

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY LOCATION

>> CAUTION: PERMIT REQUIRED -- ATTACH IN SPACE BELOW <<

City, Town, or Plantation: **AUGUSTA**
Street or Road: **450 CROSS HILL ROAD**
Subdivision, Lot #:

OWNER/APPLICANT INFORMATION

Name (last, first, MI): **QUIMBY, PETER** Owner Applicant
Mailing Address of Owner/Applicant: **450 CROSS HILL ROAD**
AUGUSTA, ME 04330
Daytime Tel. #: **622-4495**

AUGUSTA PERMIT # **6570 TOWN COPY** ^{15.00}
Date Permit Issued: **6/24/11** \$ **2150.00** FEE Double Fee Charged
Local Plumbing Inspector Signature: *[Signature]* L.P.I. # **850**

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/Applicant: *[Signature]* 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: *[Signature]* Date Approved: **8/15/11**
2nd Date Approved: _____

PERMIT INFORMATION

TYPE OF APPLICATION

1. First Time System
 2. Replacement System
Type replaced: **TRENCH**
Year installed: **UNKNOWN**
 3. Expanded System
 a. <25% Expansion
 b. >25% 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 Permit

DISPOSAL SYSTEM TO SERVE:

1. Single Family Dwelling Unit, No. of Bedrooms: **3**
 2. Multiple Family Dwelling Unit, No. of Units: _____
 3. Other _____ (specify)
Current Use Seasonal Year Round Undeveloped

TYPE OF WATER SUPPLY

1. Drilled Well 2. Dug Well 3. Private
 4. Public 5. Other

DISPOSAL SYSTEM COMPONENTS

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. Pretreatment, specify: _____
 12. Miscellaneous Components

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<h4>TREATMENT TANK</h4> <p><input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other _____ CAPACITY: 1000 GAL.</p>	<h4>DISPOSAL FIELD TYPE & SIZE</h4> <p><input checked="" type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <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 <input type="checkbox"/> 4. Other _____ SIZE: 900 sq. ft. <input type="checkbox"/> lin. ft.</p>	<h4>GARBAGE DISPOSAL UNIT</h4> <p><input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> a. multi-compartment tank <input type="checkbox"/> b. _____ tanks in series <input type="checkbox"/> c. increase in tank capacity <input type="checkbox"/> d. Filter on Tank Outlet</p>	<h4>DESIGN FLOW</h4> <p>270 gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities</p>
<h4>SOIL DATA & DESIGN CLASS</h4> <p>PROFILE CONDITION: 3 / C at Observation Hole # TP-1 Depth: 17" of Most Limiting Soil Factor</p>	<h4>DISPOSAL FIELD SIZING</h4> <p><input type="checkbox"/> 1. Medium - 2.6 sq. ft./gpd <input checked="" type="checkbox"/> 2. Medium-Large - 3.3 sq. ft./gpd <input type="checkbox"/> 3. Large - 4.1 sq. ft./gpd <input type="checkbox"/> 4. Extra-Large - 5.0 sq. ft./gpd</p>	<h4>EFFLUENT/EJECTOR PUMP</h4> <p><input checked="" type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May Be Required <input type="checkbox"/> 3. Required Specify only for engineered systems DOSE: _____ gallons</p>	<input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA LATITUDE AND LONGITUDE at center of disposal area Lat. 44 d 21 m 41 s Lon. 69 d 40 m 09 s if gps, state margin of error: 30 ft.

SITE EVALUATOR'S STATEMENT

I certify that on **5/25/11** (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).

[Signature]
Site Evaluator Signature

188
SE#

5/26/2011
Date

WILLIAM P BROWN
Site Evaluator Name Printed

293-2110
Telephone Number

E-mail Address

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.

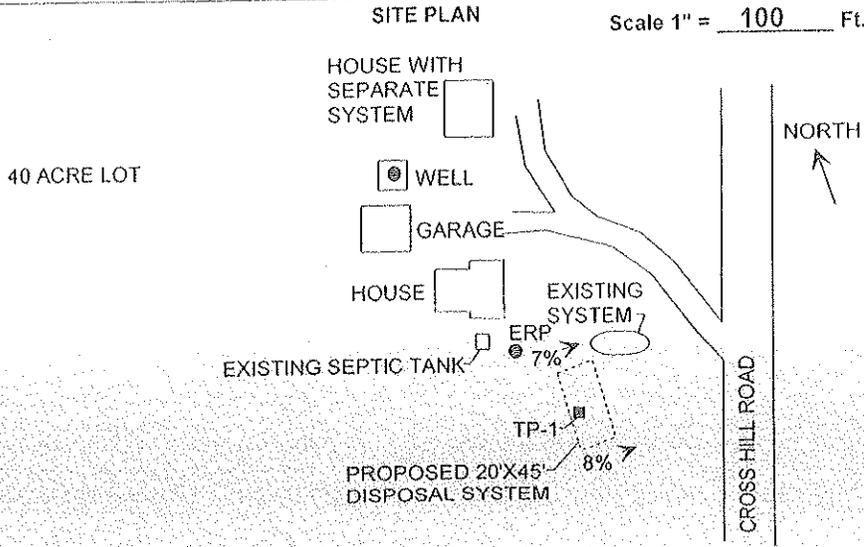
SURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

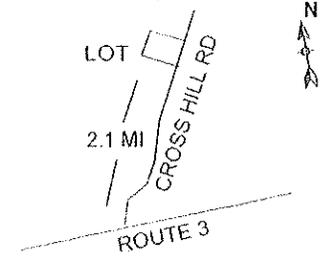
City, Plantation
AUGUSTA

Street, Road, Subdivision
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Owner or Applicant Name
PETER QUIMBY



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



ERP TO TP-1 = 64'

THE EXISTING SEPTIC TANK WILL BE PUMPED OUT AND BACKFILLED IN PLACE. A NEW 1000 GALLON SEPTIC TANK WILL BE INSTALLED AT LEAST 8 FEET FROM THE HOUSE AND AT LEAST 100 FT FROM THE WELL. THE INTERNAL PLUMBING WILL BE RAISED TO MAINTAIN GRAVITY FLOW.

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

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 COMMON
20	↓	FIRM	OLIVE BROWN	
30				
40				
50				

Soil Profile	Classification	Slope	Limiting Factor	<input checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
3	C	7-8 %	17"	
Profile	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
		%	"	
	Condition	Percent	Depth	

WILLIAM P BROWN *William P Brown*
Site Evaluator Signature

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5/26/2011
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Division of Health Engineering, Station 10

City, Plantation

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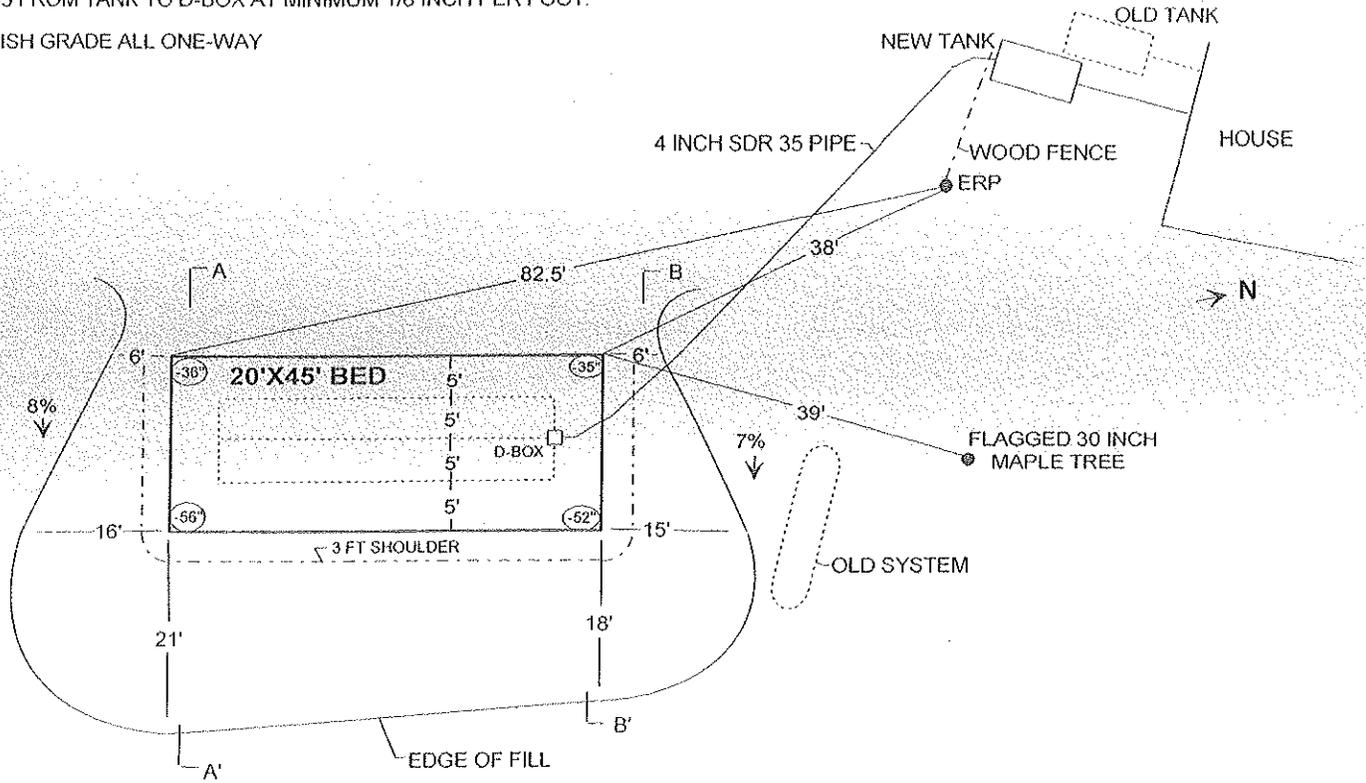
PETER QUIMBY

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.

PUMP OUT EXISTING TANK AND BACKFILL IN PLACE. INSTALL NEW 1000 GALLON SEPTIC TANK AT LEAST 8 FEET FROM BUILDING. DISCUSS WITH HOME OWNER EXACT LOCATION OF NEW TANK. PROVIDE RISERS OVER ALL TANK OPENINGS TO WITHIN 6 INCHES OF GRADE. CORE NEW HOLE IN FOUNDATION AND RAISE INTERNAL PLUMBING TO PROVIDE GRAVITY FLOW TO NEW DISPOSAL SYSTEM. USE SCHEDULE 40 PVC FROM HOUSE TO SEPTIC TANK AT 1/4 INCH PER FOOT. USE SDR 35 FROM TANK TO D-BOX AT MINIMUM 1/8 INCH PER FOOT.

SLOPE FINISH GRADE ALL ONE-WAY



(-36") ORIGINAL GROUND ELEVATIONS

BACKFILL REQUIREMENTS

Depth of Fill (Upslope) **19-20"**
 Depth of Fill (Downslope) **36-40"**
 DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

Finished Grade Elevation **-16"**
 Top of Distribution Pipe or Proprietary device **-29"**
 Bottom of Disposal Area **-40"**

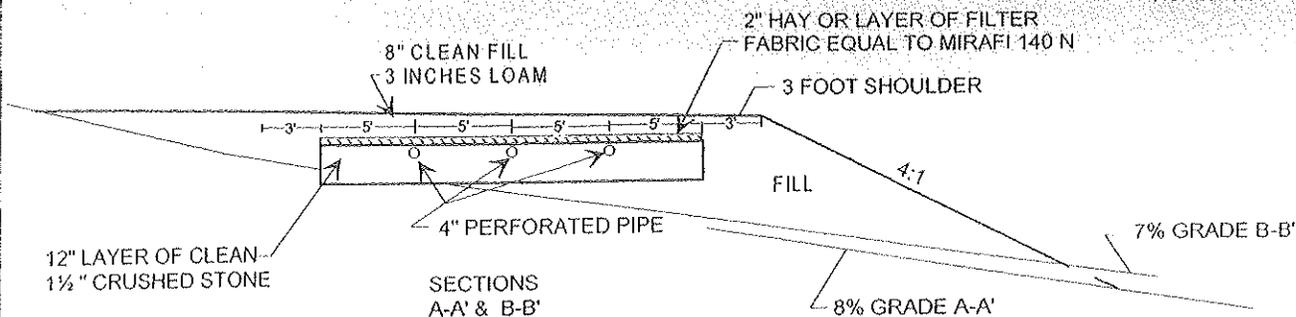
ELEVATION REFERENCE POINT

Location and Description:
FLAGGED NAIL IN CORNER FENCE POST, 2 FEET ABOVE GROUND
 Reference Elevation is: 00.0"

DISPOSAL AREA CROSS SECTION

Scale:

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



REMOVE VEGETATION
 SCARIFY DISPOSAL AREA AND FILL EXTENSION AREA
 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 (AS SHOWN)
 LOAM, SEED, MULCH DISTURBED AREAS

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Site Evaluator Signature

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SE #

5/26/2011

Date