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 Road: OFF RT. 3 THREE CORNERED POND

Subdivision, Lot #: 3240 No. Belfast Ave

AUGUSTA 5000 TOWN COPY

Date Permit Issued: 12/13/02 $ 100.00 ☐ If Double Fee Charged

FEE

Local Plumbing Inspector Signature L.P.I. # 850

OWNER/APPLICANT INFORMATION

Name (last, first, MI): MELVILLE, JOHN + KATHY ☒ Owner ☐ Applicant

Mailing Address of Owner/Applicant: BURKEL CONSTRUCTION RT. 7 BOX 1915 AUGUSTA, ME 04330

Daytime Tel. #: 207 623 9246

Municipal Tax Map # 4 Lot # 165

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.

John and Kathy Melville 12/6/02
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. 12/18/02 (1st) date approved

Local Plumbing Inspector Signature 12/19/02 (2nd) date approved

PERMIT INFORMATION

TYPE OF APPLICATION

- ☐ 1. First Time System
- ☒ 2. Replacement System
  - Type replaced: METAL TANK + UNKNOWN
  - Year Installed: 1960s
- ☐ 3. Expanded System
  - ☐ a. Minor Expansion
  - ☐ b. Major Expansion
- ☐ 4. Experimental System IF
- ☒ 5. Seasonal Conversion NEEDED

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 Disposal Area
- ☐ 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

17± ☐ 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
  - 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: 1107 ☒ 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

SOIL DATA & DESIGN CLASS

PROFILE	CONDITION	DESIGN
1	C	1

at Observation Hole # TP 1

Depth 17"

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 9/4/02 (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 9/5/02

JOHN W CORD JR
Site Evaluator Name Printed

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

DESIGN SUBJECT TO LOCAL, STATE & FEDERAL ORDINANCES

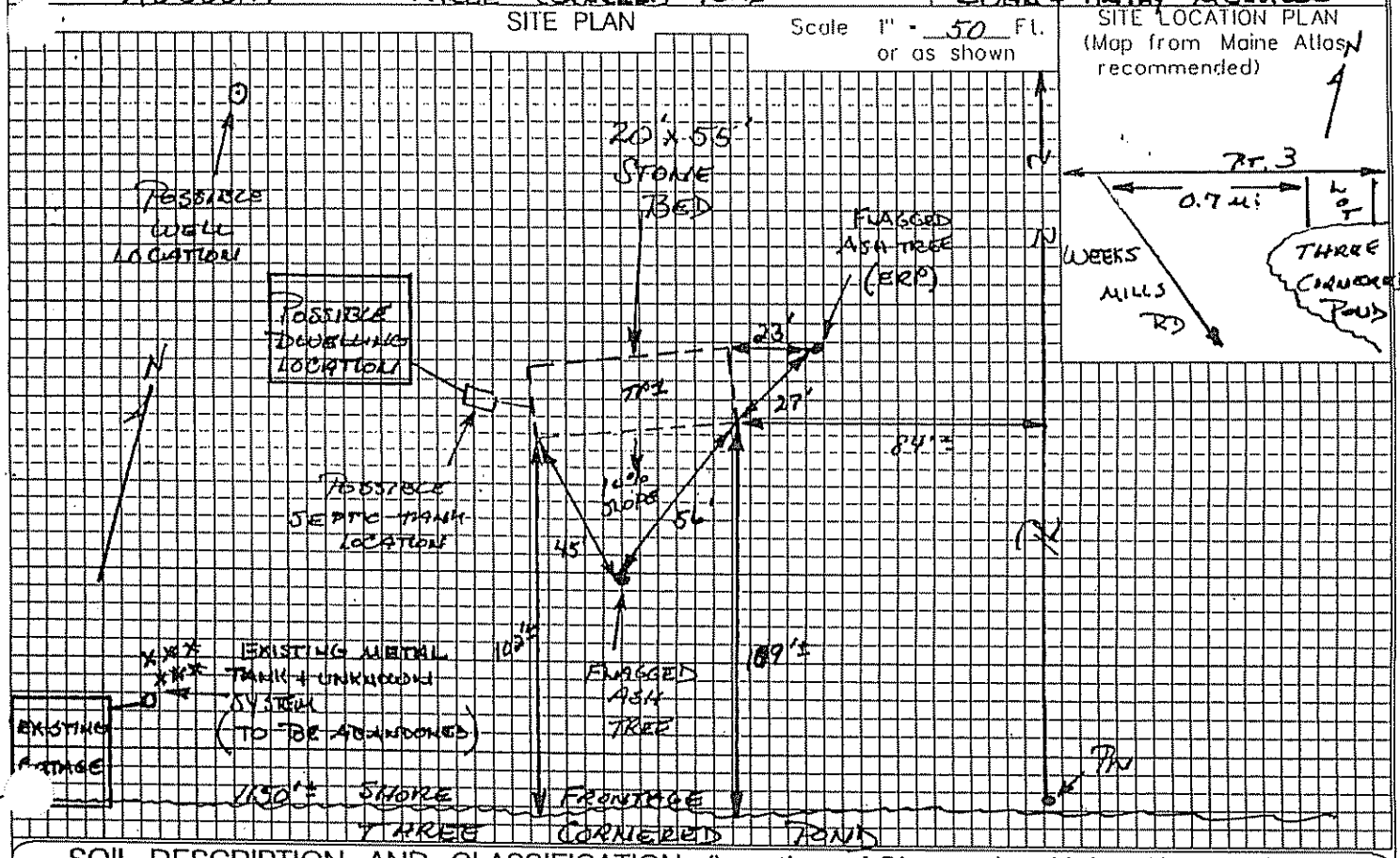
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation: AUGUSTA
Street, Road Subdivision: THREE CORNERED POND
Owner's Name: JOHN + KATHY MELVILLE

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	SILT		BROWN	
10–20	LOAM	FRIABLE	ORANGE BROWN	
20–30	SILTY		OLIVE BROWN	COMMON
30–50	SAND	FIRM		DISTINCT

Soil Classification	Slope	Limiting Factor	
1 Profile / C Condition	10%	17"	☒ 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

Site Evaluator Signature: [signature] SE 168 Date 12-2-99

9/5/02

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Division of Health Engineering
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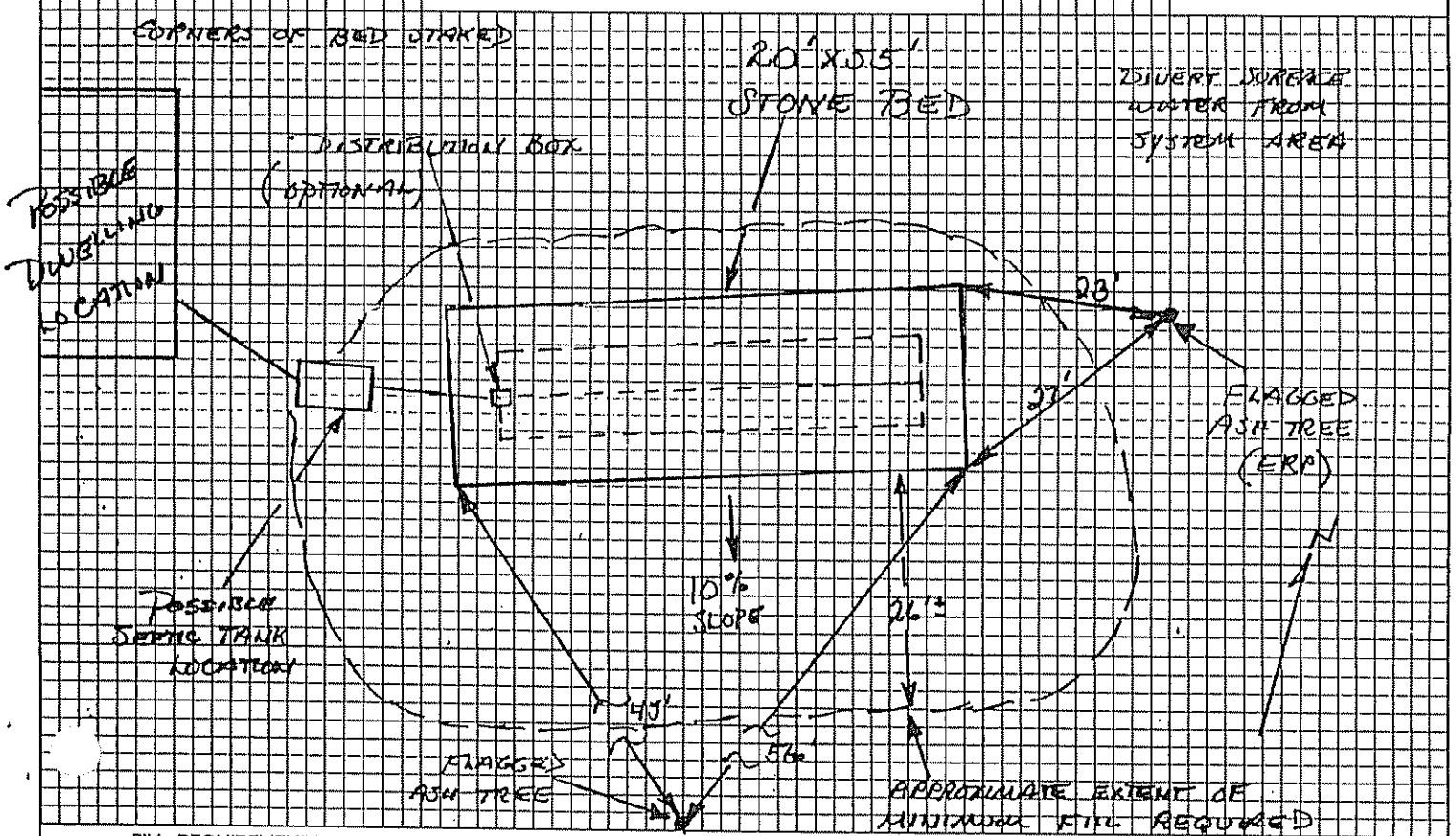
Town, City, Plantation	Street, Road, Subdivision	Owner's Name
AUGUSTA	THREE CORNERED POND	JOHN + KATHY MELVILLE

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT (ERP)
Depth of Fill (Upslope)	19"	Finished Grade Elevation	-30"	Location & Description: FLAGGED NAIL IN FLAGGED ASH TREE 47" ABOVE EXISTING GRADE AT TREE
Depth of Fill (Downslope)	43"±	Top of Distribution Pipe ~~or Proprietary Device~~	-43"	
		Bottom of Disposal Area	-54"	Reference Elevation: ERP IS AT → 0"

DISPOSAL AREA CROSS SECTION

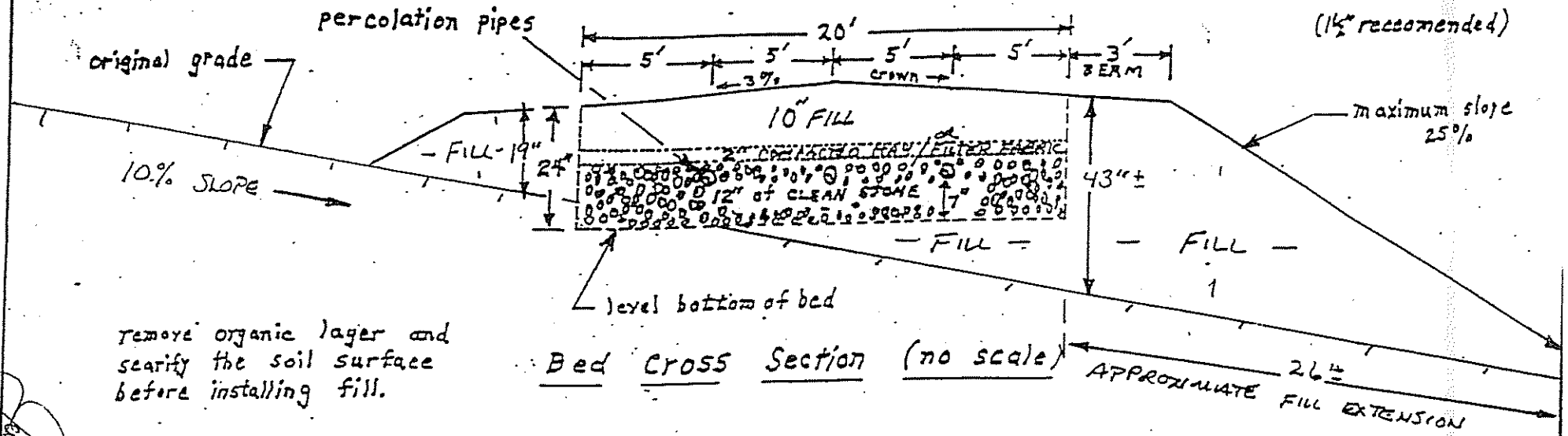
SCALE:
VERTICAL: 1" =
HORIZONTAL: 1" =

(SEE ATTACHED BED DIAGRAM)

Site Evaluator Signature: 168 SE * 12-2-99 Date

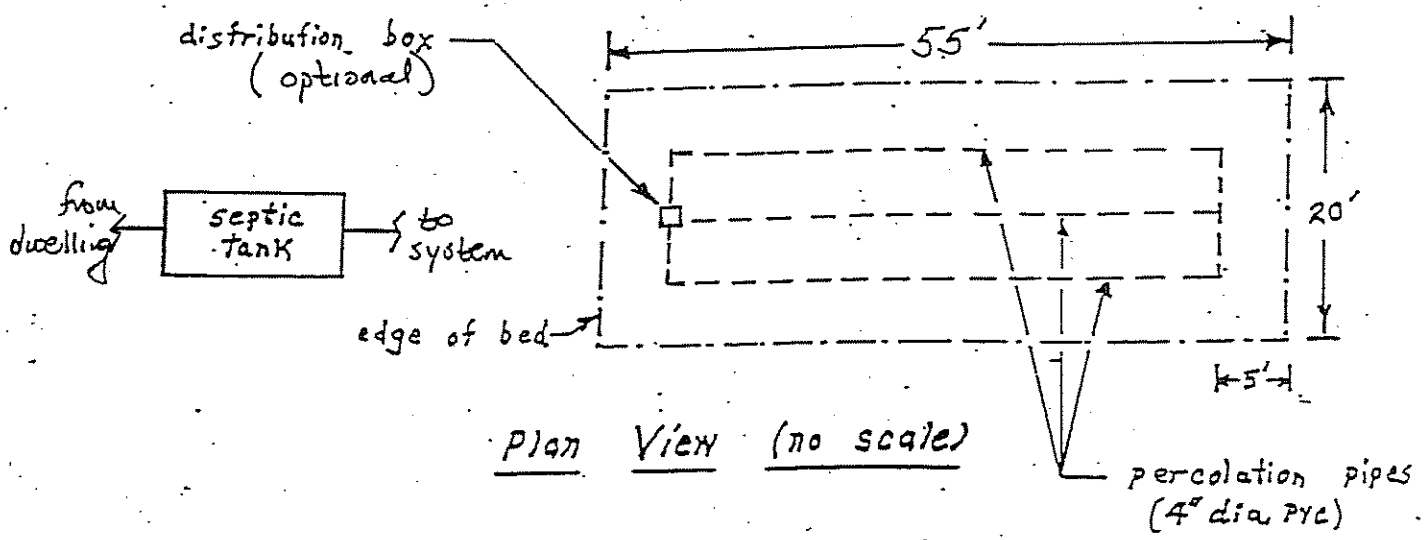
9/5/02

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.) 19 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: JUNE, 1999) for further details regarding installation procedures. (MAINE SUBSURFACE WASTE WATER DISPOSAL RULES)

FOR: JOHN + KATHY MELVILLE

DATE: 12-2-99

BY: JOHN W. LORD JR. SEAL

9/5/02

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