M4 L56A

Department of Human Services
Division of Health Engineering
(207)289-3826

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS

Town Or Plantation	AUGUSTA
Street Subdivision Lot #	12 BUCK + DOE TRAIL

PROPERTY OWNERS NAME

Last: BRANN First: WENDALL

Applicant Name:	WENDALL BRANN
Mailing Address of Owner/Applicant (If Different)	RR7 BOX 1218 AUGUSTA, ME 04330

AUGUSTA 3227 TOWN COPY

Date Permit Issued: 5/6/95 $ 60.00 ☐ If Double Fee Charged FEE

Local Plumbing Inspector Signature L.P.I. # 808

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.

Wendall A. Brann 4/28/95

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.

Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

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

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

IF REPLACEMENT SYSTEM:
YEAR FAILING SYSTEM INSTALLED _____
THE FAILING SYSTEM IS:
1. ☐ BED 3. ☐ TRENCH
2. ☐ CHAMBER 4. ☐ OTHER: _____

SIZE OF PROPERTY	ZONING
4.56 ACRE	N/A

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. ☐ Requiring Local Plumbing Inspector Approval
   b. ☐ Requires State and Local Plumbing Inspector Approval
4. ☐ MINIMUM LOT SIZE VARIANCE

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

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

TYPE OF WATER SUPPLY
PROPOSED DRILLED WELL

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 AND ELEVATION)
3. ☐ REQUIRED

DOSE: _____ GALS.

CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)
3/4 BEDROOM

20' x 60' BED

DESIGN FLOW: 360 (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
3	AIII/C

DEPTH TO LIMITING FACTOR: 24.

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

DISPOSAL AREA TYPE/SIZE
1. ■ BED 1200 Sq. Ft.
2. ☐ CHAMBER _____ Sq. Ft.
   ☐ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

SITE EVALUATOR STATEMENT

On 12/1/94 (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] 260 12/5/94

Site Evaluator Signature SE# Date

(Local Plumbing Inspector's Signature

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

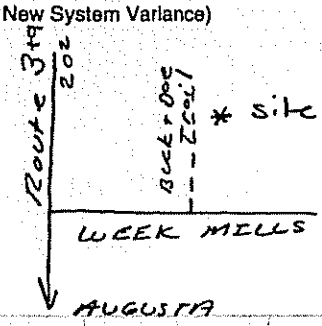
Town, City, Plantation	Street, Road, Subdivision	Owners Name
AUGUSTA	BUCK + DOE TRAIL	WENDALL BRANN

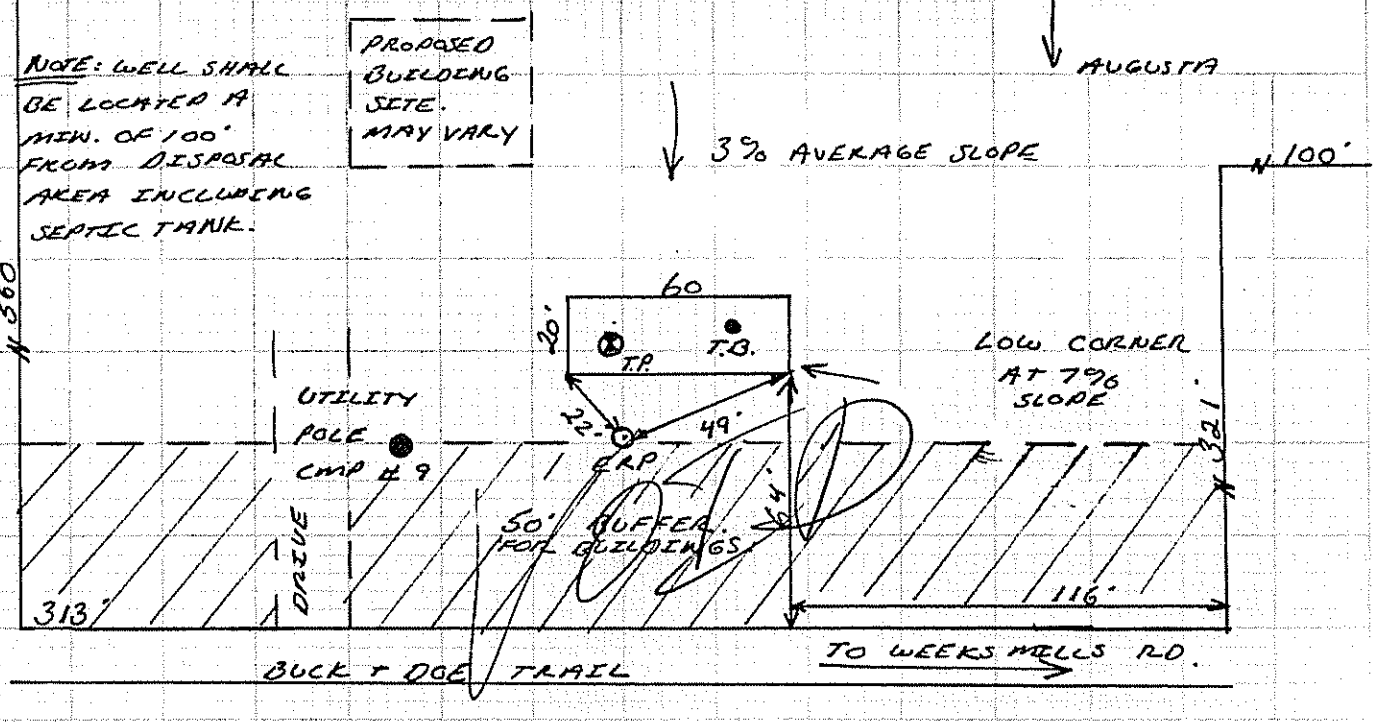
SITE PLAN

Scale 1" = 50 Ft.

FOX GLEN PLAN
LOTS 395-400 + 572 to 579
AUGUSTA TAX MAP 4A
LOTS 56, 57, + 58

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 " Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0	FINE	FRIABLE	RED	FREE
6	SANDY			
10	LOAM		BROWN	
15				COMMON
20			YELLOW BROWN	DISTINCT
		FIRM	OLIVE BROWN	
30		DESIGN	BASED ON	MOST
		RESTRICTIVE	TEST	
40	TEST	PIT 28"	24" TO LEDGE TO LEDGE IN	
		THIS PARTICULAR		LOCATION
50				

Soil	Classification	Slope	Limiting Factor	
3 (Profile)	AIII/c (Condition)	3 %	24"	☐ Ground Water ☐ Restrictive Layer ■ Bedrock

Observation Hole _____ ☐ Test Pit ☐ Boring

_____ " Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0				
6				
10				
15				
20				
30				
40				
50				

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

Paul Stewart 260 12/5/94

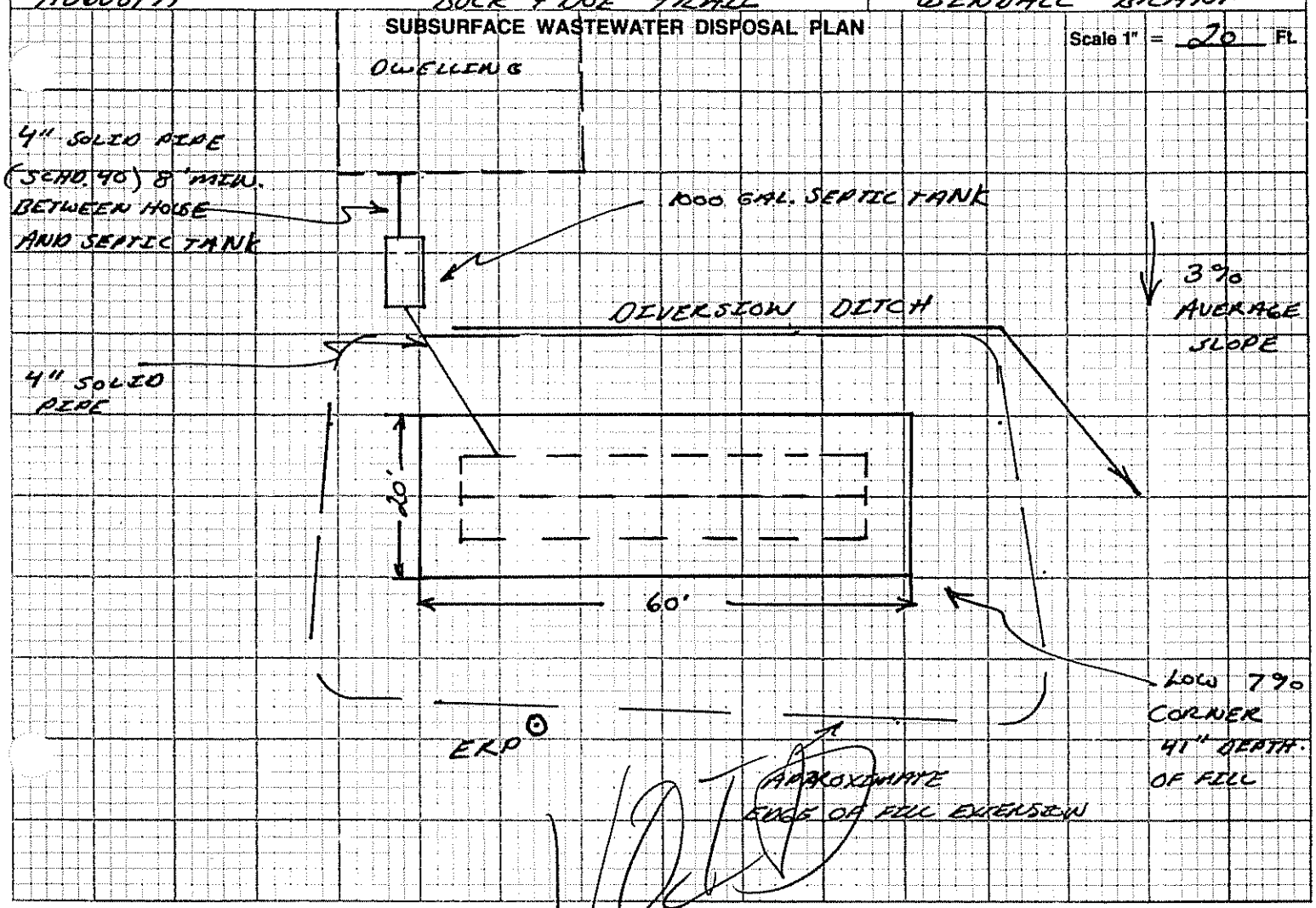
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name
AUGUSTA	BUCK + DOE TRAIL	WENDALL BRANN

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.



VOID

FILL REQUIREMENTS

Depth of Fill (Upslope) 24"
Depth of Fill (Downslope) 31"
41" IN LOW CORNER

CONSTRUCTION ELEVATIONS

Reference Elevation is 0.00
Bottom of Disposal Area -59"
Top of Distribution Lines or Chambers -47"

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

FLAGGED NAIL IN HEMLOCK. 72" ABOVE GRADE

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 Inch = Ft.
Horizontal: 1 Inch = Ft.

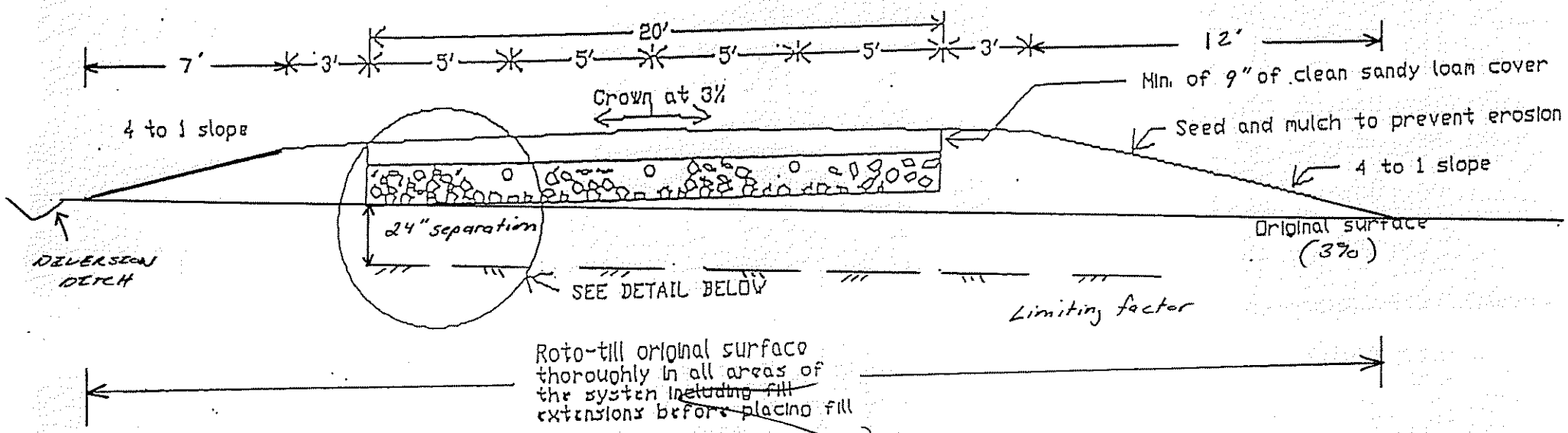
(SEE ATTACHED CROSS SECTION)

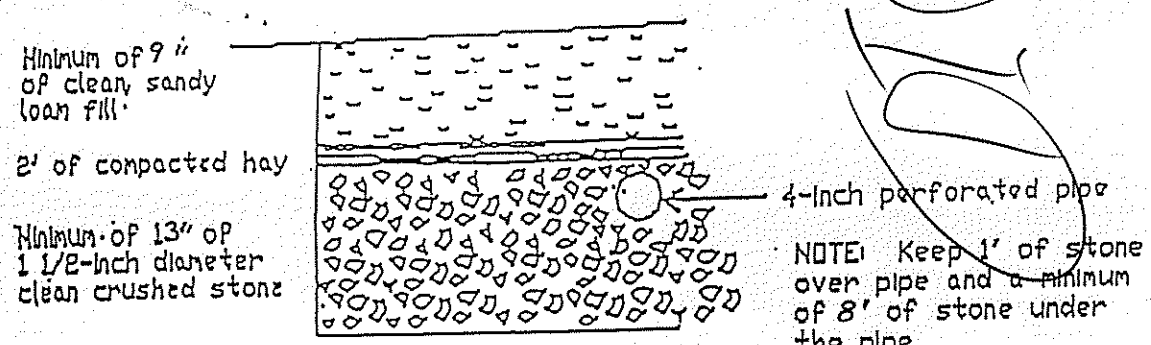
Corinne Skupp — Site Evaluator Signature
260 — SE#
12/5/99 — Date

ATTACHMENT TO FORM HHE-200

ELEVATIONS

Reference Elevation is 0.00
Bottom of Disposal Area is -59"
Top of Distribution Lines is -47"





DETAIL OF BED

Depth of Fill (Upslope) = 24"
Depth of Fill (Downslope) = 31"

SCALE:

Vertical: 1 inch = 5 feet
Horizontal: 1 inch = 5 feet

Corinne S. Knapp S.E. #260 DATE: 12/5/94

M4L56A ~~Town Copy~~ Applicant Copy

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207)289-3826

AUGUSTA PERMIT # 3227 APPLICANTS COPY

Date Permit Issued: 5/16/95 $ 60.00 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature L.P.I. # 199A

THE WORK SPECIFIED IN THIS APPLICATION IS HEREBY AUTHORIZED TO BE INSTALLED IN ACCORDANCE WITH THE RULES. THIS PERMIT EXPIRES AFTER TWO YEARS FROM DATE ISSUED UNLESS WORK HAS COMMENCED.

This permit is a renewal permit for 3227 Issued 5/16/95

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.

Local Plumbing Inspector Signature — Date Approved 6/1/95

PROPERTY ADDRESS

Town Or Plantation	AUGUSTA
Street Subdivision Lot #	BUCK + DOE TRAIL

PROPERTY OWNERS NAME

Last: BRANN First: WENDALL

Applicant Name:	WENDALL BRANN
Mailing Address of Owner/Applicant (If Differen	RR 7 BOX 1218 AUGUSTA, ME 04330

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.

Wendall A. Brann — Signature of Owner/Applicant — Date 4/25/95

PERMIT INFORMATION

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

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

IF REPLACEMENT SYSTEM:
YEAR FAILING SYSTEM INSTALLED _____
THE FAILING SYSTEM IS:
1. ☐ BED 3. ☐ TRENCH
2. ☐ CHAMBER 4. ☐ OTHER: _____

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. ☐ Requiring Local Plumbing Inspector Approval
b. ☐ Requires State and Local Plumbing Inspector Approval
4. ☐ MINIMUM LOT SIZE VARIANCE

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

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

SIZE OF PROPERTY	ZONING
4.56 ACRE	N/A

TYPE OF WATER SUPPLY
PROPOSED DRILLED WELL

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 AND ELEVATION)
3. ☐ REQUIRED
DOSE: _____ GALS.

CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)
3/4 BEDROOM

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
3	AIII/C

DEPTH TO LIMITING FACTOR: 24.

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

DISPOSAL AREA TYPE/SIZE
1. ■ BED 1200 Sq. Ft.
2. ☐ CHAMBER _____ Sq. Ft. ☐ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

20' x 60' BED

DESIGN FLOW: 360 (GALLONS/DAY)

SITE EVALUATOR STATEMENT

On 12/1/94 (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.

Site Evaluator Signature — SE# 260 — Date 12/5/94

(Local Plumbing Inspector's Signature

241 Revised 5-29-95

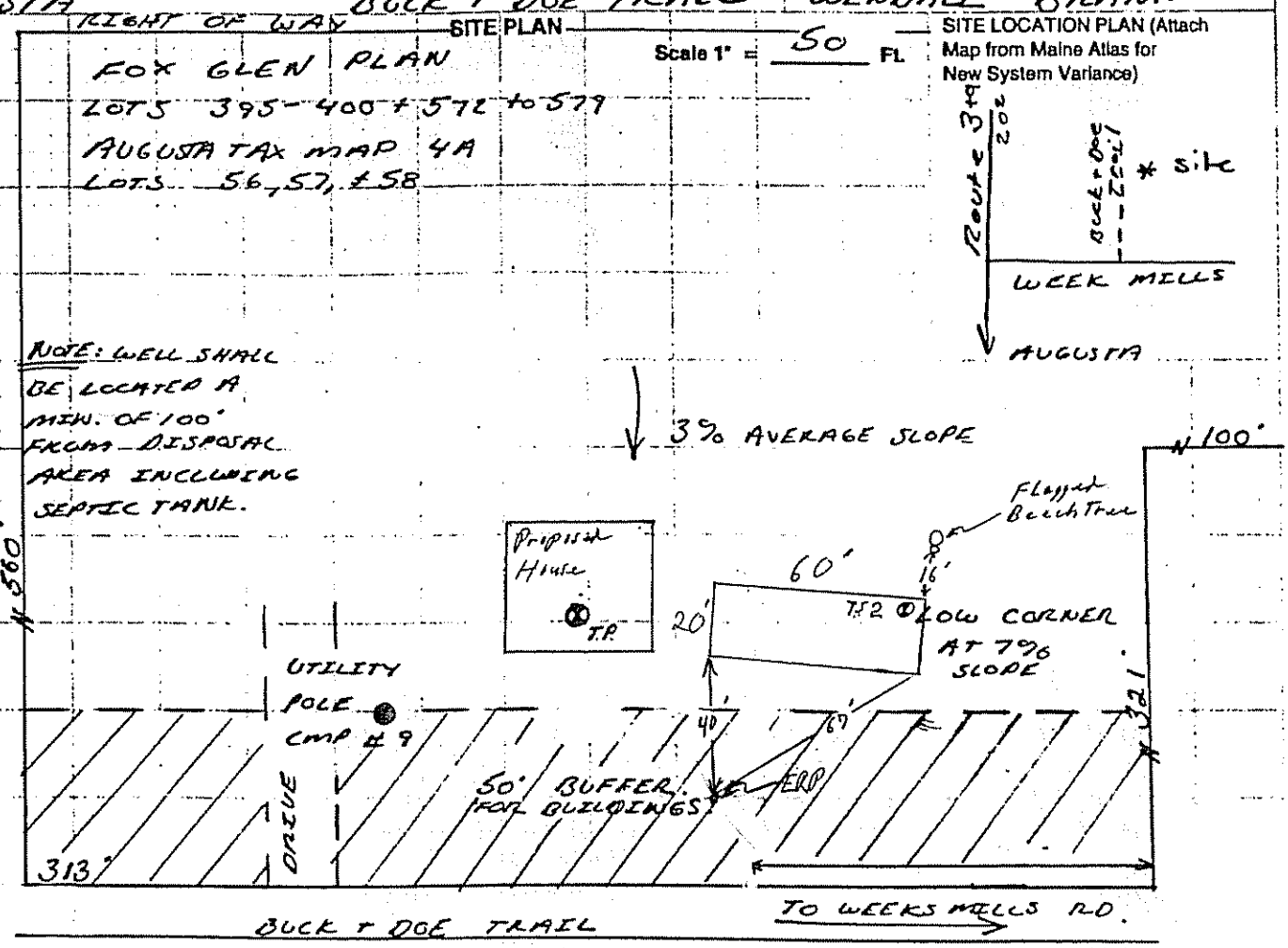
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name
AUGUSTA	BUCK + DOE TRAIL	WENDALL BRANN

SITE PLAN — Scale 1" = 50 Ft.

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 " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

Depth	Texture	Consistency	Color	Mottling
0–6	FINE SANDY LOAM	FRIABLE	RED BROWN	FREE
6–15				COMMON
15–20			YELLOW BROWN	DISTINCT
20–30		FIRM	OLIVE BROWN	
30–50		DESIGN	BASED ON	MOST
		RESTRICTIVE TEST		
			24" TO	LEDGE
	TEST	PIT 28"	TO LEDGE IN	
		THIS PARTICULAR		LOCATION

Soil	Classification	Slope	Limiting Factor	
3 (Profile)	A/III/C (Condition)	3 %	24"	☐ Ground Water ☐ Restrictive Layer ■ Bedrock

Observation Hole T.S. #2 ■ Test Pit ☐ Boring

2" " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

Depth	Texture	Consistency	Color	Mottling
0–6	Fine Sandy Loam	Friable	Brown Red Brown	None
6–15			Yellow Brown	Common Distinct
15–30		Firm	Olive	
30–50		Rock		

Soil	Classification	Slope	Limiting Factor	
3 (Profile)	A/III/C (Condition)	7-8% %	15"	☑ Ground Water ☐ Restrictive Layer ☐ Bedrock

Paul Sknapp. 260 12/5/94

241 Revised 5-29-95

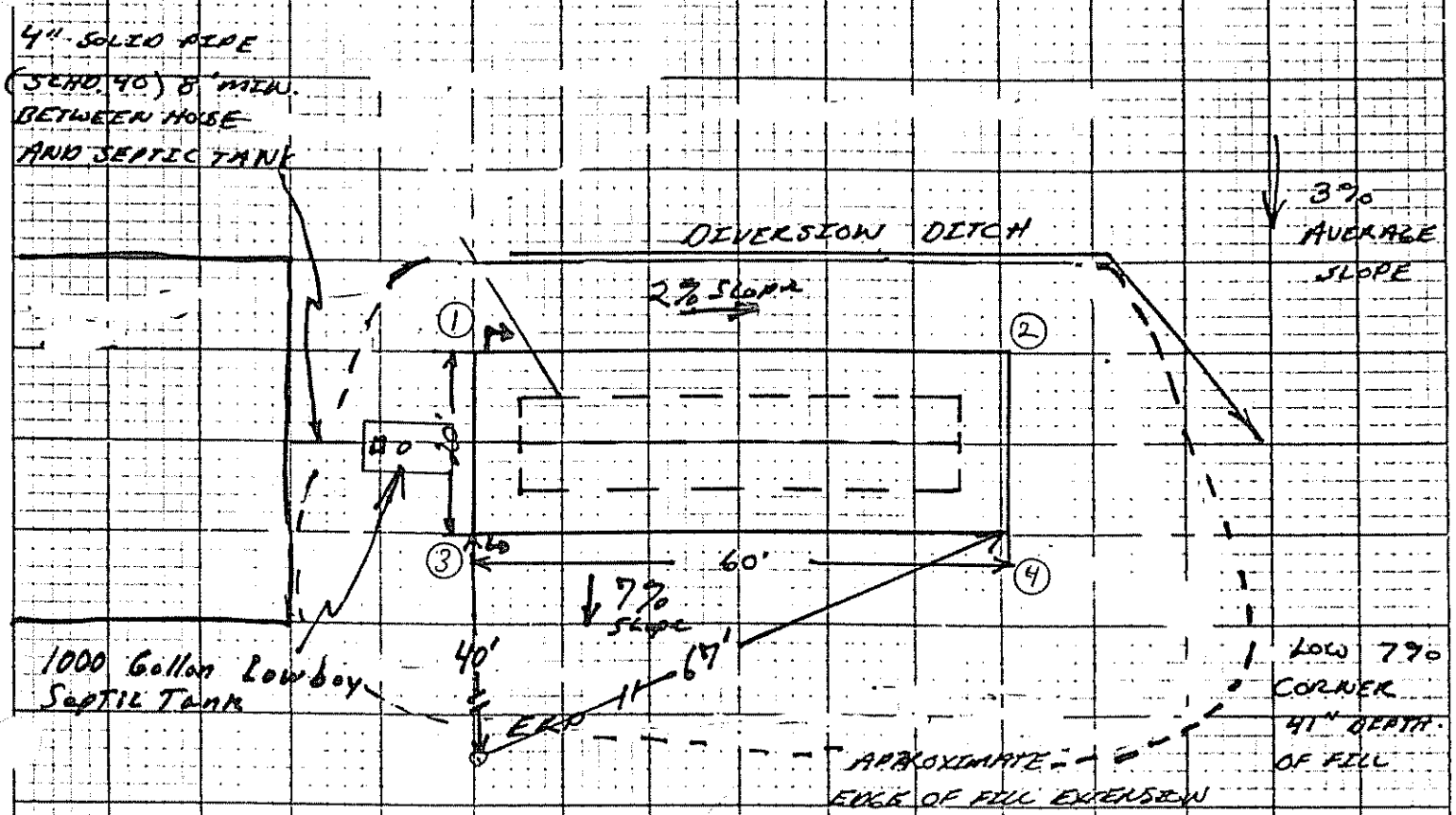
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name
AUGUSTA	BUCK + DOE TRAIL	WENDALL BRANN

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 FT.



FILL REQUIREMENTS

Depth of Fill (Upslope) (1) 21" (2) 35"
Depth of Fill (Downslope) (3) 38" (4) 55"

CONSTRUCTION ELEVATIONS

Reference Elevation is	0.00
Bottom of Disposal Area	43"
Top of Distribution Lines or Chambers	30"

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

FLAGGED NAIL IN 7" Beech Tree 72" ABOVE GRADE

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 Inch = ____ Ft.
Horizontal: 1 Inch = ____ Ft.

(SEE ATTACHED CROSS SECTION)

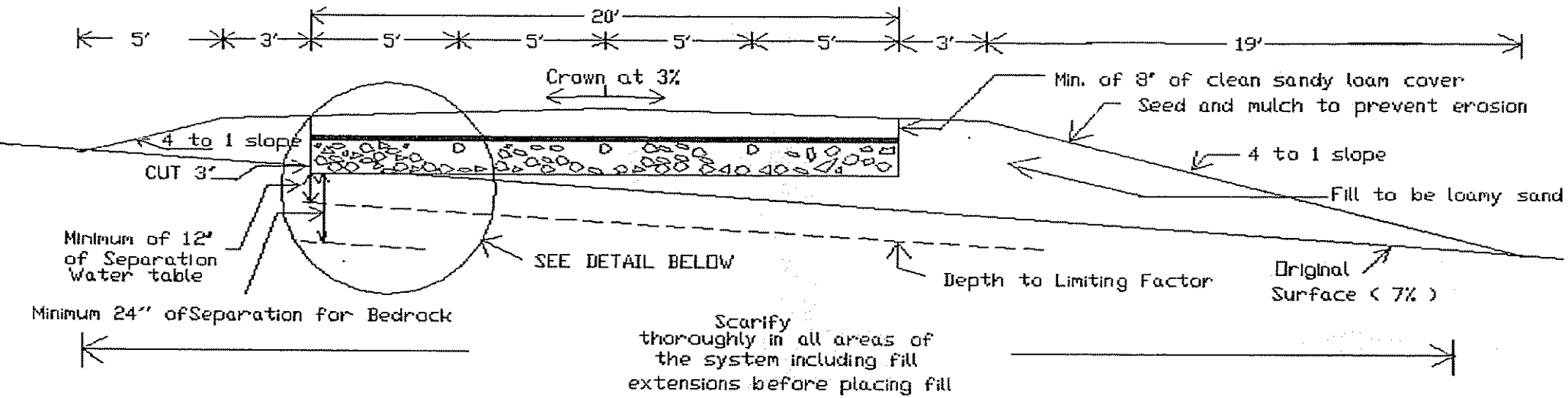
Corinne Skupp — Site Evaluator Signature
260 — SE#
12/5/99 — Date
241 Revised 5-29-94

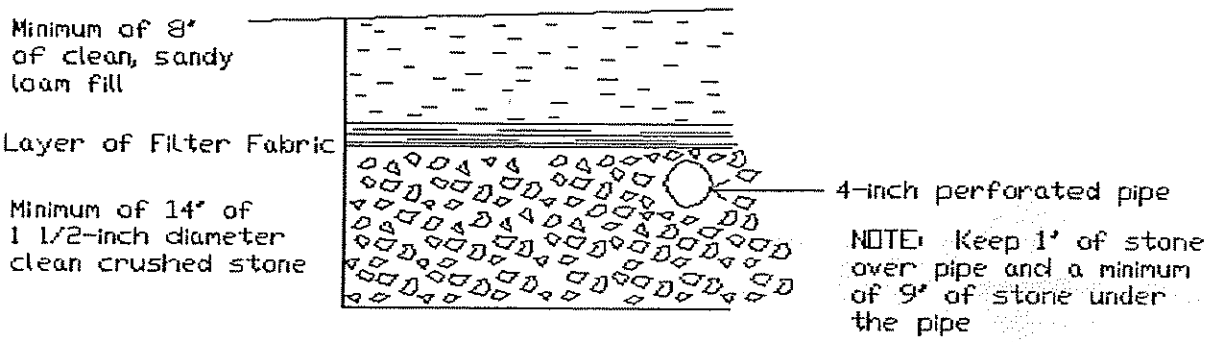
ATTACHMENT TO FORM HHE-200

Page 4 of 4 Wendell Brann Revised Plan 5-29-95

ELEVATIONS

Reference Elevation is	- 0"
Bottom of Disposal Area is	- 43"
Top of Distribution Lines is	- 30"





DETAIL OF BED

Depth of Fill (Upslope) = 21"

Depth of Fill (Downslope) = 38"

SCALE:

Vertical: 1 inch = 5 feet
Horizontal: 1 inch = 5 feet

EUGENE DUBE SE 241

DATE: 5-29-95