FORMS

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of 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: INGRAHAM MOUNTAIN ROAD

Subdivision, Lot #:

AUGUSTA PERMIT # 5483 TOWN COPY

Date Permit Issued: 2/7/05 $ 129.94 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature

L.P.I. #

OWNER/APPLICANT INFORMATION

Name (last, first, MI): HARIE, BRENDA & ROY D. JONES ☒ Owners ☐ Applicant

Mailing Address of Owner/Applicant: 7607 ANTIONETTE DRIVE
RICHMOND, VA. 23227

Daytime Tel. #: 804 266 9580

Municipal Tax Map # 4 Lot # 95D

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

CAUTION: INSPECTION REQUIRED

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. 6/6/05 (1st) date approved

Local Plumbing Inspector Signature (2nd) date approved

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

2.78± ☐ SQ. FT. ☒ ACRES

SHORELAND ZONING

☒ Yes ☐ No

DISPOSAL SYSTEM TO SERVE

☒ 1. Single Family Dwelling Unit, No. of Bedrooms: 2
☐ 2. Multiple Family Dwelling, No. of Units: _____
☐ 3. Other: _____ (specify)

Current Use ☐ Seasonal ☒ Year Round ☐ Undeveloped

PROPOSED 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
OR ☒ b. Low Profile
☐ 2. Plastic
☐ 3. Other: _____
CAPACITY: 1000 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: 594 ☒ 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

180 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 # TP1
Depth 26"
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

SITE EVALUATOR STATEMENT

I certify that on 11/17/04 (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 | SE # 168 | Date 11/22/04

JOHN W LORD JR | Site Evaluator Name Printed

207 445 3402 | Telephone Number

E-mail Address

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

DESIGN SUBJECT TO LOCAL, STATE & FEDERAL ORDINANCES.

pg 1 of 4

HHE-200 Rev. 8/01

Pd. ck# 114 $100.00

FORMS

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

AUGUSTA PERMIT # 5463 APPLICANT COPY

Date Permit Issued: 2/7/05 FEE ☐ Double Fee Charged

L.P.I. # 1784

Local Plumbing Inspector Signature

THE WORK DESCRIBED IN THIS APPLICATION IS HEREBY AUTHORIZED TO BE INSTALLED IN ACCORDANCE WITH THE RULES. THIS PERMIT EXPIRES AFTER TWO YEARS FROM DATE ISSUED UNLESS WORK HAS COMMENCED.

Municipal Tax Map # 46 Lot # 5550

CAUTION: INSPECTION REQUIRED

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. (1st) date approved

Local Plumbing Inspector Signature (2nd) date approved

PROPERTY LOCATION

City, Town, or Plantation	AUGUSTA
Street or Road	INGRAHAM MOUNTAIN ROAD
Subdivision, Lot #	

OWNER/APPLICANT INFORMATION

Name (last, first, MI): MARIE, BRENDA & ROY D. JONES ☒ Owner ☐ Applicant

Mailing Address of Owner/Applicant	7607 ANTIONETTE DRIVE RICHMOND, VA. 23227
Daytime Tel. #	804 266 9580

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 or Local Plumbing Inspector to deny a permit.

Brenda Marie Jones Roy D. Jones 2/9/05
Signature of Owner or Applicant Title

PERMIT INFORMATION

TYPE OF INSTALLATION

☒ 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

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DESIGN FLOW

180 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	C	2

at Observation Hole # TP2
Depth 36"
☒ Most Limiting Soil Factor

DISPOSAL FIELD SIZING

☐ 1. Small—2.0 sq. ft. / gpd
☐ 2. Medium—2.6 sq. ft. / gpd
☒ 3. Medium—Large 3.0 sq. ft. / gpd
☐ 4. Large—4.1 sq. ft. / gpd
☐ 5. Extra Large—5.0 sq. ft. / gpd

EFFLUENT EJECTOR PUMP

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Site Evaluator Signature	168 SE #	11/22/04 Date
JOHN W. LORD JR Site Evaluator Name Printed	207 445 3402 Telephone Number	E-mail Address

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.
DESIGN SUBJECT TO LOCAL, STATE & FEDERAL ORDINANCES.

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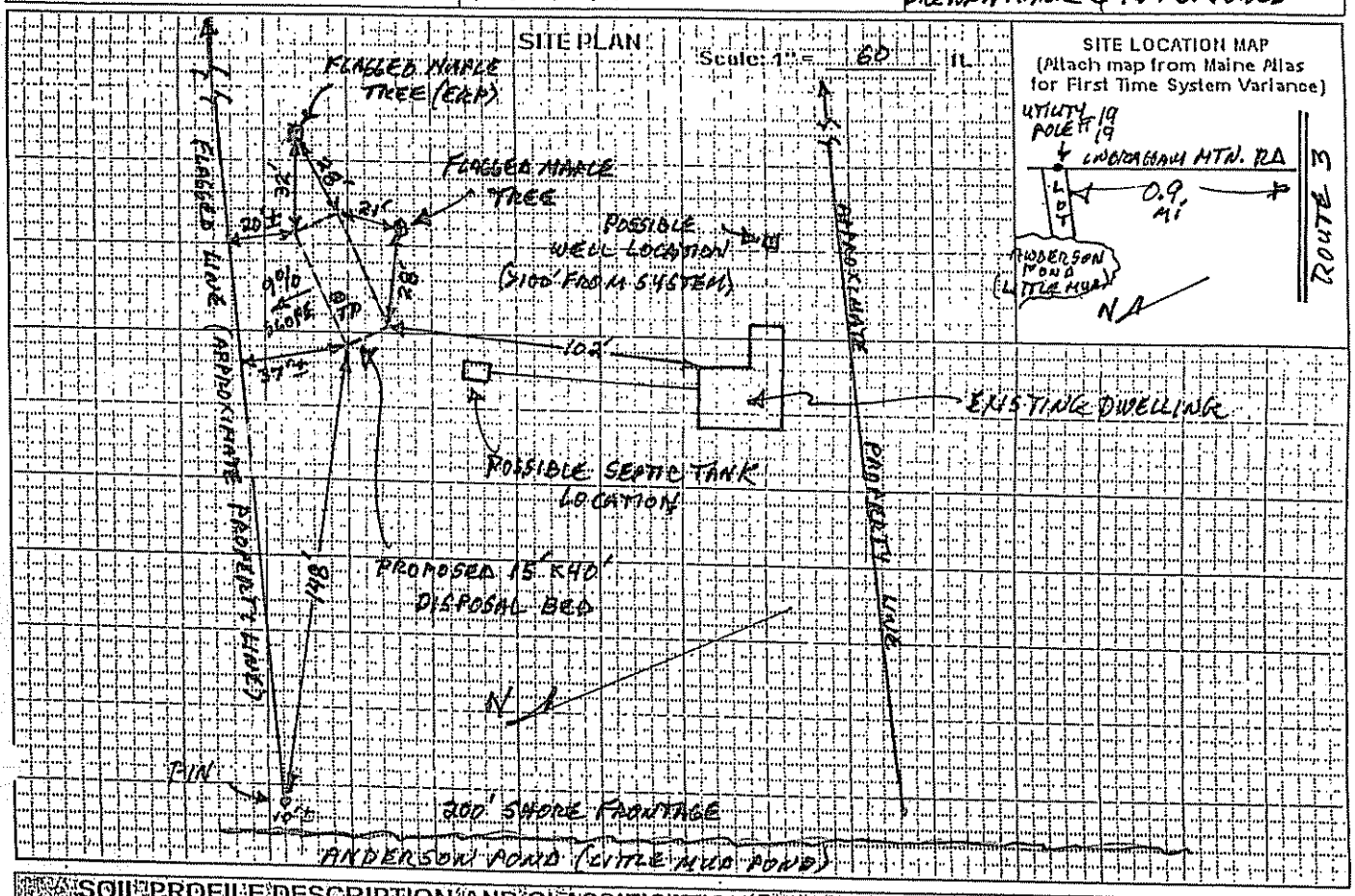
Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation	Street, Road, Subdivision	Owner or Applicant Name
AUGUSTA	INGRAHAM MOUNTAIN ROAD	BRENDA MARIE & ROY D. JONES



SOIL PROFILE DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

Observation Hole # TP1 ☒ Test Pit ☐ Boring

ONE" Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–6			BROWN	
6–12			ORANGE	
12–18	SANDY	FRIABLE	BROWN YELLOW	
18–24			BROWN	
24–30	LOAM			
30–36		FIRM	OLIVE	COMMON
36–42			BROWN	DISTINCT
42–48				

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	
3	C	9	26	☒ Groundwater ☒ Restrictive Layer ☐ Bedrock

Observation Hole # _____ ☐ Test Pit ☐ Boring

_____" Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–6				
6–12				
12–18				
18–24				
24–30				
30–36				
36–42				
42–48				

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	
				☐ Groundwater ☐ Restrictive Layer ☐ Bedrock

Site Evaluator Signature _____ SE # 168 Date 11/22/04

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Division of Health Engineering, Station 10
(207) 287-5672 Fax: (207) 287-3165

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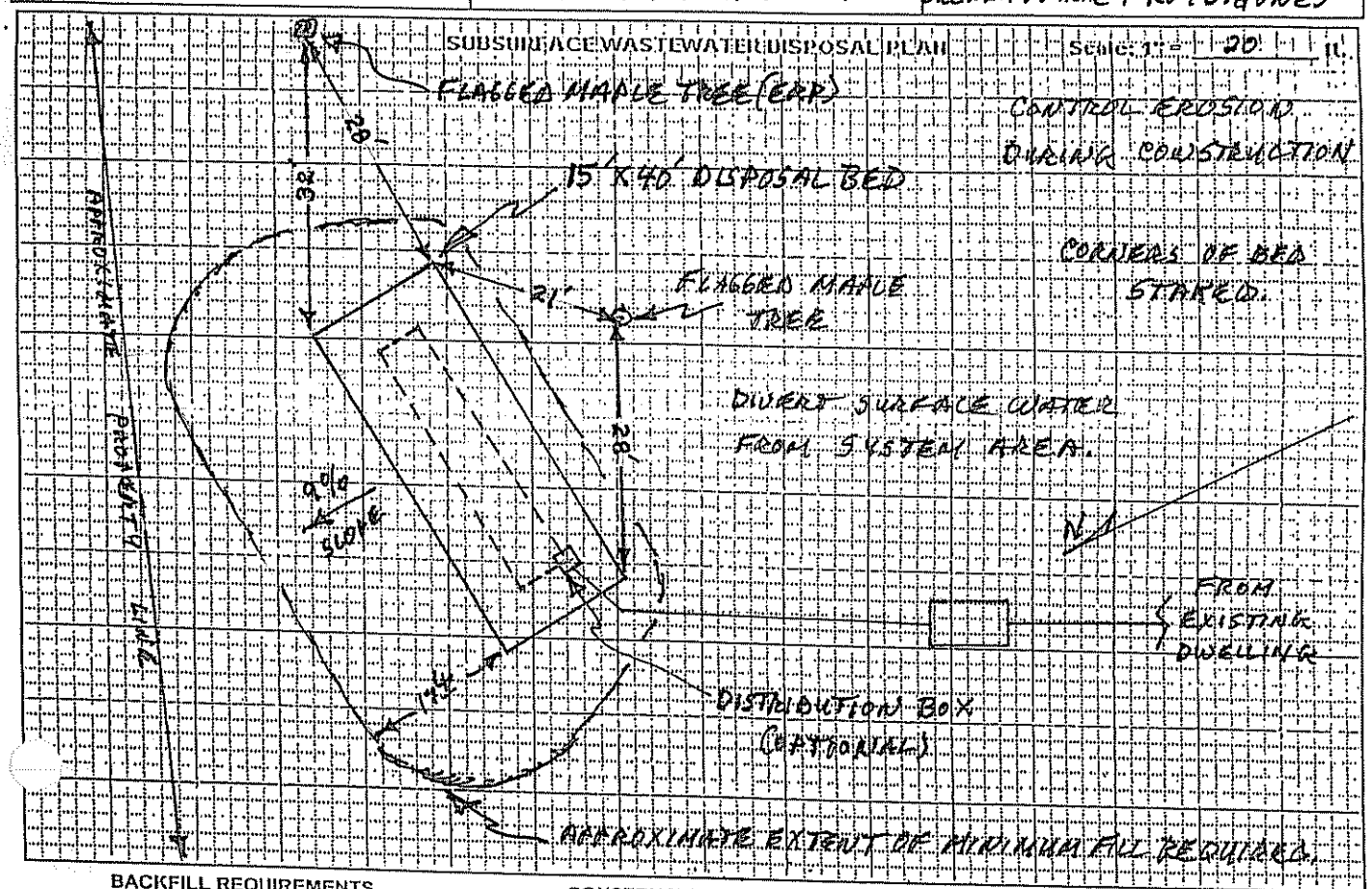
AUGUSTA	INGRAHAM MOUNTAIN ROAD	BRENDA MARIE + ROY D. JONES

SUBSURFACE WASTEWATER DISPOSAL PLAN Scale: 1" = 20 ft.



BACKFILL REQUIREMENTS

Depth of Backfill (upslope) 10 "
Depth of Backfill (downslope) 27± "
DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

Finished Grade Elevation -38 "
Top of Distribution Pipe ~~of Proprietary Device~~ -51 "
Bottom of Disposal Field -62 "

ELEVATION REFERENCE POINT (ERP)

Location & Description: FLAGGED NAIL IN MAPLE TREE 20" ABOVE GRADE AT TREE.
Reference Elevation is: 0.0" ~~of~~

DISPOSAL FIELD CROSS-SECTION

Scales:
Vertical: 1" = ft.
Horizontal: 1" = ft.

(SEE ATTACHED BED DIAGRAM)

[signature] Site Evaluator Signature

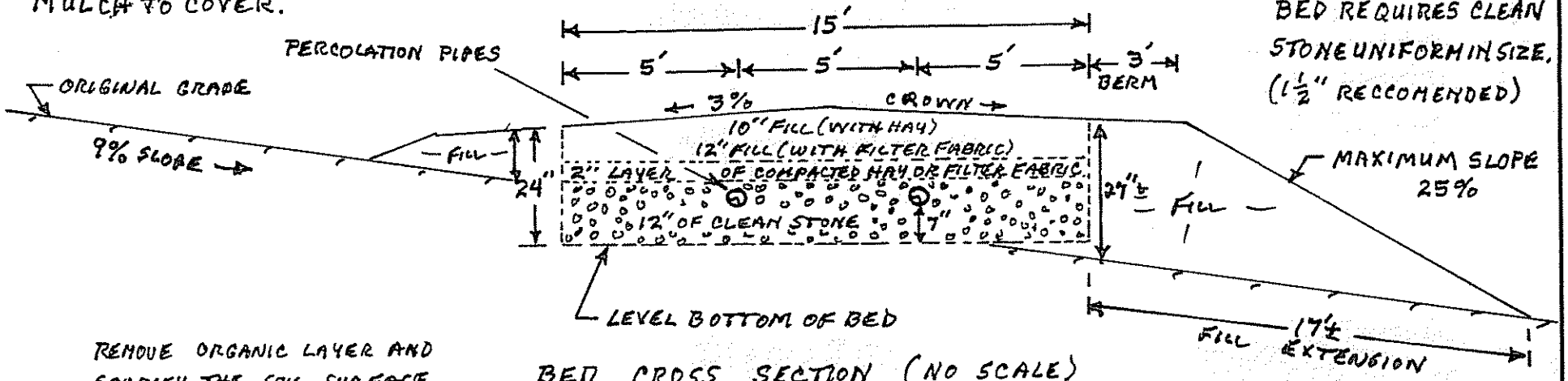
168 SE #

11/22/04 Date

SEWAGE DISPOSAL BED DETAILS

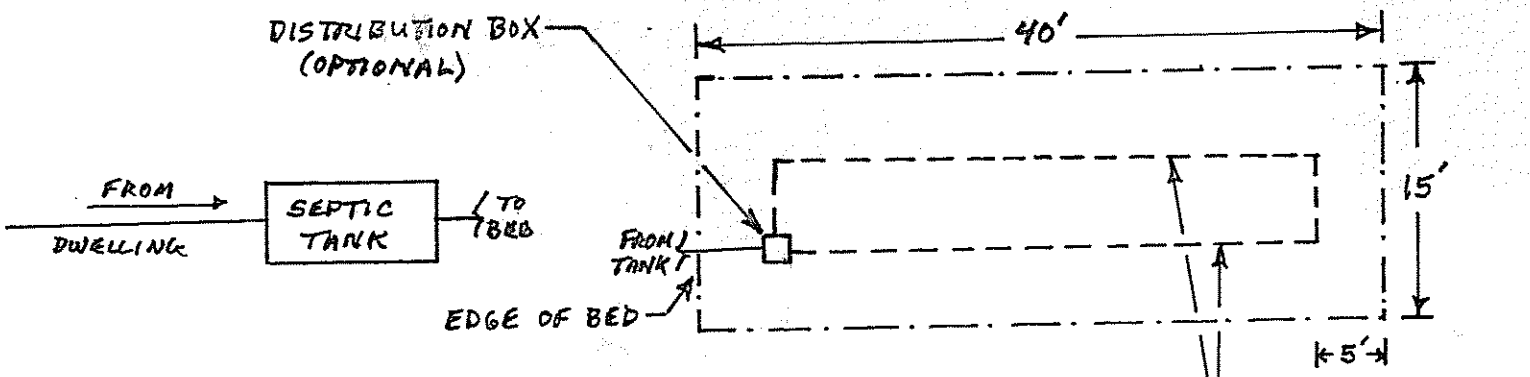
4 LOAM AND MULCH TO COVER.

BED REQUIRES CLEAN STONE UNIFORM IN SIZE. ($1\frac{1}{2}$" RECCOMENDED)



REMOVE ORGANIC LAYER AND SCARIFY THE SOIL SURFACE BEFORE INSTALLING FILL. INTERFACE FILL INTO ORIGINAL SOILS.

BED CROSS SECTION (NO SCALE)



PLAN VIEW (NO SCALE)

PERCOLATION PIPES (4" DIA. PVC)

NOTES

1.) 10 INCHES OF FILL IS REQUIRED AT UPHILL SIDE OF BED.
2.) TEXTURE OF FILL SHALL BE GRAVELLY COARSE SAND.
3.) REFER TO MAINE SUBSURFACE WASTE WATER DISPOSAL RULES FOR FURTHER DETAILS REGARDING INSTALLATION PROCEDURES.

FOR: BRENDA MARIE + ROYD. JONES

DATE: 11/22/04

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

3/00