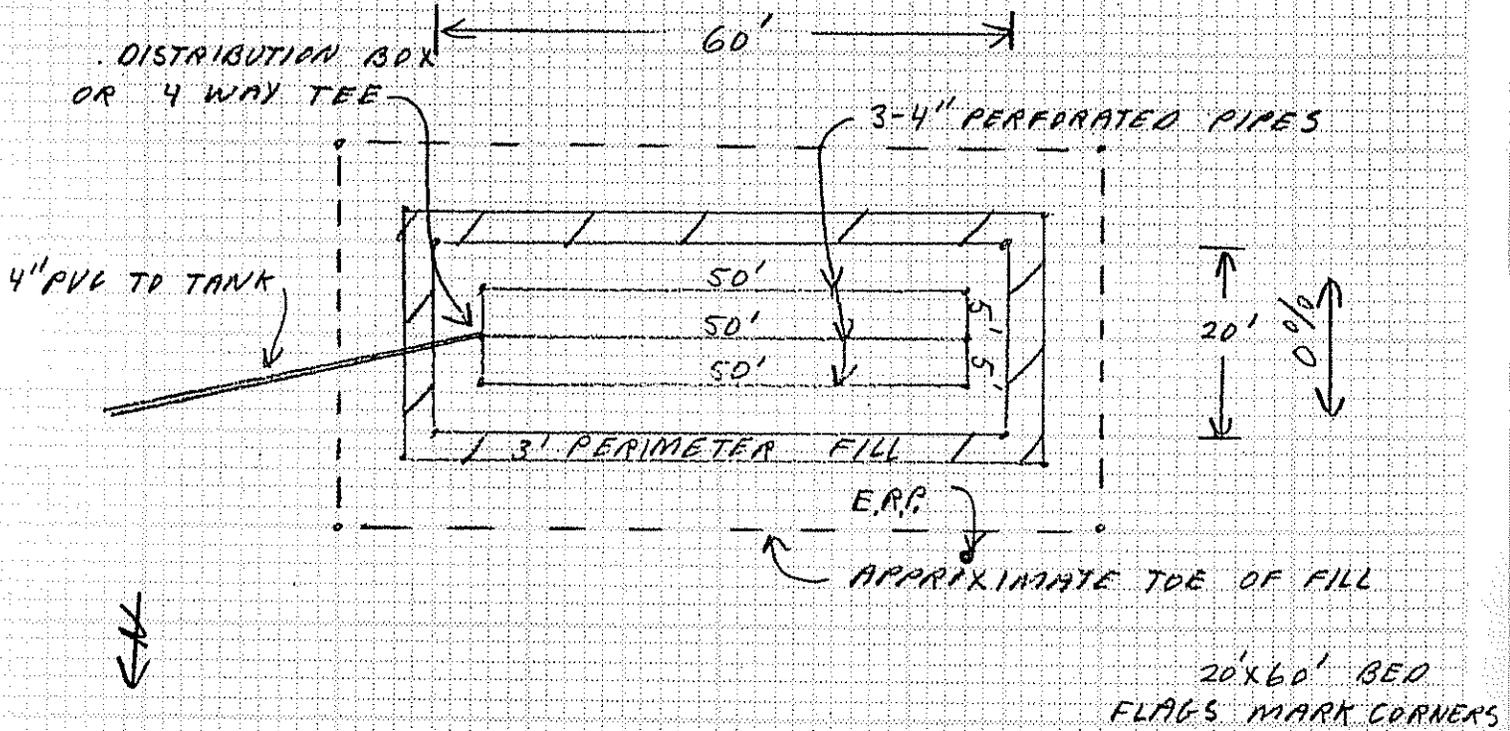
AUGUSTA

CROSS HILL RD.

SCOTT SMITH

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 Ft.
or as shown



FILL REQUIREMENTS
 Depth of Fill (Upslope) 20"
 Depth of Fill (Downslope) 20"

CONSTRUCTION ELEVATION
 Reference Elevation is 20"
 Bottom of Disposal Area 20"
 Top of Distribution Lines or Chambers

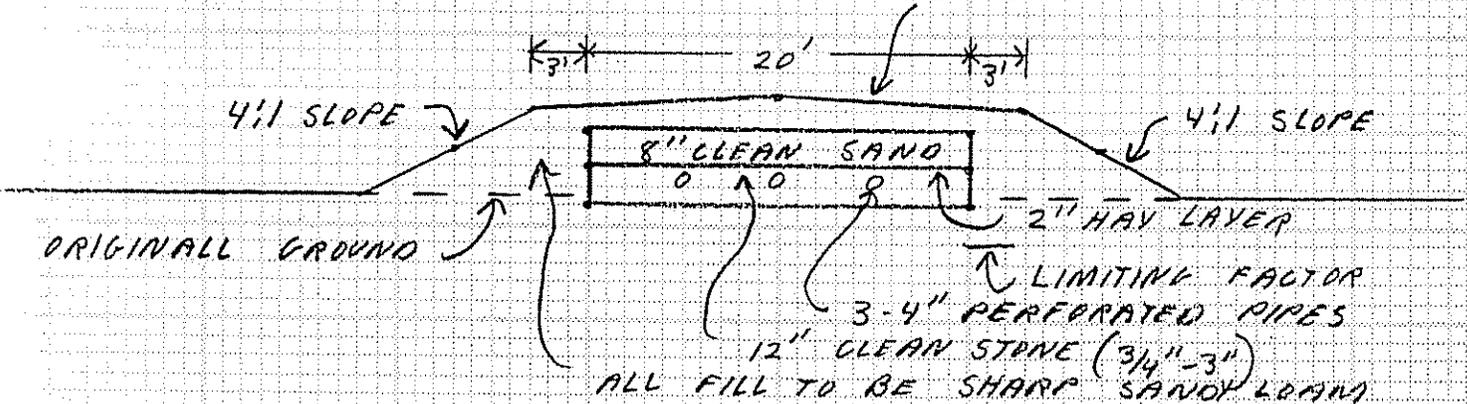
ELEVATION REFERENCE POINT
 0" E.R.P. IN 14" MAPLE, 13'
 -49" NORTH OF SYSTEM, 37"
 -38" ABOVE GROUND

DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = 5 Ft.
 Horizontal: 1 inch = 10 Ft.

CROWN WITH 3% GRADE + SEED + MULCH



[Signature]
 Site Evaluator Signature

256
 SE#

8/07/94
 Date

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 HHE 200 by Division of
 Health Engineering 9/87