SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-6672 FAX (207) 287-4172

PROPERTY LOCATION

City, Town, or Plantation	AUGUSTA
Street or Road	170 LAMSON ROAD
Subdivision, Lot #	

OWNER/APPLICANT INFORMATION

Name (last, first, MI)	UPLIFT INC. (Owner) Applicant
Mailing Address of ☒ Owner ☐ Applicant	25 WINTER STREET GARDINER, ME 04345
Daytime Tel #	

>> Caution: Permit Required – Attach in Space Below <<

AUGUSTA 4785 TOWN COPY

Date Permit Issued: 11/5/01 $ 100.00 ☐ If Double Fee Charged FEE

Local Plumbing Inspector Signature L.P.I. # 1 [illegible]

Municipal Tax Map # 4 Lot # ~~132~~ 133A

Owner or Applicant Statement

I state 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] 10/30/01
Signature of Owner or Applicant Date

Caution: Inspections Required

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.

12-24-01 (1st) Date Approved

Local Plumbing Inspector Signature (2nd) Date Approved

6-RF.

PERMIT INFORMATION

TYPE OF APPLICATION
1. ☒ First Time System
2. ☐ Replacement System
Type Replaced: _____
Year Installed: _____
3. ☐ Expanded System
a. ☐ One-time exempted
b. ☐ Non-exempted
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 Approval

DISPOSAL SYSTEM COMPONENT(S)
1. ☒ Complete Non-engineered System
2. ☐ Primitive System (graywater & all 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
± 2.26 ☐ 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

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 gallons

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 1400 ☒ sq. ft. ☐ lin. ft.

GARBAGE DISPOSAL UNIT
1. ☒ No 3. ☐ Maybe
2. ☐ Yes >> 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 facilities –
3. ☐ Section 503.0 (meter readings)
ATTACH WATER-METER DATA

SOIL DATA & DESIGN CLASS
PROFILE CONDITION DESIGN
8 / C /
at Observation Hole # 2
Depth 15 " Elevation _____ "
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

PUMPING
1. ☒ Not Required
2. ☐ May Be Required
3. ☐ Required >> Specify only for engineered or experimental systems:
DOSE: gallons

SITE EVALUATOR STATEMENT

I Certify that on 10/18/01 (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] 226 10/22/01
Site Evaluator Signature SE # Date

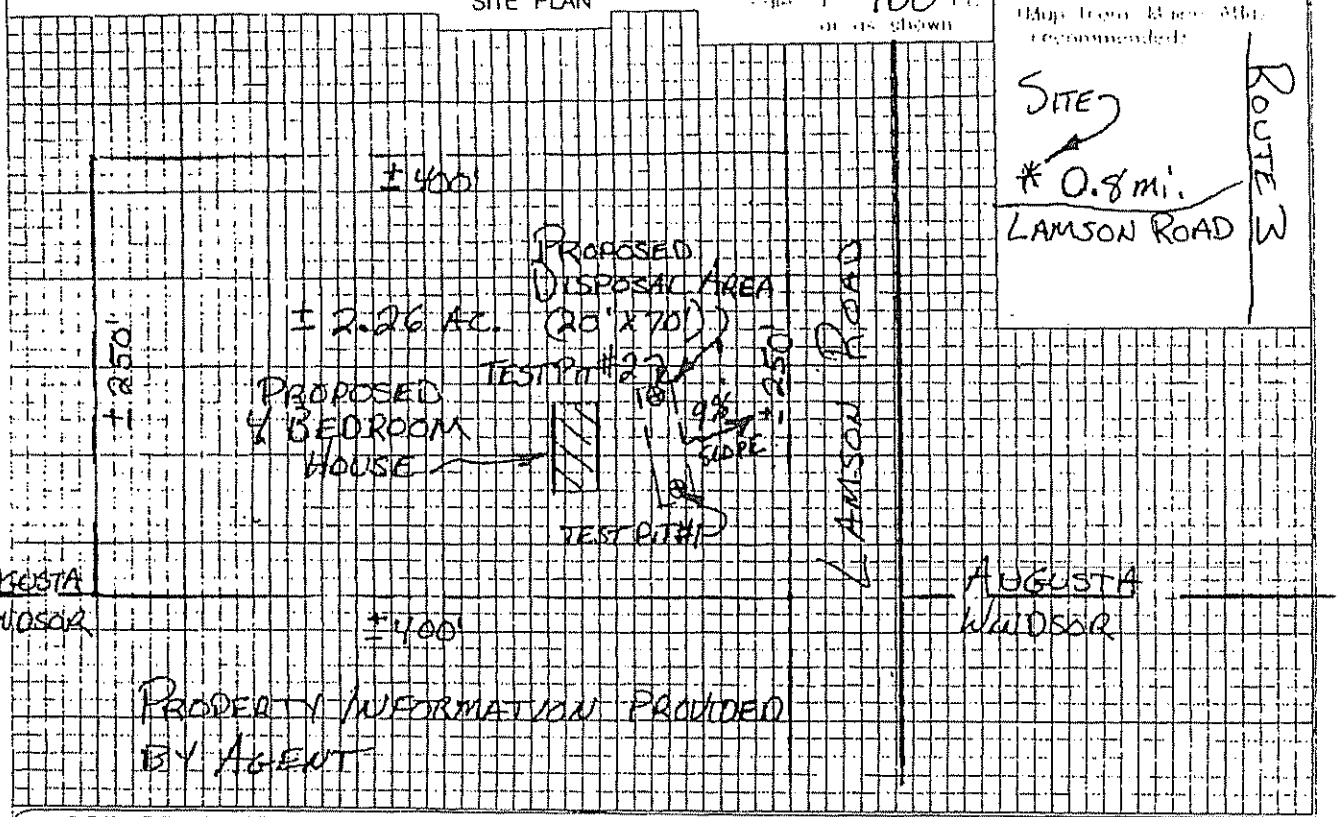
VAUGHN L. SMITH 724-5635
Site Evaluator Name Printed Telephone #

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: LAMSON ROAD | Owner's Name: UPLIFT INC.

SITE PLAN — Scale 1" = 100 ft. or as shown



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

Observation Hole #1 ☒ Test Pit ☐ Boring
2" Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–10	GRAVELLY LOAM	FRIABLE	YELLOWISH BROWN	NONE
10–20				
20–30			PALE OLIVE	FEW FAINT
30–40				
40–50				

Soil Classification: Profile 3, Condition C | Slope 7 % | Limiting Factor 16" | ☒ Ground Water ☐ Restrictive Layer ☐ Bedrock ☐ Pit Depth

Observation Hole #2 ☒ Test Pit ☐ Boring
2" Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–10	GRAVELLY LOAM	FRIABLE	BROWN	NONE
10–20			OLIVE BROWN	
20–30		FIRM	OLIVE	FEW FAINT
30–40				
40–50				

Soil Classification: Profile 8, Condition C | Slope 7 | Limiting Factor 15" | ☒ Ground Water ☒ Restrictive Layer ☐ Bedrock ☐ Pit Depth

[signature] Site Evaluator Signature | 226 SEC | 10/22/01 Date

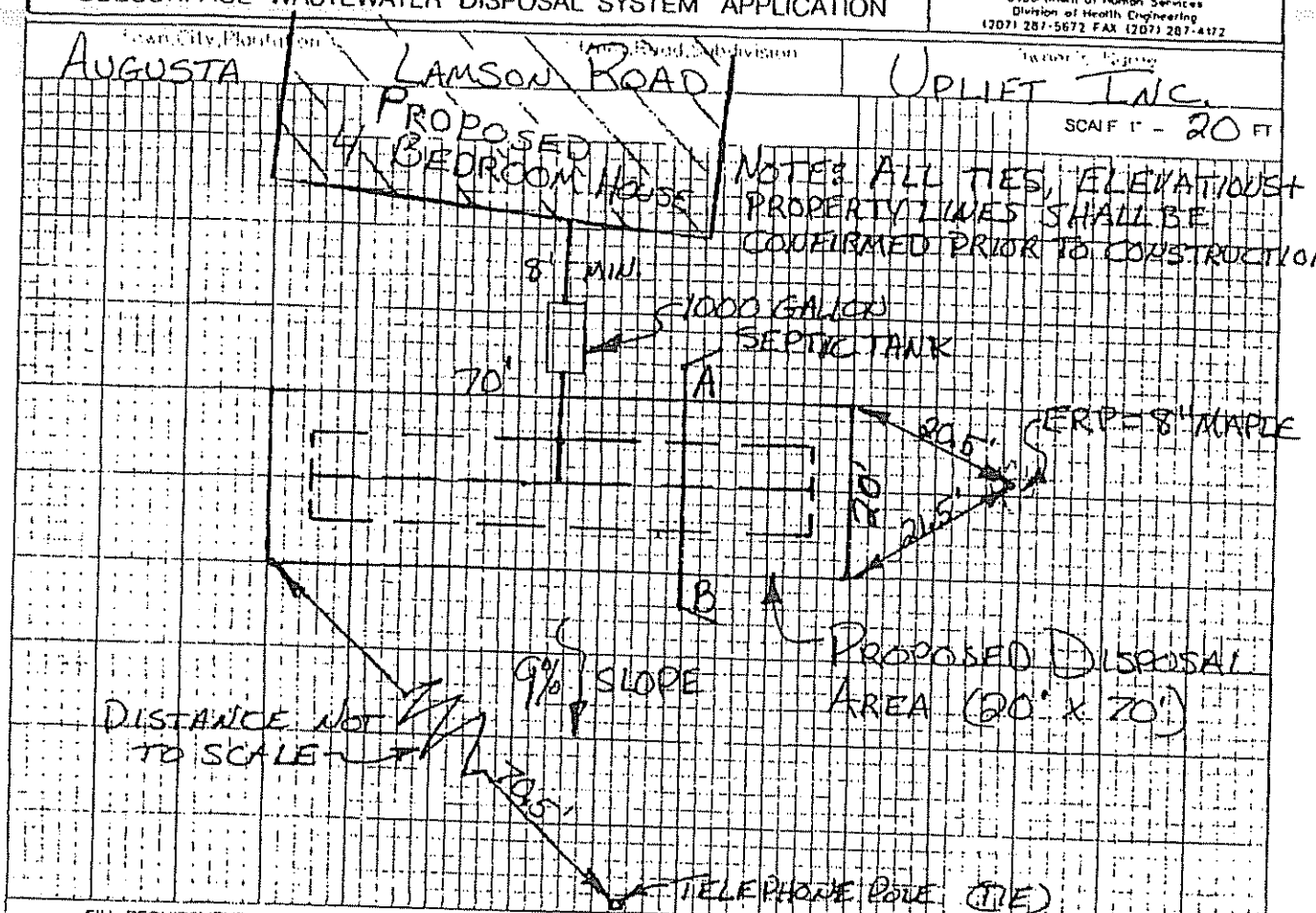
Page 2 of 3
HHE 200 Rev. 2/97

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation: AUGUSTA
Lane, Road, Subdivision: LAMSON ROAD
Owner's Name: UPLIFT INC.

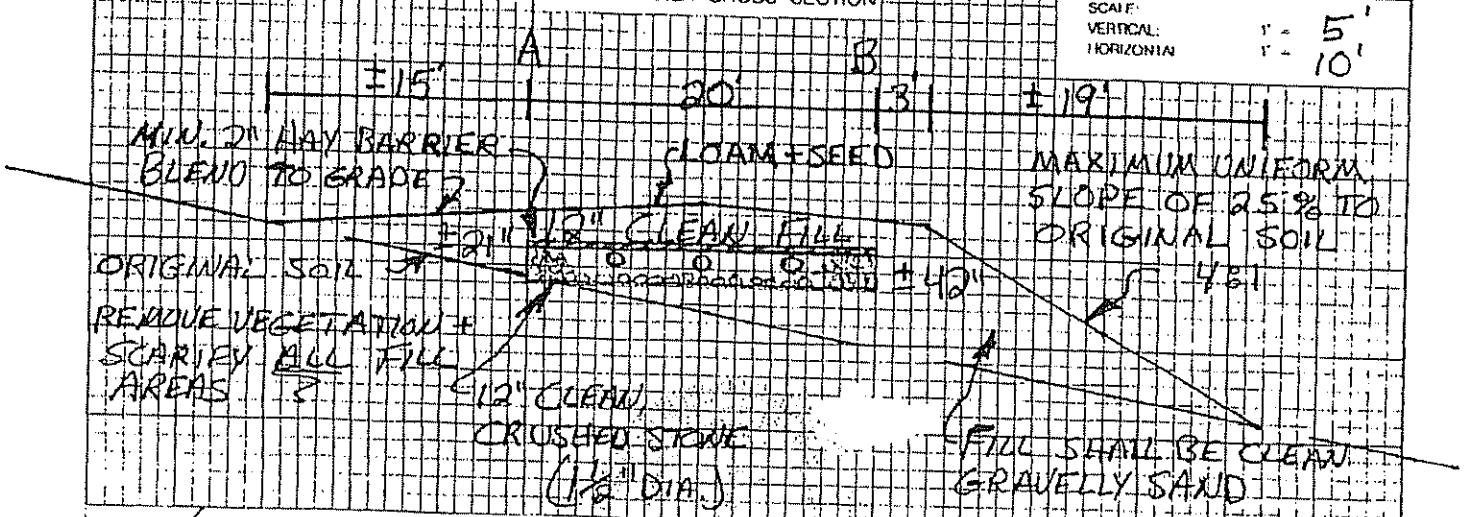
SCALE 1" = 20 FT



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT	
Depth of Fill (Upslope)	21"	Finished Grade Elevation	-38"	Location & Description	8" MAPLE W/NAIL
Depth of Fill (Downslope)	42"	Top of Distribution Pipe or Proprietary Device	-50"	Reference Elevation	0"
FILL DEPTHS WILL VARY		Bottom of Disposal Area	-62"		

DISPOSAL AREA CROSS SECTION

SCALE: VERTICAL: 1" = 5'
HORIZONTAL: 1" = 10'



Vaughn L. [signature]
Site Evaluator Signature

226
Date

10/22/01
Date

Page 3 of 3