

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept Health & Human Services
Div. of Environmental Health, 11SHS
(207)287-5672 FAX (207)287-3165

PROPERTY LOCATION

City, Town, or Plantation: **AUGUSTA**

Street or Road: **460 CROSS HILL ROAD**

Subdivision, Lot #:

OWNER/APPLICANT INFORMATION

Name (last, first, MI): **SHERWOOD, CAMDEN** Owner Applicant

Mailing Address of Owner/Applicant: **460 CROSS HILL ROAD**
AUGUSTA, ME 04330

Daytime Tel. #: **207/622-3223**

>> CAUTION: LPI APPROVAL REQUIRED << **PFE**

Town/City: _____ Permit #: _____

Date Permit Issued: ___/___/___ Fee \$: _____ Double Fee Charged ()

Local Plumbing Inspector Signature: _____ L.P.I. #: _____

AUGUSTA Date Permit Issued: **8/12/11** PERMIT # **6599** TOWN COPY **15.00** \$ **150.00** Double Fee Charged **850**

Local Plumbing Inspector Signature: *Mary R. Yulla* L.P.I. # **850**

Municipal Tax Map # **4** Lot # **67**

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] **9/12/11**
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: _____ (1st) Date Approved: _____
(2nd) Date Approved: _____

PERMIT INFORMATION

<p>TYPE OF APPLICATION</p> <p><input type="checkbox"/> 1. First Time System</p> <p><input checked="" type="checkbox"/> 2. Replacement System Type replaced TRENCH Year installed 1960'S</p> <p><input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. <25% Expansion <input type="checkbox"/> b. >25% Expansion</p> <p><input type="checkbox"/> 4. Experimental System</p> <p><input type="checkbox"/> 5. Seasonal Conversion</p>	<p>THIS APPLICATION REQUIRES</p> <p><input checked="" type="checkbox"/> 1. No Rule Variance</p> <p><input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector approval <input type="checkbox"/> b. State & Local Plumbing Inspector approval</p> <p><input type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector approval <input type="checkbox"/> b. State & Local Plumbing Inspector approval</p> <p><input type="checkbox"/> 4. Minimum Lot Size Variance</p> <p><input type="checkbox"/> 5. Seasonal Conversion Permit</p>	<p>DISPOSAL SYSTEM COMPONENTS</p> <p><input type="checkbox"/> 1. Complete Non-engineered System</p> <p><input type="checkbox"/> 2. Primitive System (graywater & alt. toilet)</p> <p><input type="checkbox"/> 3. Alternative Toilet, specify _____</p> <p><input type="checkbox"/> 4. Non-Engineered Treatment Tank (only)</p> <p><input type="checkbox"/> 5. Holding Tank, _____ gallons</p> <p><input checked="" type="checkbox"/> 6. Non-engineered Disposal Field (only)</p> <p><input type="checkbox"/> 7. Separated Laundry System</p> <p><input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more)</p> <p><input type="checkbox"/> 9. Engineered Treatment Tank (only)</p> <p><input type="checkbox"/> 10. Engineered Disposal Field (only)</p> <p><input type="checkbox"/> 11. Pretreatment, specify: _____</p> <p><input type="checkbox"/> 12. Miscellaneous Components</p>
<p>SIZE OF PROPERTY</p> <p>3+ <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES</p>	<p>DISPOSAL SYSTEM TO SERVE:</p> <p><input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: 4</p> <p><input type="checkbox"/> 2. Multiple Family Dwelling Unit, No. of Units: _____</p> <p><input type="checkbox"/> 3. Other _____ (specify)</p> <p>Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped</p>	<p>TYPE OF WATER SUPPLY</p> <p><input checked="" type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private</p> <p><input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other</p>
<p>SHORELAND ZONING</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p><input checked="" type="checkbox"/> 1. Concrete <input type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile</p> <p><input type="checkbox"/> 2. Plastic</p> <p><input type="checkbox"/> 3. Other EXISTING</p> <p>CAPACITY 1000 GAL.</p>	<p>DISPOSAL FIELD TYPE & SIZE</p> <p><input checked="" type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench</p> <p><input type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear <input type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load</p> <p><input type="checkbox"/> 4. Other _____</p> <p>SIZE 1200 sq. ft. <input type="checkbox"/> lin. ft.</p>	<p>GARBAGE DISPOSAL UNIT</p> <p><input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe</p> <p>If Yes or Maybe, specify one below:</p> <p><input type="checkbox"/> a. multi-compartment tank</p> <p><input type="checkbox"/> b. _____ tanks in series</p> <p><input type="checkbox"/> c. increase in tank capacity</p> <p><input type="checkbox"/> d. Filter on Tank Outlet</p>	<p>DESIGN FLOW</p> <p>360 gallons per day</p> <p>BASED ON:</p> <p><input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s))</p> <p><input type="checkbox"/> 2. Table 4C (other facilities)</p> <p>SHOW CALCULATIONS for other facilities</p>
<p>SOIL DATA & DESIGN CLASS</p> <p>PROFILE CONDITION 3 / AIII / C</p> <p>at Observation Hole # TP-1 Depth 19" of Most Limiting Soil Factor</p>	<p>DISPOSAL FIELD SIZING</p> <p><input type="checkbox"/> 1. Medium - 2.6 sq. ft./gpd</p> <p><input checked="" type="checkbox"/> 2. Medium-Large - 3.3 sq. ft./gpd</p> <p><input type="checkbox"/> 3. Large - 4.1 sq. ft./gpd</p> <p><input type="checkbox"/> 4. Extra-Large - 5.0 sq. ft./gpd</p>	<p>EFFLUENT/EJECTOR PUMP</p> <p><input checked="" type="checkbox"/> 1. Not Required</p> <p><input type="checkbox"/> 2. May Be Required</p> <p><input type="checkbox"/> 3. Required</p> <p>Specify only for engineered systems</p> <p>DOSE _____ gallons</p>	<p><input type="checkbox"/> 3. Section 4G (meter readings)</p> <p>ATTACH WATER METER DATA</p> <p>LATITUDE AND LONGITUDE at center of disposal area</p> <p>Lat. 44 d 21 m 43 s</p> <p>Lon. 69 d 40 m 08 s</p> <p>if gps, state margin of error: 30 ft.</p>

SITE EVALUATOR'S STATEMENT

I certify that on **8/19/11** (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).

William P. Brown _____ **188** _____ **8/19/2011**
Site Evaluator Signature SE# Date

WILLIAM P. BROWN _____ **293-2110** _____
Site Evaluator Name Printed Telephone Number E-mail Address

SURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5672 FAX 207 287-4165

City, Plantation
AUGUSTA

Street, Road, Subdivision

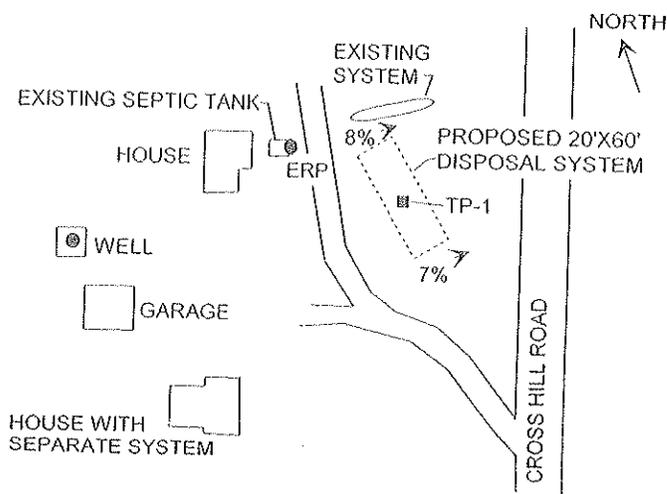
460 CROSS HILL ROAD

Owner or Applicant Name

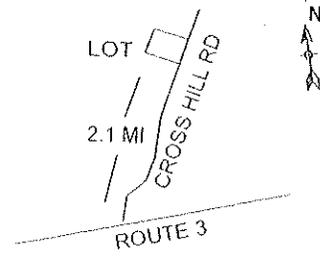
CAMDEN SHERWOOD

SITE PLAN

Scale 1" = 100 Ft.



SITE LOCATION PLAN (Attach map from Maine Atlas for First Time System Variance)



ERP TO TP-1 = 73'

THE EXISTING SEPTIC TANK WILL BE KEPT IN SERVICE. NEW SDR 35 PIPE WILL BE INSTALLED BETWEEN THE SEPTIC TANK AND THE NEW DISPOSAL SYSTEM. THE NEW LINE WILL BE SLEEVED AND INSULATED UNDER THE DRIVEWAY.

THE NEW DISPOSAL SYSTEM WILL BE LOCATED OVER 100 FEET FROM THE OWNER'S WELL.

THIS SYSTEM IS DESIGNED TO HANDLE THE WASTEWATER FLOW FROM A 4 BEDROOM HOUSE. CURRENTLY, A SEPARATE PERMITTED DISPOSAL SYSTEM SERVES A PORTION OF THE WASTEWATER FLOW INCLUDING A SINK AND WASHING MACHINE. IF THE SYSTEM SERVING THESE FIXTURES MALFUNCTIONS IN THE FUTURE, THEY CAN BE PLUMBED IN TO THE PROPOSED SYSTEM.

SOIL PROFILE DESCRIPTION AND CLASSIFICATION

Observation Hole # TP-1 Test Pit Boring

0 " Depth of organic horizon above mineral soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	SANDY LOAM	FRIABLE	BROWN	
10			YELLOW BROWN	NONE
20	REFUSAL	FIRM	OLIVE BROWN	COMMON
30				
40				
50				

Soil Profile	Classification	Slope	Limiting Factor	<input type="checkbox"/> Groundwater <input type="checkbox"/> Restrictive Layer <input checked="" type="checkbox"/> Bedrock
3	AIII / C	7-8 %	19 "	
	Condition	Percent	Depth	

(Location of Observation Holes Shown Above)

Observation Hole # _____ Test Pit Boring

_____ " Depth of organic horizon above mineral soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0				
10				
20				
30				
40				
50				

Soil Profile	Classification	Slope	Limiting Factor	<input type="checkbox"/> Groundwater <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
		Percent	Depth	

WILLIAM P BROWN
Site Evaluator Signature

188
SE #

8/19/2011
Date

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Maine Department of Human Services
Division of Health Engineering, Station 10

Town, City, Plantation

AUGUSTA

Street, Road, Subdivision

460 CROSS HILL ROAD

Owner of Applicant Name

CAMDEN SHERWOOD

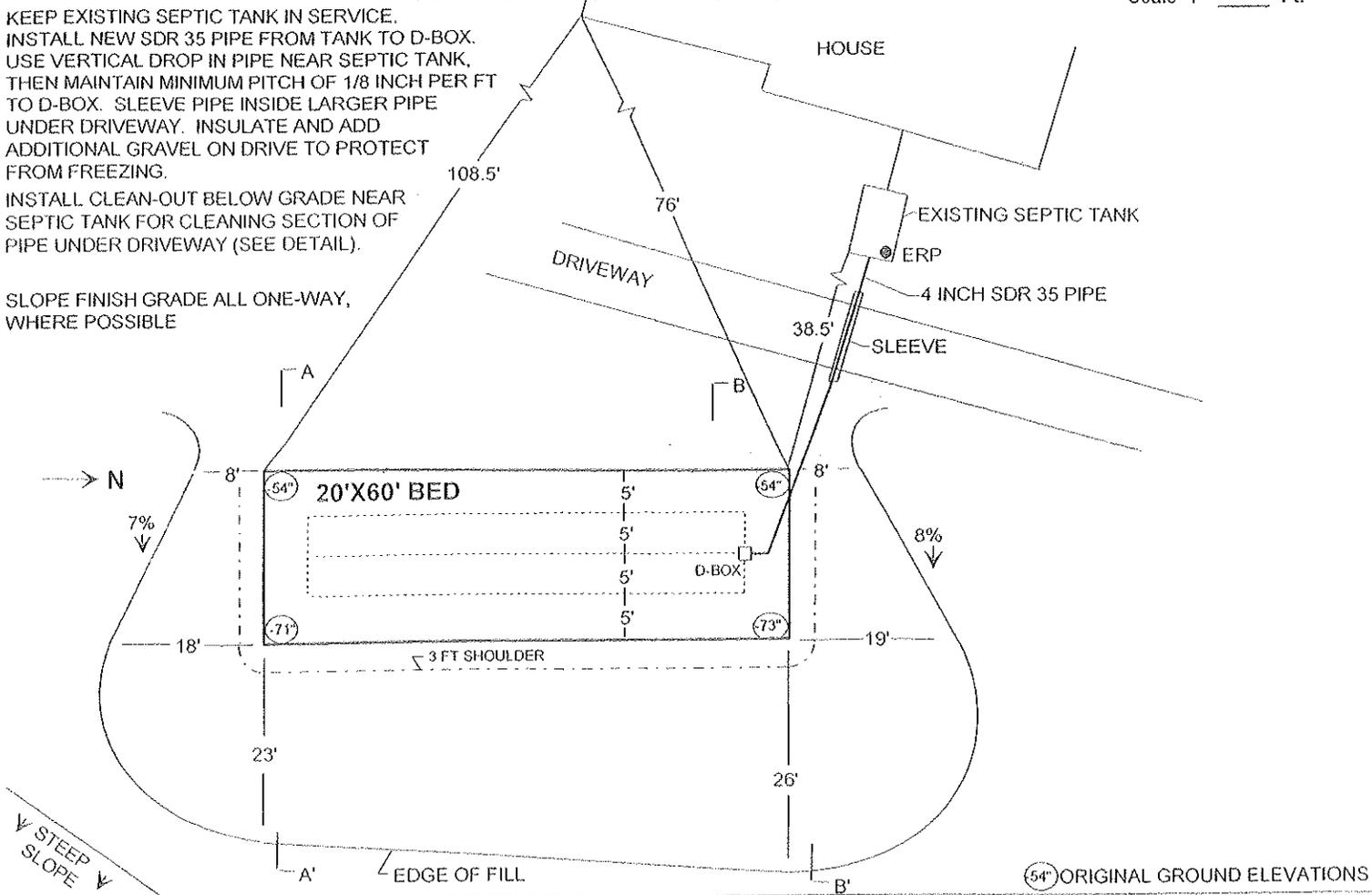
SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.

KEEP EXISTING SEPTIC TANK IN SERVICE.
INSTALL NEW SDR 35 PIPE FROM TANK TO D-BOX.
USE VERTICAL DROP IN PIPE NEAR SEPTIC TANK,
THEN MAINTAIN MINIMUM PITCH OF 1/8 INCH PER FT
TO D-BOX. SLEEVE PIPE INSIDE LARGER PIPE
UNDER DRIVEWAY. INSULATE AND ADD
ADDITIONAL GRAVEL ON DRIVE TO PROTECT
FROM FREEZING.

INSTALL CLEAN-OUT BELOW GRADE NEAR
SEPTIC TANK FOR CLEANING SECTION OF
PIPE UNDER DRIVEWAY (SEE DETAIL).

SLOPE FINISH GRADE ALL ONE-WAY,
WHERE POSSIBLE



BACKFILL REQUIREMENTS

Depth of Fill (Upslope)	29"
Depth of Fill (Downslope)	46-48"
DEPTHS AT CROSS-SECTION (shown below)	

CONSTRUCTION ELEVATIONS

Finished Grade Elevation	-25"
Top of Distribution Pipe or Proprietary device	-38"
Bottom of Disposal Area	-49"

ELEVATION REFERENCE POINT

Location and Description:

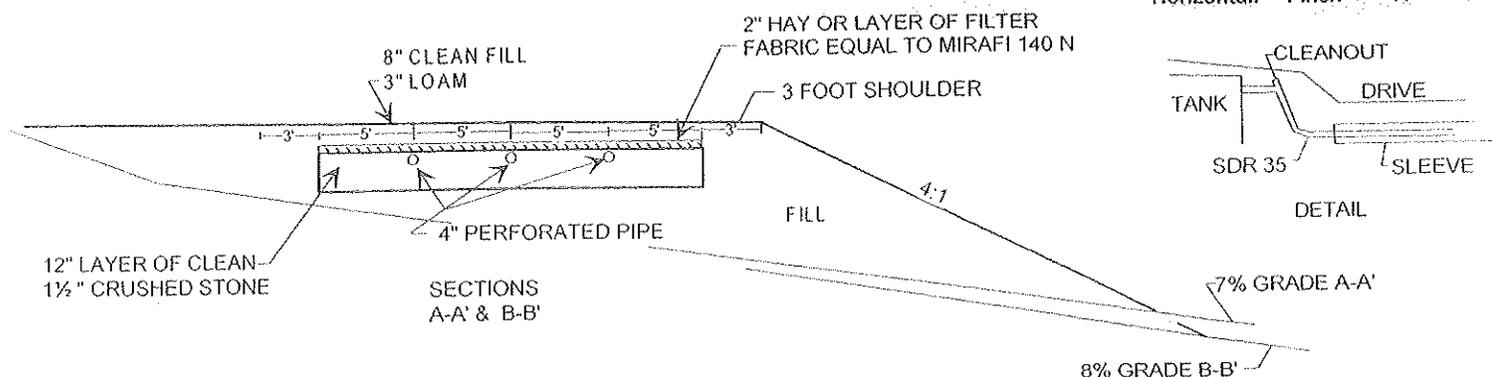
TOP OF EXISTING SEPTIC TANK

Reference Elevation is: 00.0'

DISPOSAL AREA CROSS SECTION

Scale:

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



REMOVE VEGETATION IN DISPOSAL AREA
SCARIFY DISPOSAL SYSTEM AREA AND ENTIRE FILL EXTENSION
MIX 4 INCHES OF FILL MATERIAL THOROUGHLY WITH EXISTING SOIL TO FORM
A TRANSITION ZONE (ACCORDING TO CHAPTER 8, PLUMBING CODE)
ALL FILL SHALL BE GRAVELLY COARSE SAND
SLOPE FINISH GRADE ALL ONE WAY
LOAM, SEED, MULCH DISTURBED AREAS

WILLIAM P BROWN
Site Evaluator Signature

188
SE #

8/19/2011
Date

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