SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY LOCATION

Town or Location: AUGUSTA
Street Subdivision Lot •: 426 OFF CROSS HILL ROAD
SPECTACLE POND

AUGUSTA 3932 TOWN COPY
Date Permit Issued: 5/20/98 $ 100.00 FEE ☐ If Double Fee Charged
Local Plumbing Inspector Signature: [signature] L.P.I. # 1850

PROPERTY OWNER'S NAME

Last: PRATT First: STANLEY L. + JEAN C.

Applicant's Name: 43 SCHOOL ST
Mailing Address of Owner: AUGUSTA ME 04330-4837
Daytime Tel. •: (207) 623-3773

Municipal Tax Map •: 4 Lot •: 66

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

Stanley L. Pratt 5-19-98
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

47 ± ACRES

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

LAKE 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 594 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)

TWO BEDROOM SINGLE FAMILY DWELLING

2 BR x 90 GPD = 180 GPD

DESIGN FLOW: 180 (Gallons/Day)

PROFILE & DESIGN CLASS

PROFILE	DESIGN
3	C

DEPTH TO MOST LIMITING FACTOR 25"

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 5/4/98 (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.

[signature] 168 5-6-98
Site Evaluator Signature SE • Date

JOHN W. LORD JR (207) 445-3402
Site Evaluator Name Printed Telephone

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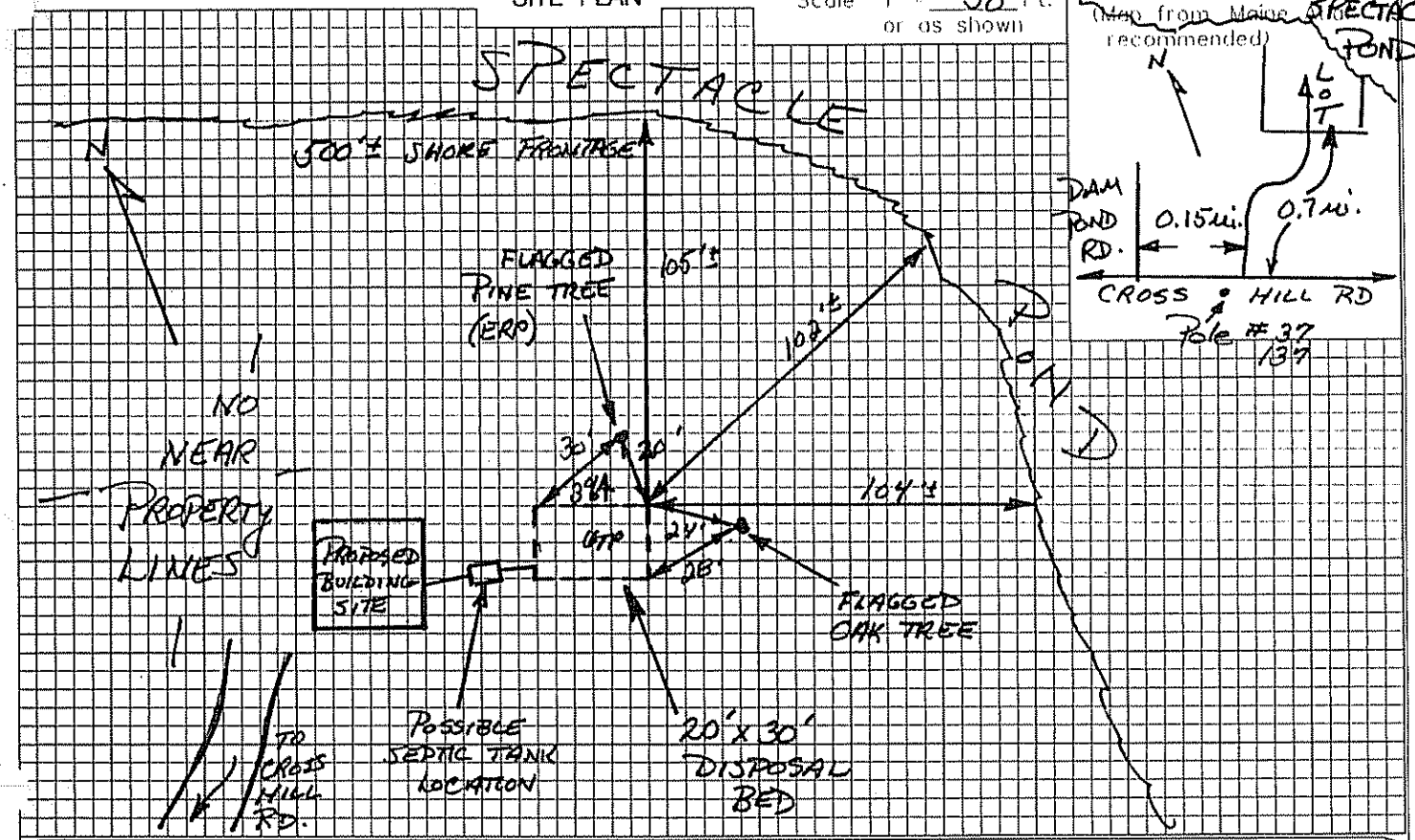
Town, City, Plantation: AUGUSTA

Street, Road Subdivision: OFF CROSS HILL RD. SPECTACLE POND

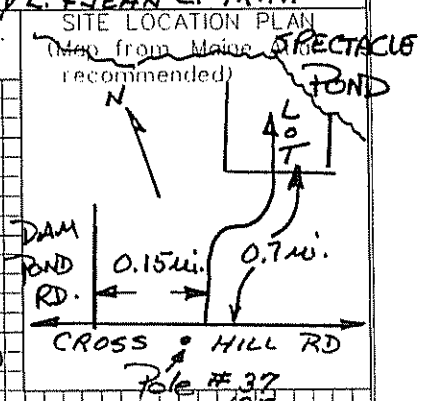
Owner's Name: STANLEY L. + JEAN C. PRATT

SITE PLAN

Scale 1" = 50 Ft. or as shown



SITE LOCATION PLAN (Map from Maine 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
0–10			BROWN / ORANGE BROWN	
10–20	SANDY	FRIABLE	YELLOW BROWN	
20–30	LOAM			
30–50		FIRM	OLIVE BROWN	COMMON DISTINCT

Soil Classification		Slope	Limiting Factor	
3 Profile	C Condition	3 %	25"	☒ 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
0–50				

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

Site Evaluator Signature: [signature] SE # 168 Date: 5-6-98

HHE-200 Rev. 7/97

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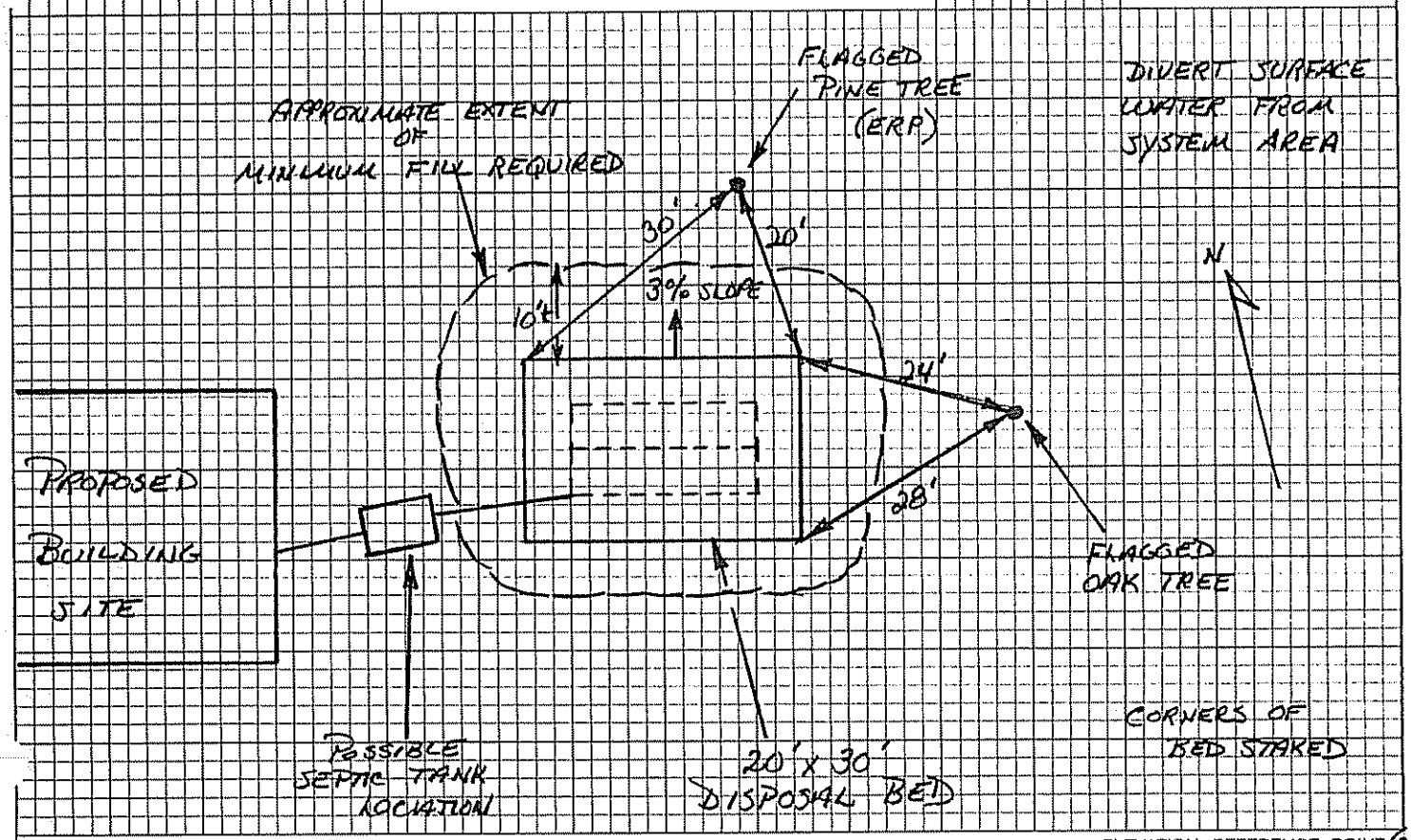
AUGUSTA	OFF CROSS HILL RD. SPECTACLE POND	STANLEY L. + JEAN C. PRATT

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT (ERP)
Depth of Fill (Upslope)	11"	Finished Grade Elevation - ERP IS AT →	0	Location & Description FLAGGED NAIL IN FLAGGED PINE TREE 75" ABOVE EXISTING GRADE AT TREE
Depth of Fill (Downslope)	18"±	Top of Distribution Pipe ~~or Proprietary Device~~	-51"	
		Bottom of Disposal Area	-62"	Reference Elevation

DISPOSAL AREA CROSS SECTION

SCALE:
VERTICAL: 1" =
HORIZONTAL: 1" =
N/A

(SEE ATTACHED BED DIAGRAM)

John W. Fell
Site Evaluator Signature

168
SE #

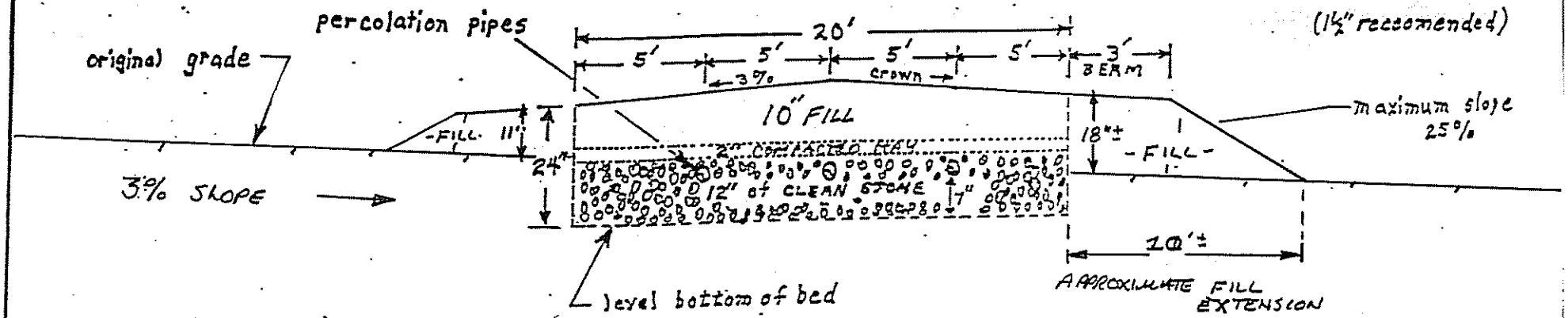
5-6-98
Date

HHE-200 Rev. 7-97

SEWAGE DISPOSAL BED DETAILS

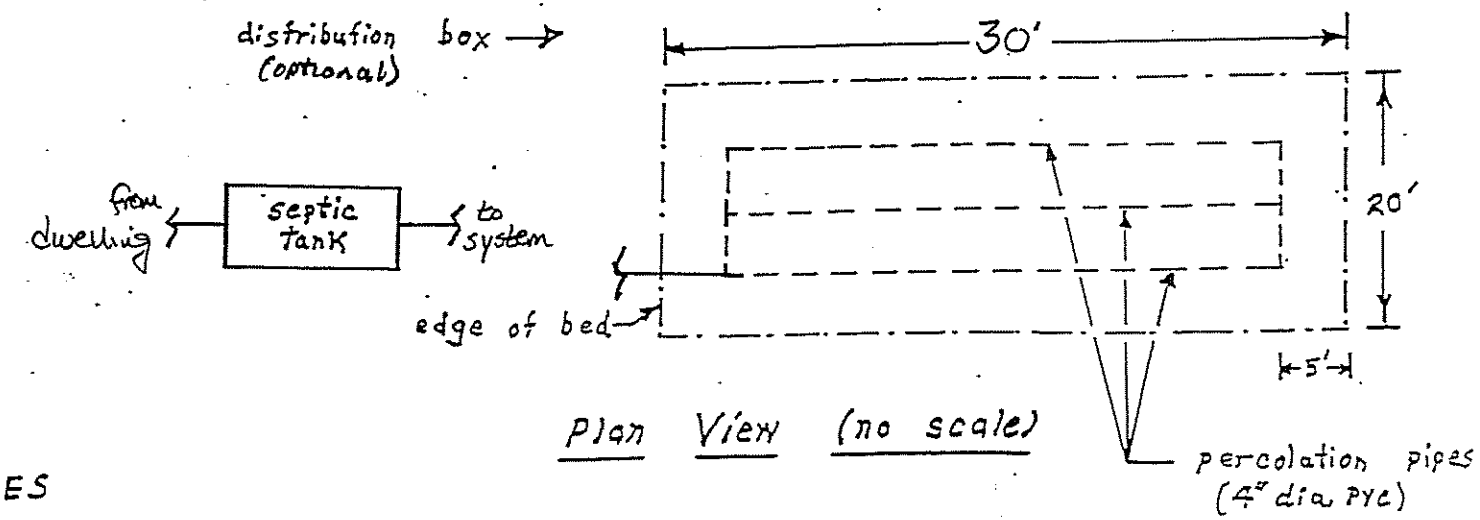
4" Loam + mulch to cover.

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



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

Bed Cross Section (no scale)



Plan View (no scale)

NOTES

1.) 11 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: JAN. 1, 1998) for further details regarding installation procedures. (MAINE SUBSURFACE WASTE WATER DISPOSAL RULES)

FORT STANLEY L. + JEANNE PRATT

DATE: 5-6-98

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

6/98