SURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY LOCATION

City, Town, or Plantation: AUGUSTA

Street or Road: ROUTE 3

Subdivision, Lot #:

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

AUGUSTA 5350 TOWN COPY

Date Permit Issued: 8/4/04 $ 100.00 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature: [signature] L.P.I. # 808

OWNER/APPLICANT INFORMATION

Name (last, first, MI): WOODS, SCOTT + CHRISTINE ☒ Owner(s) ☐ Applicant

Mailing Address of Owner/Applicant: 3493 No. BELFAST AVE
AUGUSTA, ME 04330

Daytime Tel. #: 207 622 4438

Municipal Tax Map # 4 Lot # 116

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.

Christine Woods 8-4-04
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. _____ (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 1/2 ± ☐ SQ. FT. ☒ ACRES

SHORELAND ZONING

☐ Yes ☒ No

DISPOSAL SYSTEM TO SERVE

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

Current Use ☐ Seasonal ☐ Year Round ☒ Undeveloped

TYPE OF WATER SUPPLY

PROPOSED
☒ 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: 891 ☒ 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

270 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

See amended copies
[signature] 8/20/04

SOIL DATA & DESIGN CLASS

PROFILE CONDITION DESIGN
3 , C , 1
at Observation Hole # TP1
Depth 30"
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 5/7/03 (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] 168 5/26/03
Site Evaluator Signature SE # Date

TOM W LORD JR 207 445 3402
Site Evaluator Name Printed 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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX (207) 287-4172

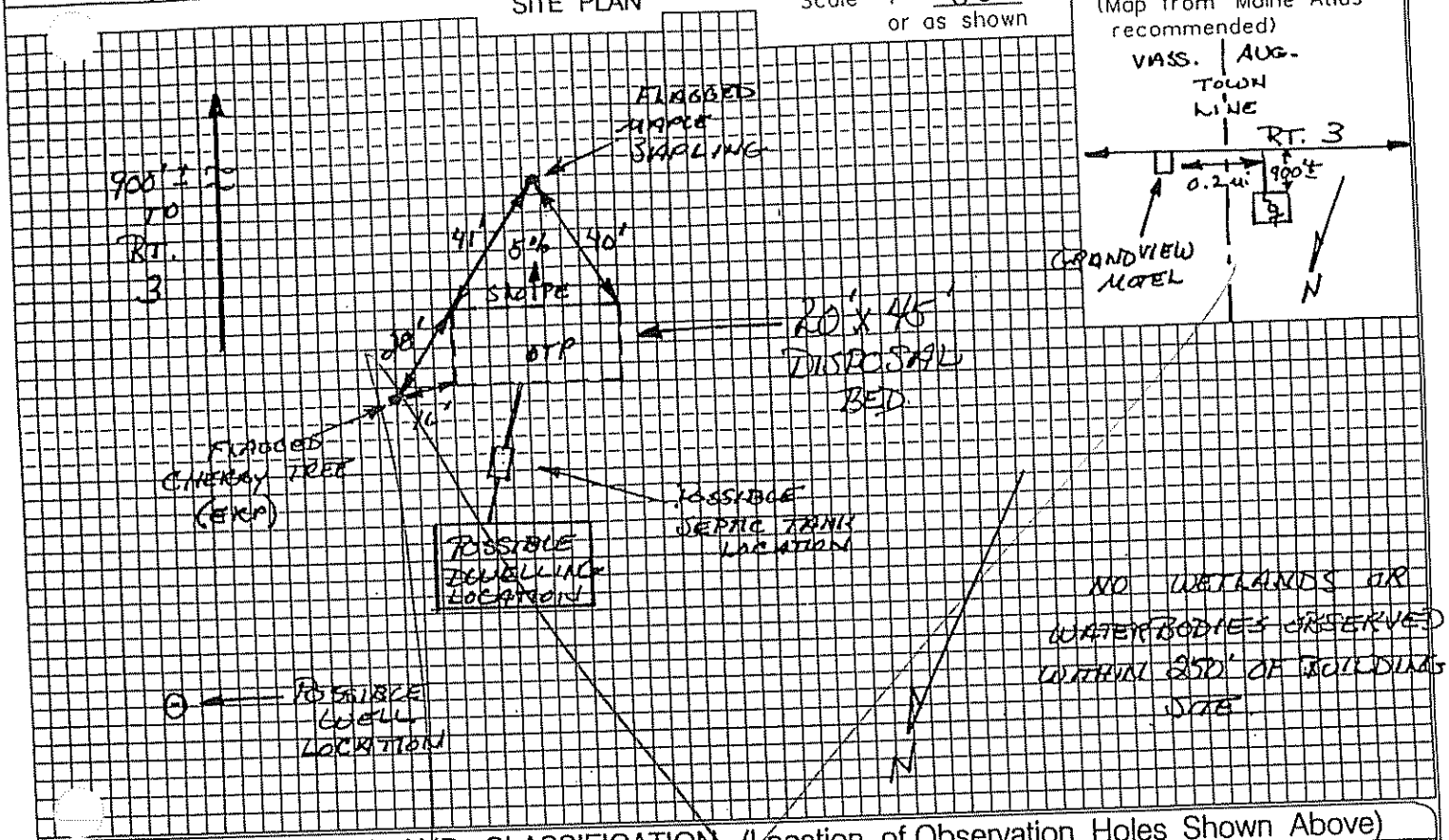
Town, City, Plantation: AUGUSTA

Street, Road Subdivision: ROUTE 3

Owner's Name: SCOTT + CHRISTINE WOODS ~~JOHN WILCOX~~

SITE PLAN

Scale 1" = 50 Ft. or as shown



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

Observation Hole TP 1 ☒ Test Pit ☐ Boring

ONE " Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–10	LOAM		BROWN	
10–20	SANDY LOAM	FRIABLE	YELLOW BROWN	
20–30	LOAMY SAND		OLIVE BROWN	COMMON
30–50	LOAMY COARSE SAND	SOMEWHAT FIRM	OLIVE	DISTINCT

Soil Classification		Slope	Limiting Factor	
3 (Profile)	C (Condition)	5 %	30"	☒ Ground Water ☐ Restrictive Layer ☐ Bedrock ☐ Pit Depth

Observation Hole _____ ☐ Test Pit ☐ Boring

_____ " Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–50				

Soil Classification		Slope	Limiting Factor	
Profile	Condition	%	"	☐ Ground Water ☐ Restrictive Layer ☐ Bedrock ☐ Pit Depth

[signature] Site Evaluator Signature

168 SE

5/26/03 ~~5-11-99~~ Date

[signature]

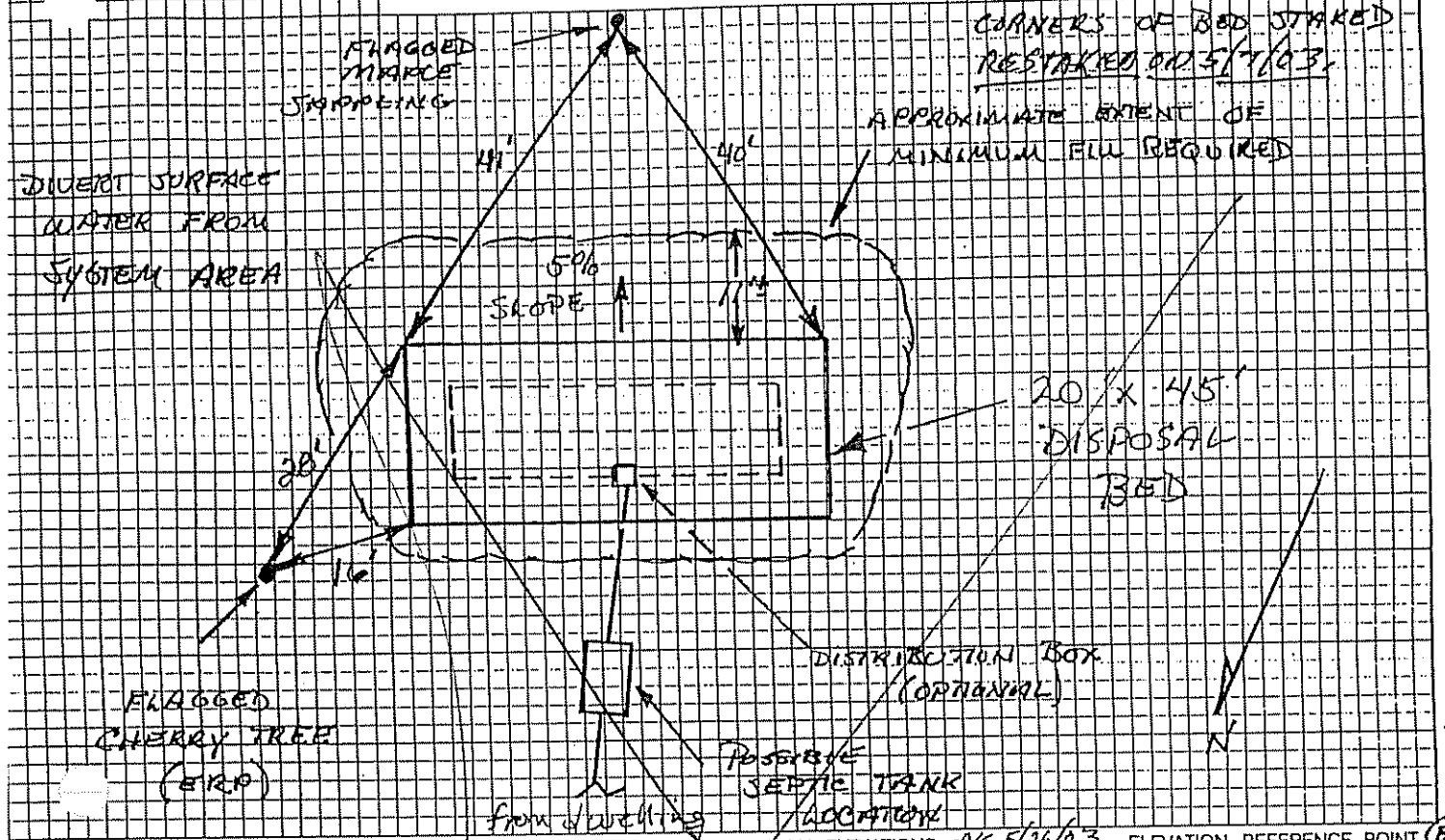
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX (207) 287-4172

Town, City, Plantation: AUGUSTA
Street, Road, Subdivision: ROUTE 3
Owner's Name: SCOTT & CHRISTINE WOODS ~~JOHN WILCOX~~

SCALE 1" = 20 FT.

SUBSURFACE WASTEWATER DISPOSAL PLAN



FILL REQUIREMENTS	
Depth of Fill (Upslope)	6"
Depth of Fill (Downslope)	18"±

CONSTRUCTION ELEVATIONS -OK 5/26/03

Finished Grade Elevation	-40"
Top of Distribution Pipe or Proprietary Device	-53"
Bottom of Disposal Area	-64"

ELEVATION REFERENCE POINT (ERP)
Location & Description: FLAGGED NAIL IN FLAGGED CHERRY TREE 40" ABOVE EXISTING GRADE AT TREE
Reference Elevation

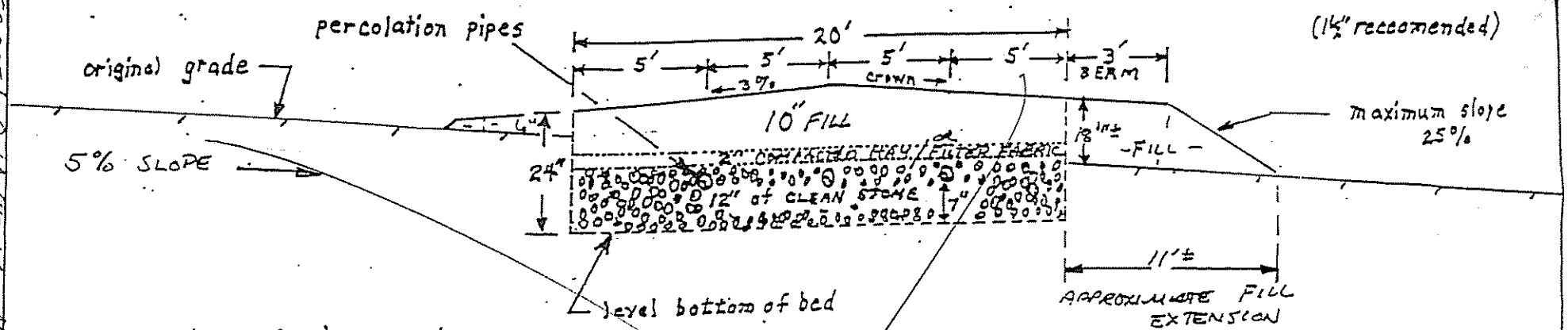
DISPOSAL AREA CROSS SECTION

SCALE: ERP IS AT → 0"
VERTICAL: 1" =
HORIZONTAL: 1" =

(SEE ATTACHED BED DIAGRAM)

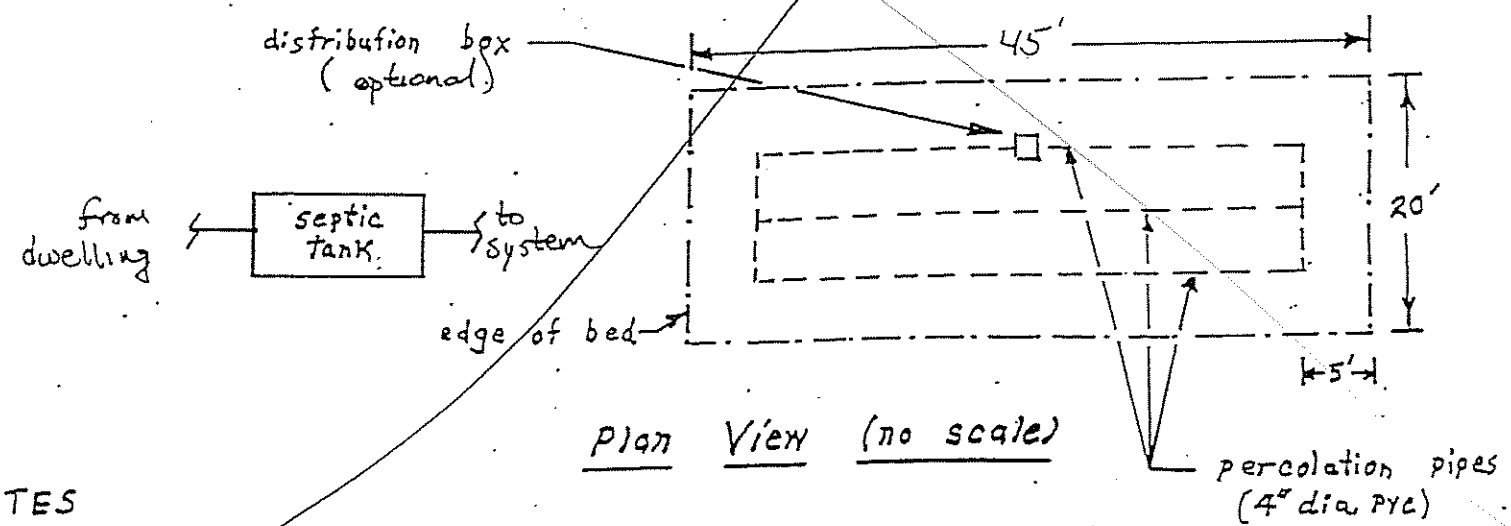
Site Evaluator Signature: [signature]
SE 168
Date: 5/26/03 ~~5-11-99~~

SEWAGE DISPOSAL BED DETAILS



remove organic layer and scarify the soil surface before installing fill.

Bed Cross Section (no scale)



Plan View (no scale)

NOTES

1.) 6 inches of fill is required at uphill side of bed.
2.) texture of fill shall be gravelly coarse sand.
3.) refer to the MAINE STATE PLUMBING CODE, PART II (EFFECTIVE DATE: ~~JAN, 1998~~ 10/1/2002) for further details regarding installation procedures. (MAINE SUBSURFACE WASTE WATER DISPOSAL RULES)

SCOTT + CHRISTINE WOODS
~~JOHN WILCOX~~
DATE: ~~5-11-99~~ 5/26/03
BY: JOHN W. LORD, JR. S.E. # 168

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY LOCATION

City, Town, or Plantation: AUGUSTA

Street or Road: No BELFAST AVE

Subdivision, Lot #:

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

The Subsurface Wastewater Disposal System *shall not* be installed until a Permit is attached HERE by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

OWNER/APPLICANT INFORMATION

Name (last, first, MI): WOODS, SCOTT + CHRISTINE ☒ Owner(s) ☐ Applicant

Mailing Address of Owner/Applicant: 3493 No BELFAST AVE
AUGUSTA, ME 04330

Daytime Tel. #: 207 622 4438

Municipal Tax Map # _____ Lot # _____

OWNER OR APPLICANT STATEMENT

State and acknowledge that the information submitted is correct to the best of knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit.

Christine Woods 8-20-04
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.

_____ (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

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☐ 4. Minimum Lot Size Variance
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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

5+ ☐ SQ. FT. ☒ ACRES

SHORELAND ZONING

☐ Yes ☒ No

DISPOSAL SYSTEM TO SERVE

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

Current Use ☐ Seasonal ☐ Year Round ☒ Undeveloped

TYPE OF WATER SUPPLY

PROPOSED
☒ 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
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☐ 3. Other: _____
CAPACITY: 1000 GAL.

DISPOSAL FIELD TYPE & SIZE

☒ 1. Stone Bed ☐ 2. Stone Trench
☐ 3. Proprietary Device
☐ a. cluster array ☐ c. Linear
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SIZE: 891 ☒ 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

270 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

Observation Hole # TP 1
Depth 17"
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 8/17/04 (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 — 16B SE # — 8/18/04 Date

TOHN 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 AND FEDERAL ORDINANCES

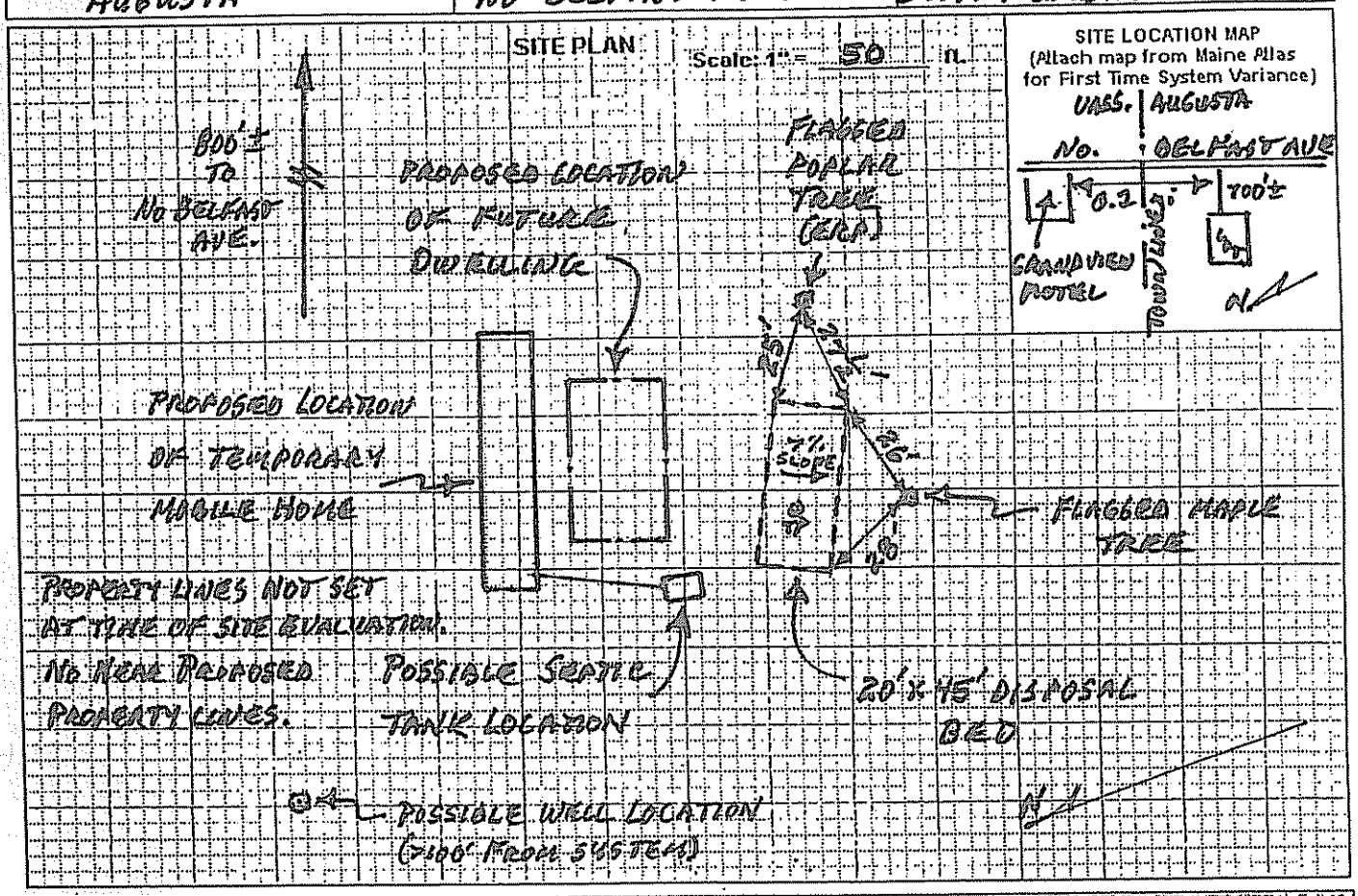
P. 1 of 4
HHE-200 Rev. 8/01

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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	NO BELFAST AVE.	SCOTT + CHRISTINE WOODS

SITE PLAN Scale: 1" = 50 ft.



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

Observation Hole # TP1 ☒ Test Pit ☐ Boring

0 IN. Depth of organic horizon above mineral soil

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

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	
3	C	7	14	☒ 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

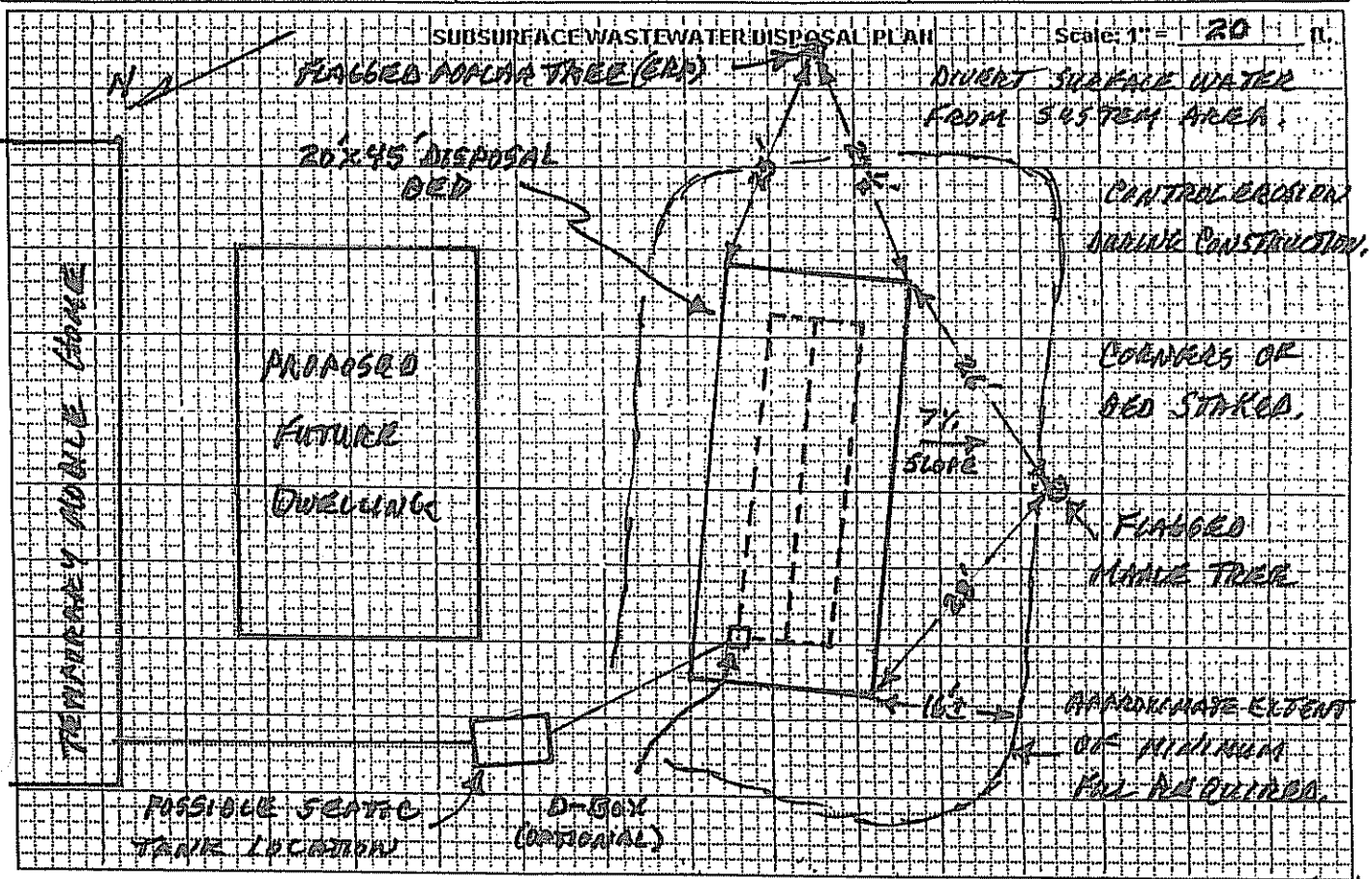
Site Evaluator Signature _____ SE # 168 Date 8/18/04

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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	No BELFAST AVE	SCOTT + CHRISTINE WOODS

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



BACKFILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT (ERP)
Depth of Backfill (upslope)	19"	Finished Grade Elevation	-35"	Location & Description: FLAGGED MAPLE TREE 5" ABOVE GRADE AT TREE.
Depth of Backfill (downslope)	35±"	Top of Distribution Pipe ~~of Proprietary Device~~	-48"	
DEPTHS AT CROSS-SECTION (shown below)		Bottom of Disposal Field	-59"	Reference Elevation is: 0.0" at TREE.

DISPOSAL FIELD CROSS-SECTION

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

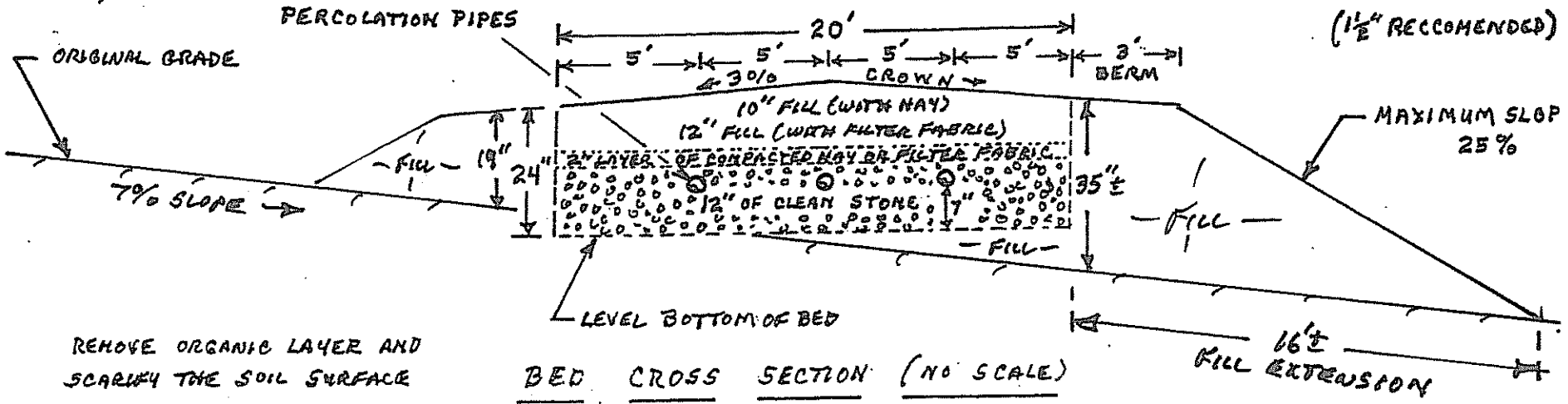
(SEE ATTACHED BED DIAGRAM)

Site Evaluator Signature — SE # 168 — Date 8/18/04

SEWAGE DISPOSAL BED DETAILS

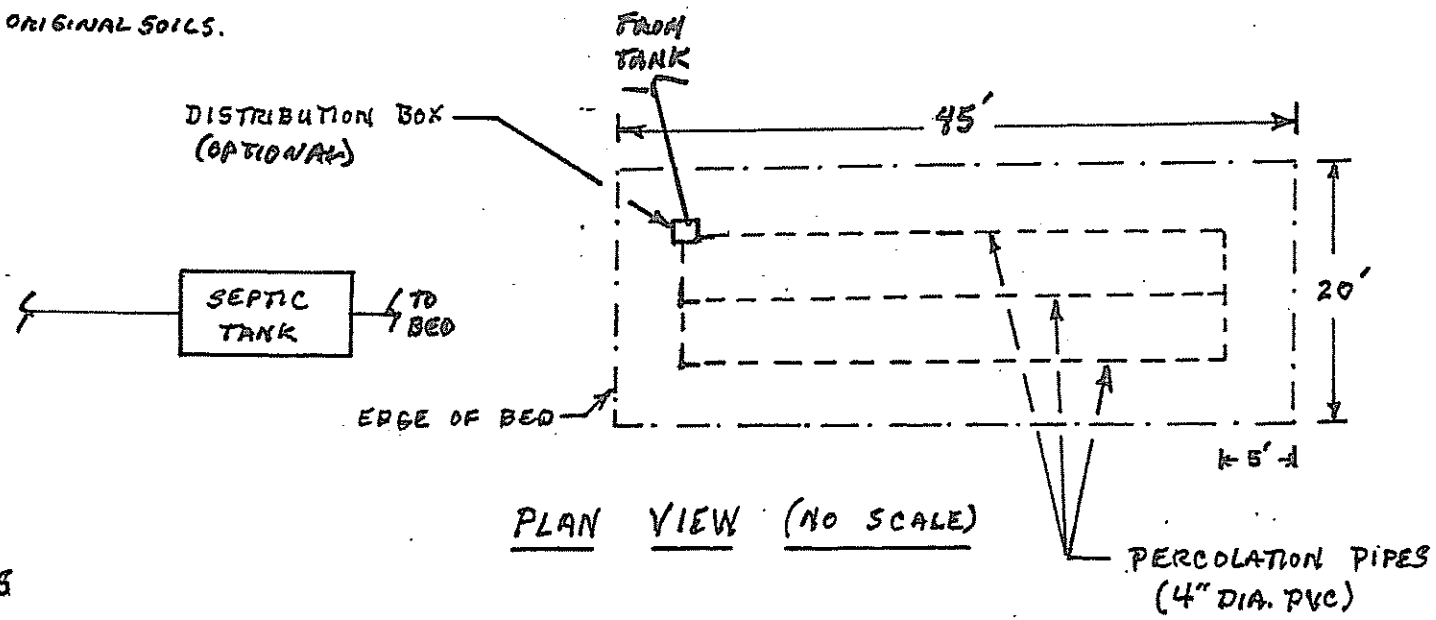
4" LOAM + MULCH TO COVER.

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)

NOTES

1.) 19 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.

OR: SCOTT + CHRISTINE WOODS

DATE: 8/18/04

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

3/00