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: 239 CROSS HILL ROAD

Subdivision, Lot #:

AUGUSTA PERMIT # 5536 TOWN COPY

Date Permit Issued: 6/2/05 $ 180.00 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature

L.P.I. # 1808

OWNER/APPLICANT INFORMATION

Name (last, first, MI): PRESCOTT, ROB + ROXY PAQUIN ☒ Owners ☐ Applicant

Mailing Address of Owner/Applicant: 239 CROSS HILL ROAD, AUGUSTA, ME 04330

Daytime Tel. #: 207 622 8776

Municipal Tax Map # 7 Lot # 95

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.

Roxy Paquin — Signature of Owner or Applicant — Date 4/20/05

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

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

25± ☐ 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 facilities —
☐ 3. Section 503.0 (meter readings)
ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS

PROFILE 3, CONDITION C, DESIGN 1
at Observation Hole # TP1
Depth 22
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 4/6/05 (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 4/7/05

Site Evaluator Name Printed: JOHN W LORD JR — Telephone Number: 207 445 3402 — 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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HHE-200 Rev. 8/01

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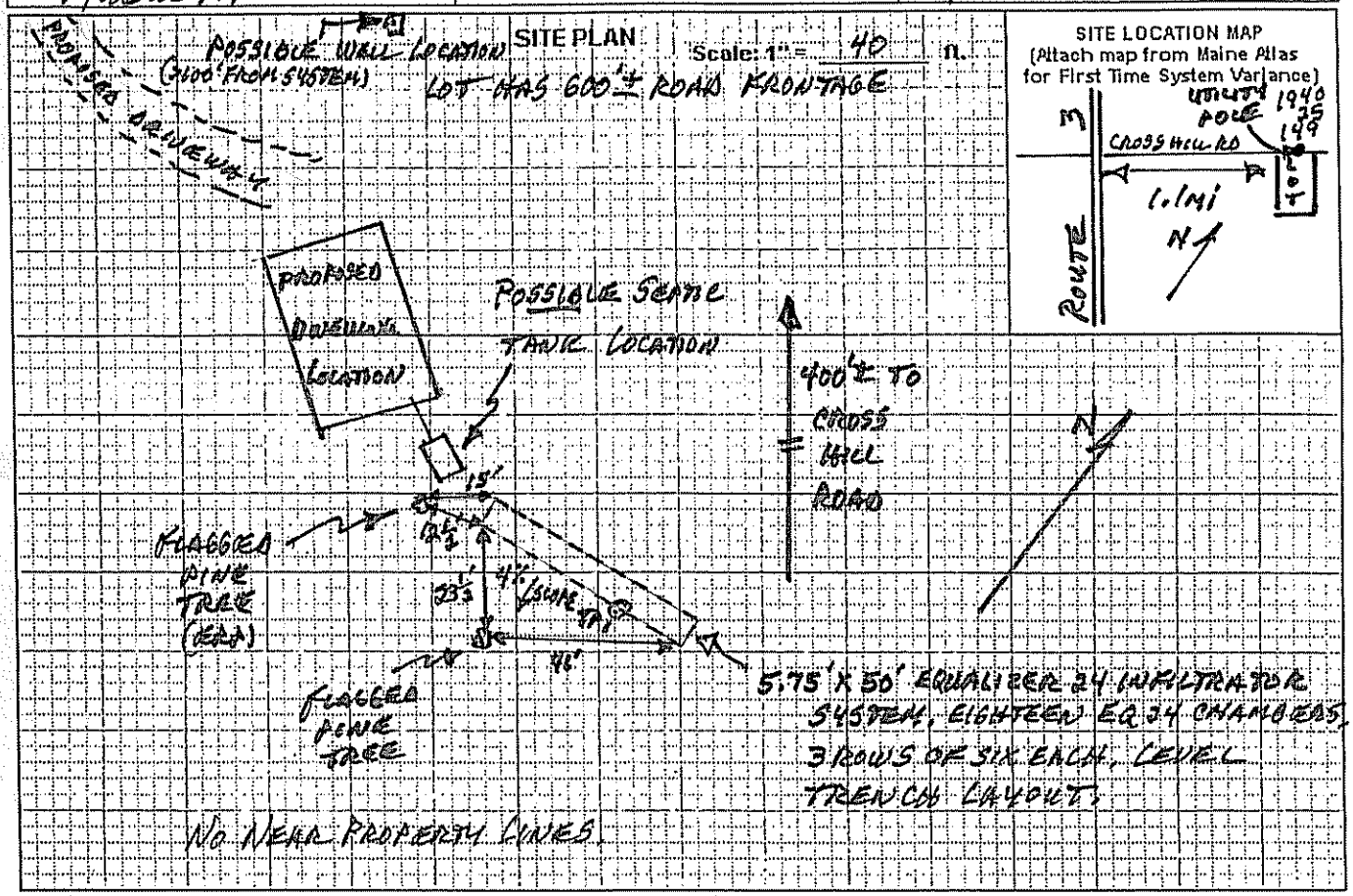
AUGUSTA	CROSS HILL ROAD	ROD PRESCOTT + ROXY PAQUIN



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	BOULDERY SANDY LOAM	FRIABLE	ORANGE BROWN	
12–18			YELLOW BROWN	
24–30	BOULDERY GRAVELLY SANDY LOAM	FIRM	OLIVE BROWN	COMMON DISTINCT

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	
3	C	4	22"	☒ 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				
24–30				

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

Site Evaluator Signature _____ SE # 168 Date 4/7/05

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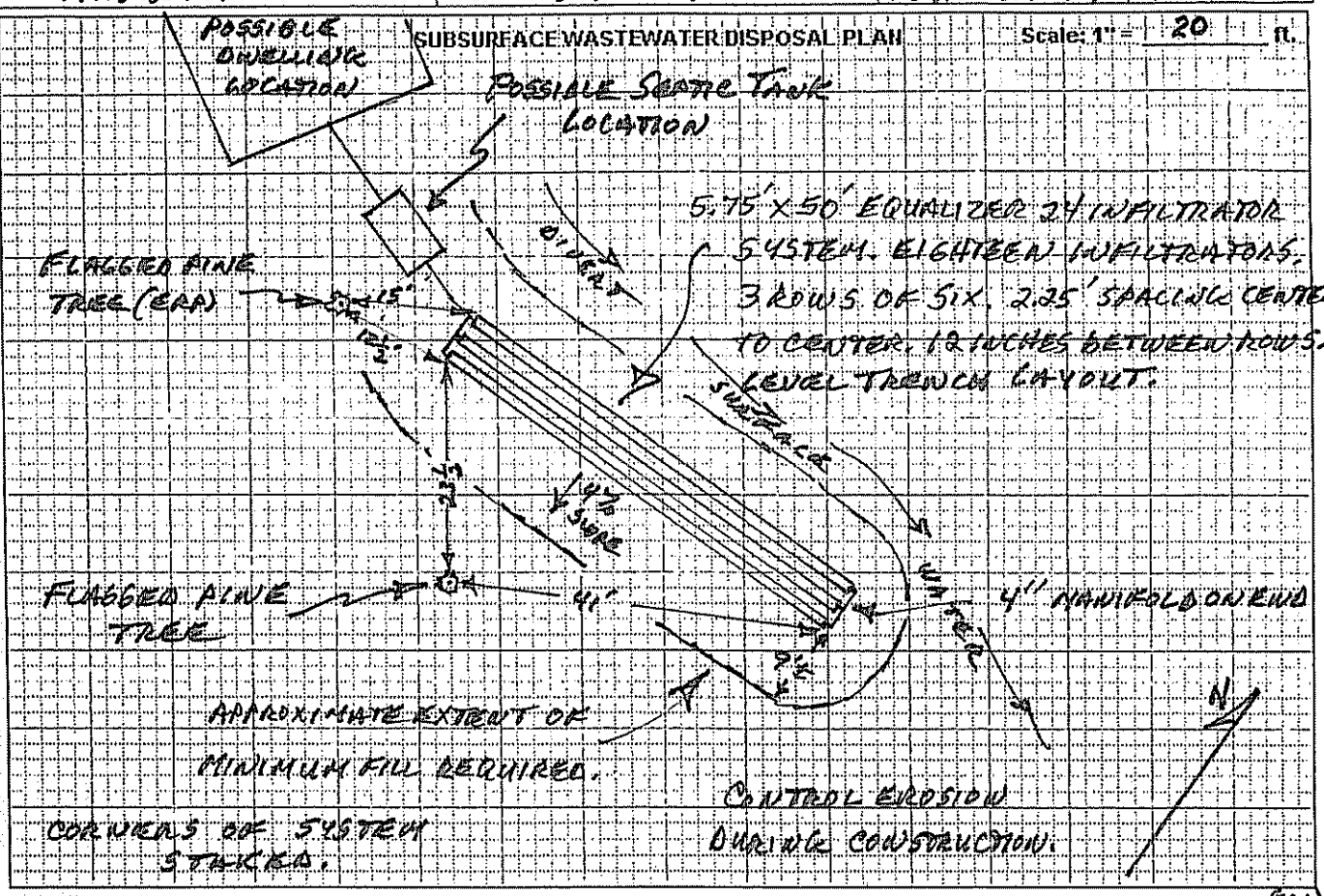
SUBSURFACE WASTEWATER DISPOSAL PLAN

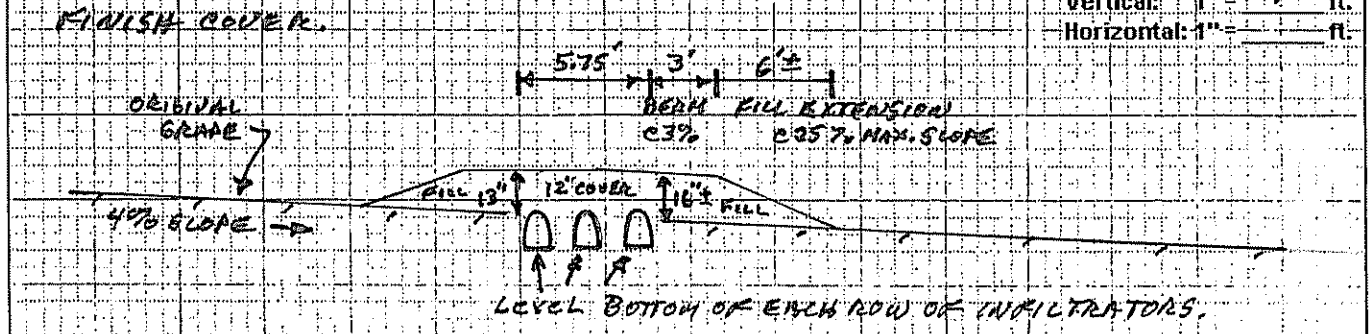
Scale: 1" = 20 ft.



BACKFILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT (ERP)	
Depth of Backfill (upslope)	13"	Finished Grade Elevation	-37"	Location & Description:	FLAGGED NAIL IN PINE TREE 46" ABOVE GRADE AT TREE.
Depth of Backfill (downslope)	16±"	Top of ~~Distribution Pipe or~~ Proprietary Device	-49"		
DEPTHS AT CROSS-SECTION (shown below)		Bottom of Disposal Field	-60"	Reference Elevation is:	0.0"

DISPOSAL FIELD CROSS-SECTION

Scales: Vertical: 1" = N/A ft. Horizontal: 1" = ____ ft.



REMOVE ORGANIC LAYER AND INTERFACE FILL INTO ORIGINAL SOILS.

TEXTURE OF BACKFILL TO BE GRAVELLY COARSE SAND.

REFER TO MAINE STATE PLUMBING CODE AND INFILTRATOR INSTALLATION MANUAL.

Site Evaluator Signature	SE #	Date
	168	4/7/05