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, Plantation: AUGUSTA

Street or Road: CROSS HILL RD.

Subdivision, Lot #:

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

AUGUSTA Subsurface Wastewater Disposal System shall not be installed until a Permit has been issued HERE by the Local Plumbing Inspector. Permit shall be posted on premises.

Date Permit Issued: 8/11/00 $ 100 ☐ If Double Fee Charged

Local Plumbing Inspector Signature: [signature] L.P.I. # 850

OWNER/APPLICANT INFORMATION

Name (last, first, MI): VIOLETTE, MARY ANN (Owner / Applicant)

Mailing Address of ☑ Owner ☐ Applicant: 541 RIVERSIDE DR. AUGUSTA, ME 04330

Daytime Tel. #: 622-6742 Paul E. Poulin PEP

Municipal Tax Map # 4 Lot # 62-B

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: Paul E. Poulin Date: 8/22/00

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: [signature] (1st) Date Approved: 10/25/00

(2nd) Date Approved:

PERMIT INFORMATION

TYPE OF APPLICATION
1. ☑ First Time System
2. ☐ Replacement System
   Type Replaced: ____
   Installed: ____
3. ☐ Expanded System
   a. ☐ Minor Expansion
   b. ☐ Major Expansion
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: 1.25± ☐ 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 900 ☐ 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	CONDITION	DESIGN
3	PA	5

at Observation Hole # 1
Depth 16" Elevation -78"
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 8/15/00 (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: [signature] SE # 256 Date: 8/16/00

JOHN PHILBRICK 547-3732

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

08246445

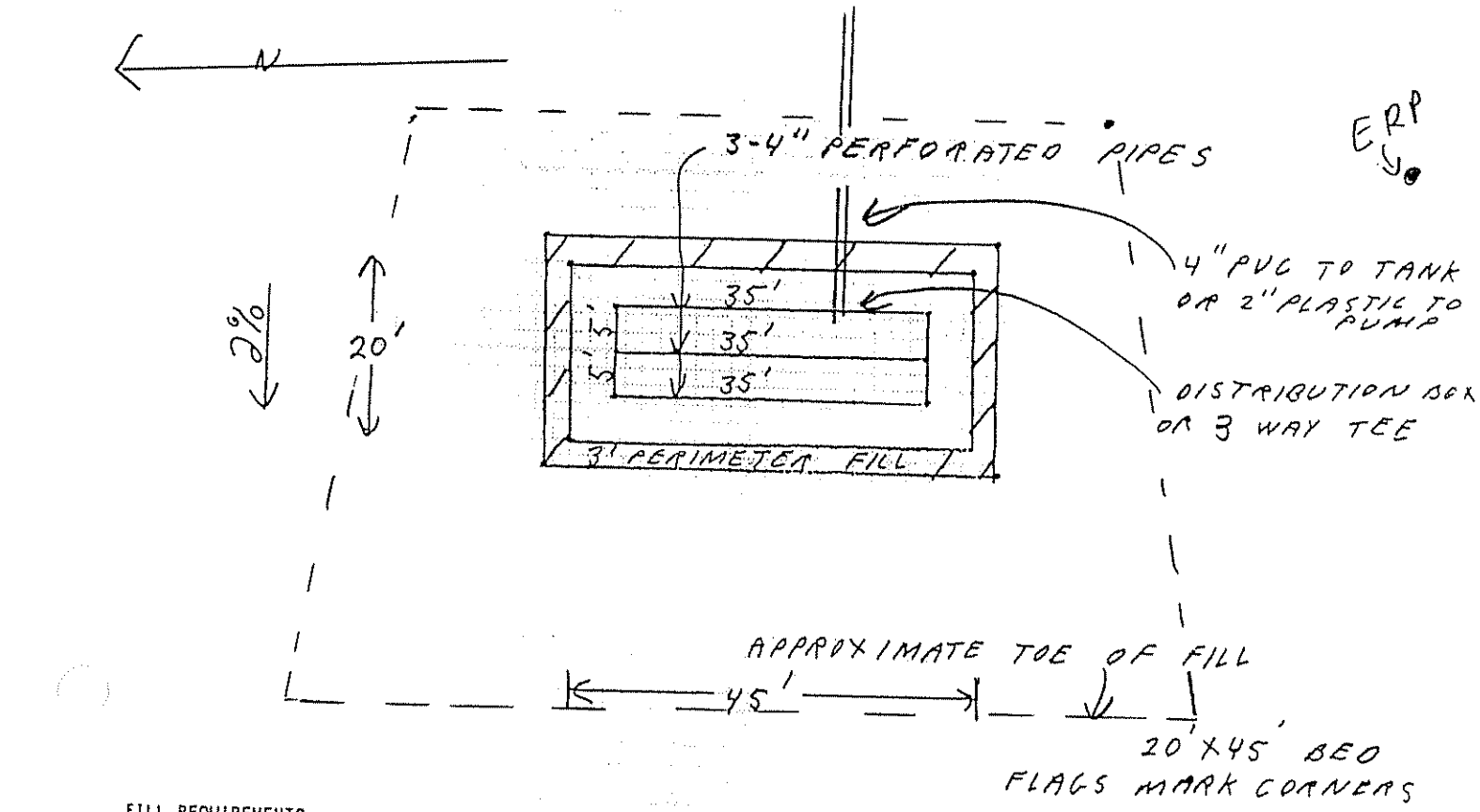
Town, City, Plantation: Augusta

Street, Road, Subdivision: Cross Hill Road

Owner's Name: Mary Ann Violette

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 Ft. or as shown



FILL REQUIREMENTS

Depth of Fill (Upslope): 32"

Depth of Fill (Downslope): 36"

CONSTRUCTION ELEVATION

Reference Elevation is: 0"

Bottom of Disposal Area: -54"

Top of Distribution Lines or Chambers: -43"

ELEVATION REFERENCE POINT

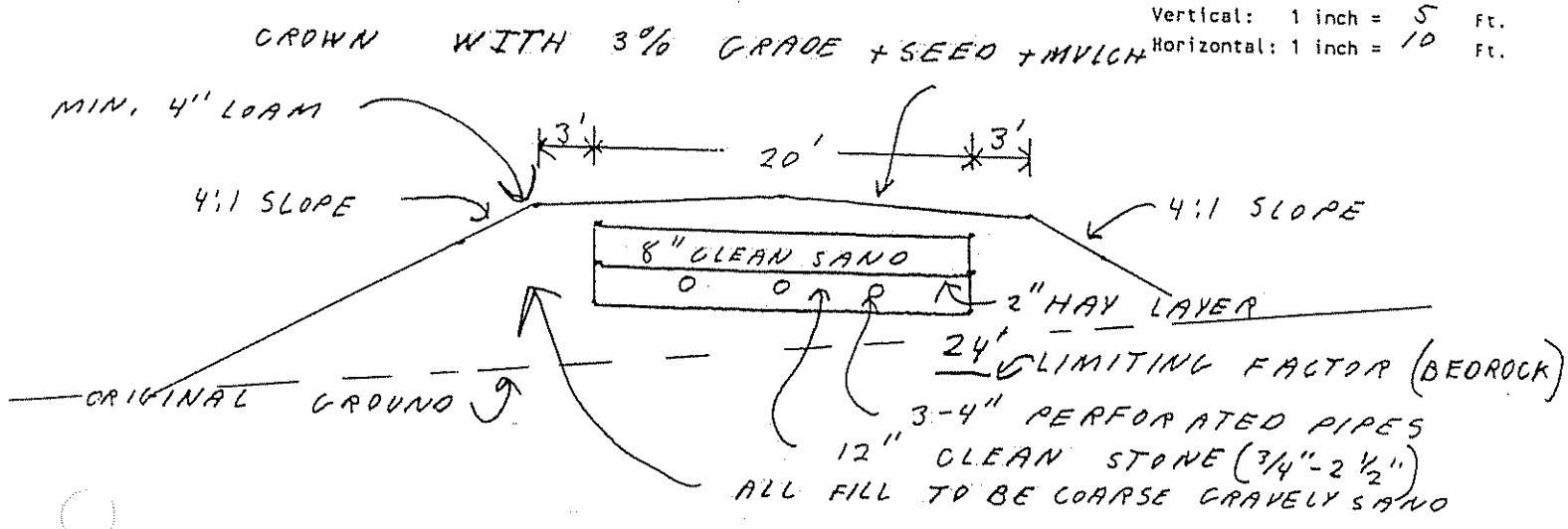
ERP is in 12" Oak 60" high, 37' South of system

DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = 5 Ft.

Horizontal: 1 inch = 10 Ft.



Site Evaluator Signature

256
SE#

8-16-00
Date

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

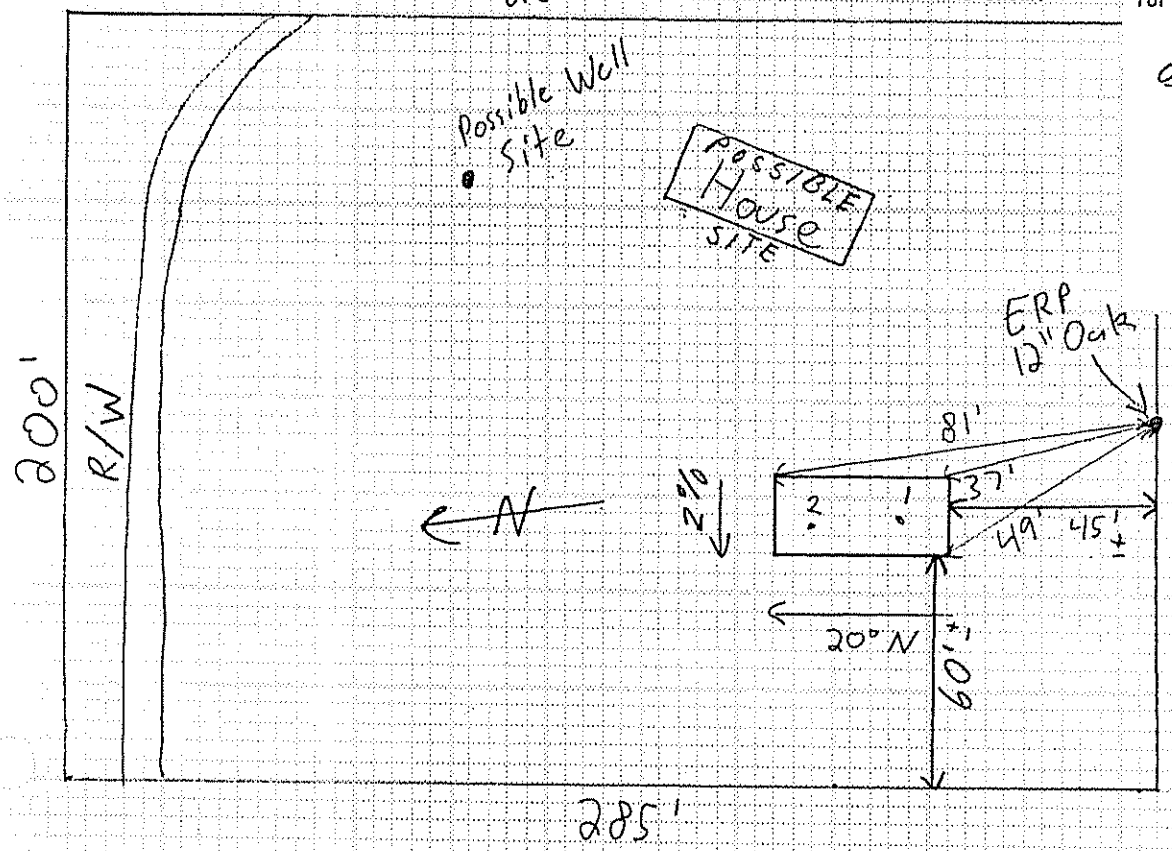
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

04208853

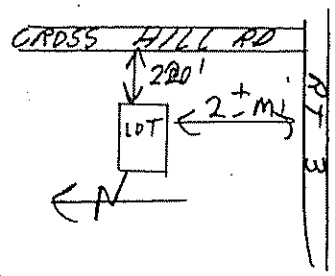
Town, City, Plantation	Street, Road, Subdivision	Owner's Name
Augusta	Cross Hill Road	Mary Ann Violette

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± " Depth of Organic Horizon Above Mineral Soil

Inches (Depth Below Mineral Surface)	Texture	Consistency	Color	Mottling
0–6	LOAMY	FRIABLE	DARK BR.	NONE
6–10	SAND	↓	REDISH BR.	↓
10–15	↓	FIRM	YELLOW BR. / GRAY	COMMON DISTINCT
15–20		BED ROCK		
20–50				

Soil Profile	Classification Condition	Slope	Limiting Factor	
3	AIII-C	2 %	16"	☐ Ground Water ☐ Restr. Layer ☑ Bedrock

Observation Hole 2 — ☑ Test Pit ☐ Boring

2± " Depth of Organic Horizon Above Mineral Soil

Inches (Depth Below Mineral Surface)	Texture	Consistency	Color	Mottling
0–6	LOAMY	FRIABLE	DARK BR.	NONE
6–10	SAND	↓	REDISH BR.	↓
10–15	↓	↓	↓	↓
15–20		BED ROCK		
20–50				

Soil Profile	Classification Condition	Slope	Limiting Factor	
2	AIII	2 %	18"	☐ Ground Water ☐ Restr. Layer ☑ Bedrock

Site Evaluator Signature

256
SE#

8/16/00
Date

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

MAP 004 LOT 0062B PLOT 0000
MAP 004 LOT 00062 PLOT 0000
MAP 004 LOT 00063 PLOT 0000
MAP 004 LOT 0062A PLOT 0000

Right of Way
Mr. Stanley Pratt
Mr. John Ciesinski

Cross Hill Rd

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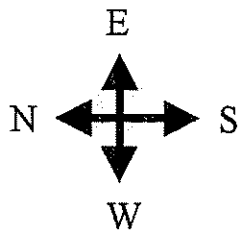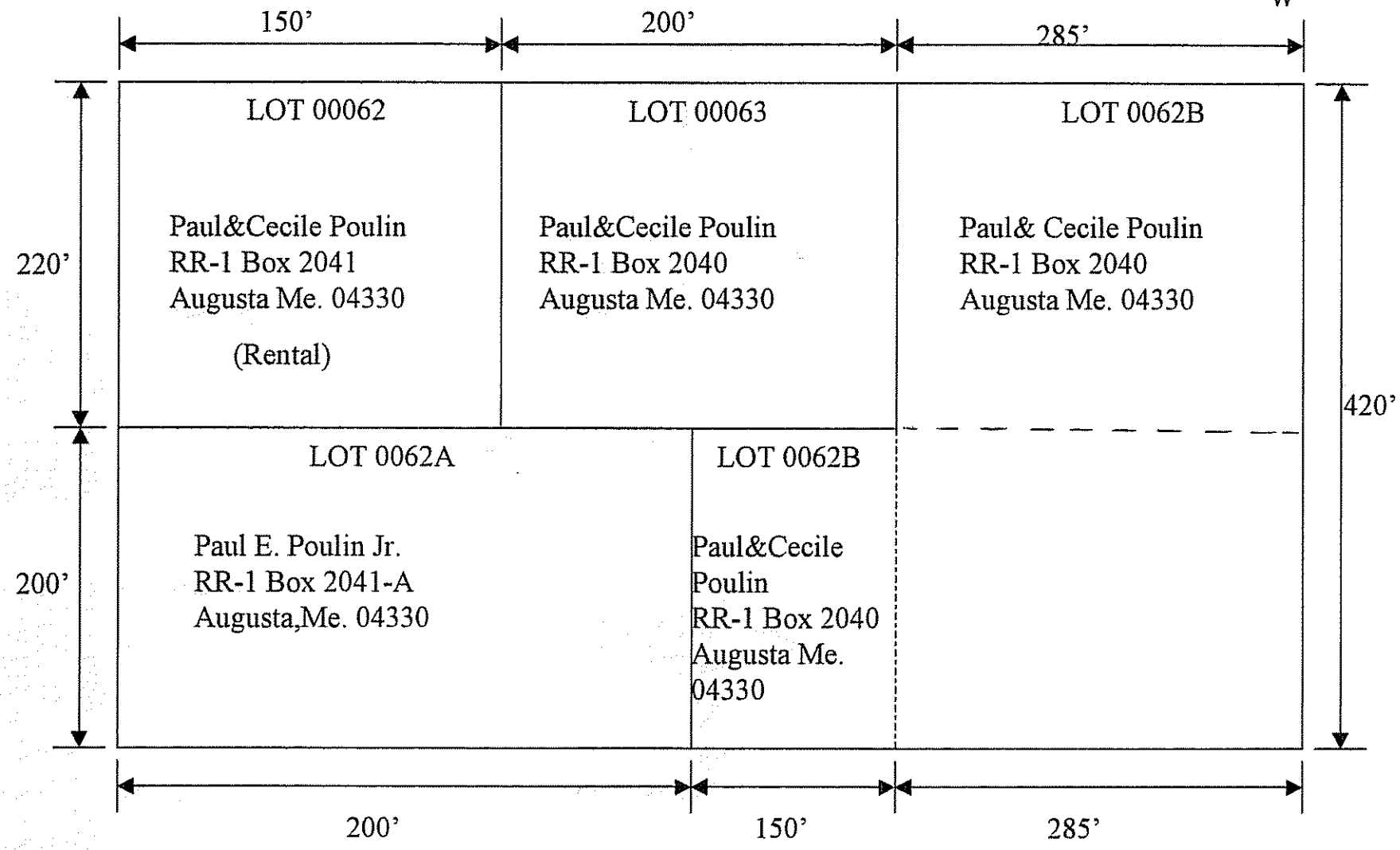
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