SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Division of Health Engineering, 10 SHS
(207) 287-5672 Fax: (207) 287-3165

PROPERTY LOCATION

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

City, Town, or Plantation	AUGUSTA
Street or Road	32 Alligator Way CROSS HILL RD.
Subdivision, Lot #	

AUGUSTA
Date Permit Issued: 9/21/07
Local Plumbing Inspector Signature
PERMIT # 6056 TOWN COPY
$ 100.00 ☐ If Double Fee Charged
L.P.I. # 1800

OWNER/APPLICANT INFORMATION

Name (last, first, MI)	CORLISS, STEPHANIE ☑ Owner ☑ Applicant
Mailing Address of Owner/Applicant	492 CROSS HILL RD. AUGUSTA, ME. 04330
Daytime Tel. #	

Municipal Tax Map # 4 Lot # 69

OWNER OR APPLICANT STATEMENT
I state and acknowledge 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 — Date 08.20.07

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 10/22/07 — (2nd) date approved 10/23/07

PERMIT INFORMATION

TYPE OF APPLICATION
- ☑ 1. First Time System
- ☐ 2. Replacement System
  - Type replaced: _____
  - Year 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 Permit

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. Pre-treatment, specify: _____
- ☐ 12. Miscellaneous Components

SIZE OF PROPERTY
2+ ☐ SQ. FT. ☑ ACRES

SHORELAND ZONING
☐ Yes ☑ No

DISPOSAL SYSTEM TO SERVE
- ☑ 1. Single Family Dwelling Unit, No. of Bedrooms: 4
- ☐ 2. Multiple Family Dwelling, 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

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK
- ☑ 1. Concrete
  - ☑ a. Regular
  - ☐ b. Low Profile
- ☐ 2. Plastic
- ☐ 3. Other: _____

CAPACITY: 4,000 GAL.

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: 4,200 ☑ sq. ft. ☐ lin. ft.

GARBAGE DISPOSAL UNIT
☑ 1. No ☐ 2. Yes ☐ 3. Maybe
If Yes or Maybe, specify one below:
- ☐ a. multi-compartment tank
- ☐ b. ___ tanks in series
- ☐ c. increase in tank capacity
- ☐ d. Filter on Tank Outlet

DESIGN FLOW
360 gallons per day
BASED ON:
- ☑ 1. Table 501.1 (dwelling unit(s))
- ☐ 2. Table 501.2 (other facilities)
  SHOW CALCULATIONS for other facilites
- ☐ 3. Section 503.0 (meter readings)
  ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS

PROFILE	CONDITION	DESIGN
3	C	1

at Observation Hole # 1
Depth 18"
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

EFFLUENT/EJECTOR PUMP
- ☑ 1. Not Required
- ☐ 2. May Be Required
- ☐ 3. Required

Specify only for engineered systems:
DOSE: _____ gallons

LATITUDE AND LONGITUDE
at center of disposal area
Lat. 44 d 21 m 896 s
Lon. 69 d 40 m 254 s
If g.p.s, state margin of error: 23'

SITE EVALUATOR STATEMENT

I certify that on 7/20/07 (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	256 SE #	7/22/07 Date
JOHN PHILBRICK Site Evaluator Name Printed	547-3732 Telephone Number	E-mail Address

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

01040604

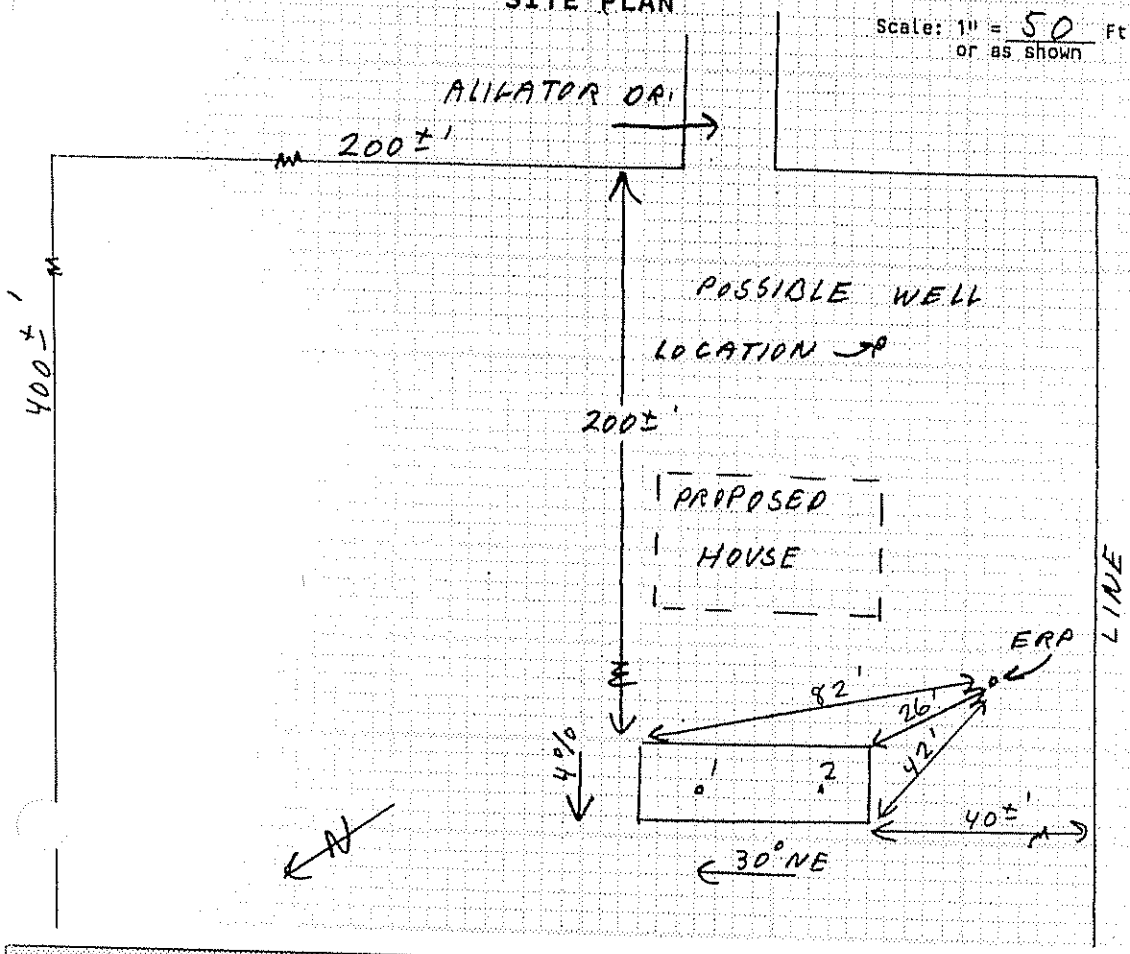
Town, City, Plantation: AUGUSTA

Street, Road, Subdivision: CROSS HILL RD.

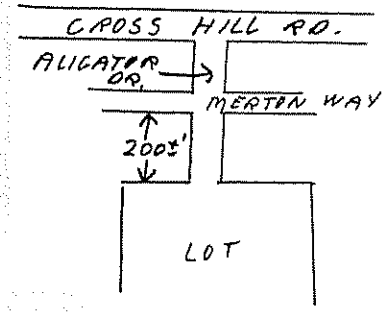
Owner's Name: STEPHANIE CORLISS

SITE PLAN

Scale: 1" = 50 Ft. or as shown



SITE LOCATION PLAN
(Attach Map from Maine Atlas for New System Variance)



20'×60' BED
FLAGS MARK CORNERS

SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole 1 — ☑ Test Pit ☐ Boring

0" Depth of Organic Horizon Above Mineral Soil

Inches (Depth Below Mineral Surface)	Texture	Consistency	Color	Mottling
0–6	SANDY LOAM	FRIABLE	D-BR.	NONE
6–10	LOAMY SAND	↓	YELLOW BR.	↓
10–15	↓	↓	↓	↓
15–20	↓	FIRM	GRAY	COMMON
20–30	↓	↓	↓	DISTINCT
30–40	↓	↓	↓	↓
40–50				

Soil Profile: 3 — Classification Condition: C — Slope: 4 % — Limiting Factor: 18 — ☑ Ground Water ☑ Restr. Layer ☐ Bedrock

Observation Hole 2 — ☑ Test Pit ☐ Boring

0" Depth of Organic Horizon Above Mineral Soil

Inches (Depth Below Mineral Surface)	Texture	Consistency	Color	Mottling
0–6				
6–10				
10–15				
15–20		SAME AS #1		
20–30				
30–40				
40–50				

Soil Profile: 3 — Classification Condition: C — Slope: 4 % — Limiting Factor: 18 — ☑ Ground Water ☑ Restr. Layer ☐ Bedrock

Site Evaluator Signature

256
SE#

7/22/07
Date

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

05067453

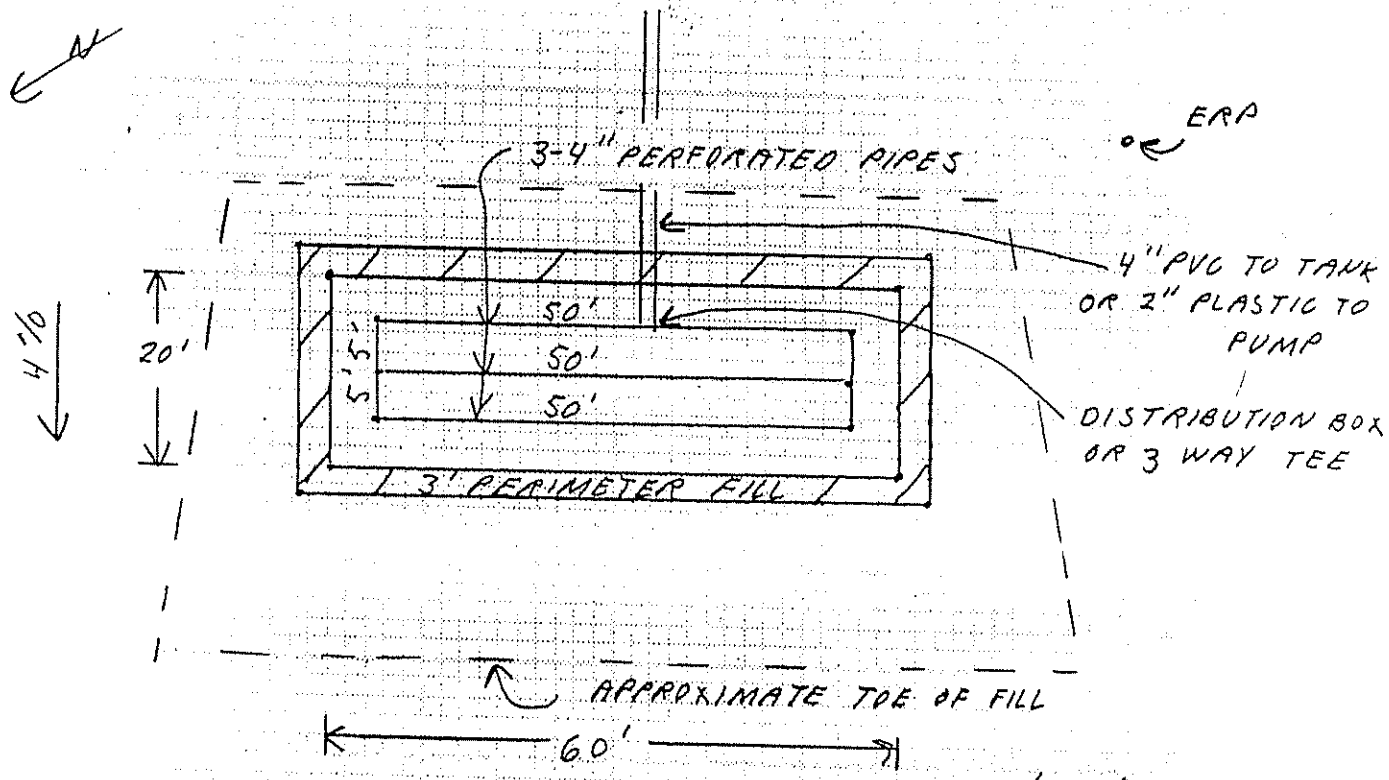
Town, City, Plantation: AUGUSTA

Street, Road, Subdivision: CROSS HILL RD.

Owner's Name: STEPHANIE CORLISS

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 Ft. or as shown



20'x60' BED
FLAGS MARK CORNERS

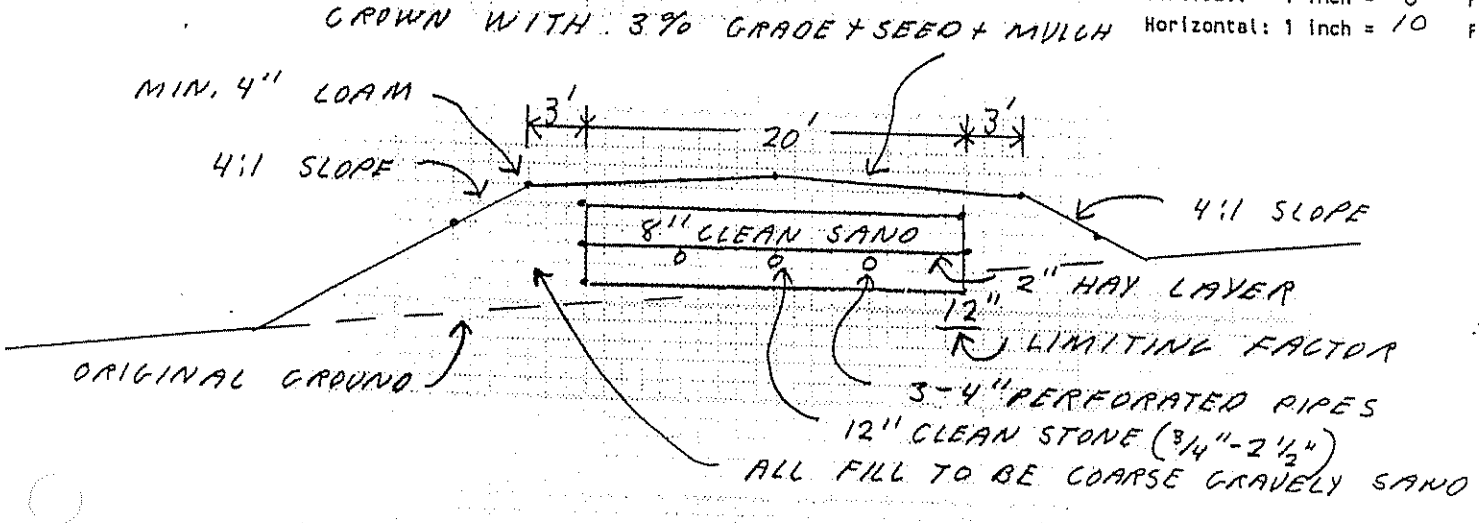
FILL REQUIREMENTS
Depth of Fill (Upslope) 18"
Depth of Fill (Downslope) 27"

CONSTRUCTION ELEVATION
Reference Elevation is 0"
Bottom of Disposal Area -67"
Top of Distribution Lines or Chambers -56"

ELEVATION REFERENCE POINT
ERP IS IN 6" G. BIRCH, 26' SOUTH OF SYSTEM, 30" ABOVE GROUND

DISPOSAL AREA CROSS SECTION

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



Site Evaluator Signature

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