

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

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

City, Town, or Plantation: Augusta
 Street or Road: Lee's Court
 Subdivision, Lot #: Trailer Park

AUGUSTA PERMIT # 6311 TOWN COPY
 Date Permit Issued: 6-9-09 \$ 100.00 If Double Fee Charged
 Local Plumbing Inspector Signature: [Signature] L.P.I. # 729

OWNER/APPLICANT INFORMATION

Name (last, first, MI): Coctar Brothers LLC Owner Applicant
 Mailing Address of Owner/Applicant: _____
 Daytime Tel. #: _____

Municipal Tax Map # 4 Lot # 100

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: [Signature] Date: 6-9-09

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: _____ (2nd) date approved: _____

PERMIT INFORMATION

TYPE OF APPLICATION
 1. First Time System
 2. Replacement System
 Type replaced: N/A
 Year installed: N/A
 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
34.2 SQ. FT. ACRES

DISPOSAL SYSTEM TO SERVE
 1. Single Family Dwelling Unit, No. of Bedrooms: _____
 2. Multiple Family Dwelling, No. of Units: _____
 3. Other: Mobile Home Park
 (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: 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: _____ 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
1078 gallons per day
 BASED ON:
 1. Table 501.1 (dwelling unit(s))
 2. Table 501.2 (other facilities)
 SHOW CALCULATIONS
 — for other facilities —

SOIL DATA & DESIGN CLASS
 PROFILE CONDITION/DESIGN
 at Observation Hole #: _____
 Depth: _____
 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

Single family mobile home replaced tank - 1000
 3. Section 503.0 (meter readings)
 ATTACH WATER METER DATA

SITE EVALUATOR STATEMENT

I certify that on N/A (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-244).

Site Evaluator Signature: _____ SE #: _____ Date: 11/13/09
 Site Evaluator Name Printed: _____ Telephone Number: _____ E-mail Address: _____

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