# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div of Environmental Health, 11 SHS
(207) 287-8672 Fax: (207) 287-3165

## PROPERTY LOCATION

City, Town, or Plantation: AUGUSTA 331

Street or Road: 249 OLD BELGRADE RD

Subdivision, Lot #: GREYHOUND PLACEMENT SERVICE

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

AUGUSTA PERMIT # 6563 TOWN COPY

Date Permit Issued: 6/7/11 $250.00 ☐ If Double Fee Charged

Local Plumbing Inspector Signature

L.P.I. # 1862 15.00

## OWNER/APPLICANT INFORMATION

Name (last, first, MI): BRUNS, SCOTT ☒ Owner ☐ Applicant

Mailing Address of Owner/Applicant: 249 OLD BELGRADE RD AUGUSTA, ME 04330

Daytime Tel. #: 626-2893

Municipal Tax Map # 5 Lot # 21

**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 — Date 6/3/11

**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 — (1st) date approved 9/26/11 — (2nd) date approved

## PERMIT INFORMATION

**TYPE OF APPLICATION**

☒ 1. First Time System
☐ 2. Replacement System
Type replaced:
Year installed:
☐ 3. Expanded System
☐ a. <25% Expansion
☐ b. >25% 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**

4± ☐ SQ. FT. ☒ ACRES

**SHORELAND ZONING**

☐ Yes ☒ No

**DISPOSAL SYSTEM TO SERVE**

☐ 1. Single Family Dwelling Unit, No. of Bedrooms:
☐ 2. Multiple Family Dwelling, No. of Units:
☒ 3. Other: VETERINARY CLINIC (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: 700 ☒ 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**

212 gallons per day
BASED ON:
☐ 1. Table 4A (dwelling unit(s))
☒ 2. Table 4C (other facilities)
SHOW CALCULATIONS for other facilities
1 MED STAFF @ 80; 11 PATIENTS - 55
3 EMPLOYEES, MECELL 32 gal.
☐ 3. Section 4G (meter readings)
ATTACH WATER METER DATA

**SOIL DATA & DESIGN CLASS**

PROFILE CONDITION
7 C
at Observation Hole # 1
Depth 15"
of Most Limiting Soil Factor

**DISPOSAL FIELD SIZING**

☐ 1. Medium—2.6 sq. ft. / gpd
☒ 2. Medium—Large 3.3 sq. ft / gpd
☐ 3. Large—4.1 sq. ft. / gpd
☐ 4. 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

**LATITUDE AND LONGITUDE**

at center of disposal area
Lat. 44 d 21 m 13 s
Lon. 69 d 47 m 04 s
if g.p.s, state margin of error: ±20'

## SITE EVALUATOR STATEMENT

I certify that on 5/26/2011 (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# 194 — Date 5/26/2011

J. JOHN BROCHU — 207-841-0525 / 207-968-3434 — johnb@fairpoint.net

Site Evaluator Name Printed — Telephone Number — E-mail Address

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

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

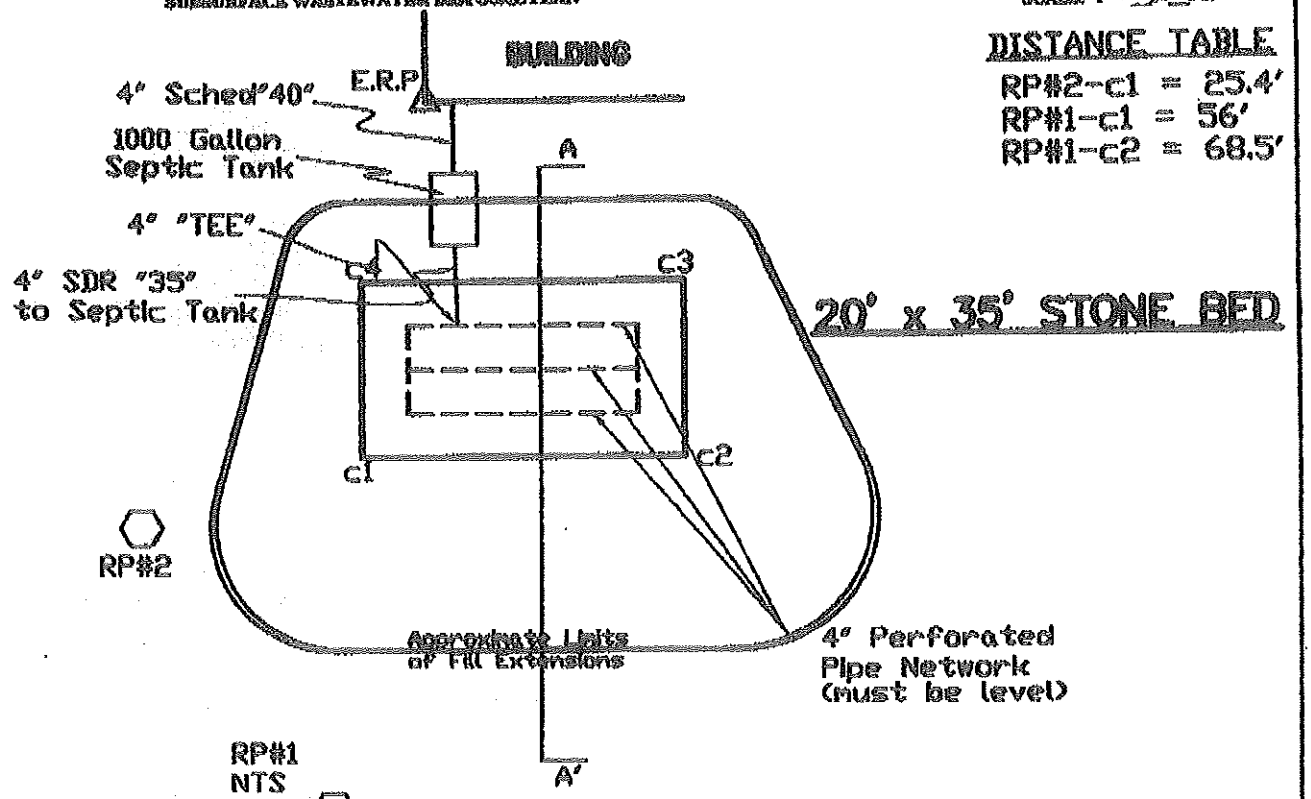
Town, City, Plantation: AUGUSTA

Street, Road, Subdivision: 249 OLD BELGRADE ROAD

Owner's Name: GREYHOUND PLACEMENT CNTR

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 20 FT.




**DISTANCE TABLE**

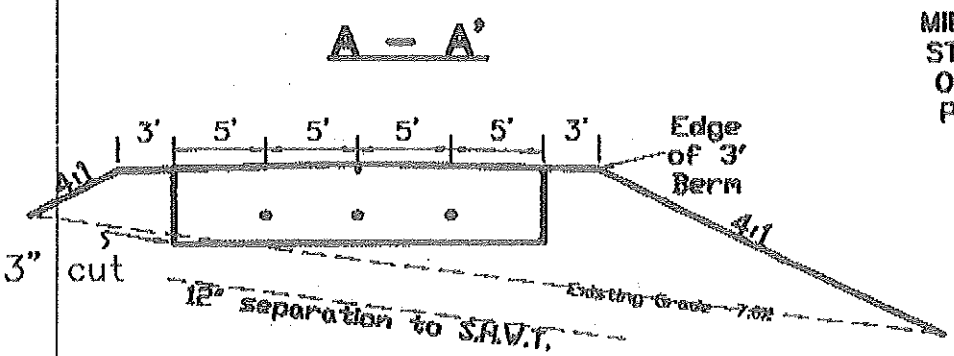
RP#2-c1 = 25.4'
RP#1-c1 = 56'
RP#1-c2 = 68.5'

| FILL REQUIREMENTS | | CONSTRUCTION ELEVATIONS | | ELEVATION REFERENCE POINT Location & Description |
|---|---|---|---|---|
| Depth of Fill (Upslope) | 21" | Finished Grade Elevation | -39" | Top of foundation wall |
| | | Top of Distribution Pipe or Proprietary Device | -52" | |
| Depth of Fill (Downslope) | 38" | Bottom of Disposal Area | -63" | Reference Elevation 0.0" |

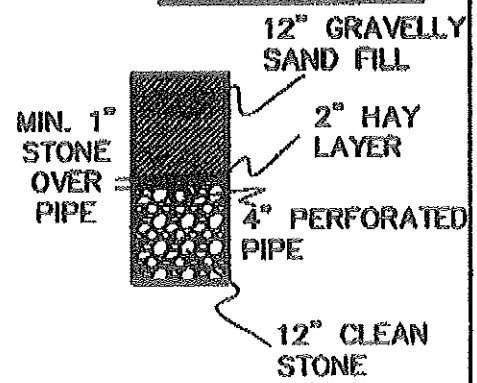
DISPOSAL AREA CROSS SECTION

Scale
Horizontal 1" = 10 ft.
Vertical 1" = 5 ft.

- Scarify surface before placing fill
- Fill To be Gravelly sand
- Loam & seed to prevent erosion
- Slope Surface @ 3%




DETAIL—NO SCALE




| Site Evaluator Signature | SE # | Date |
|---|---|---|
| | 194 | 5/26/2011 |

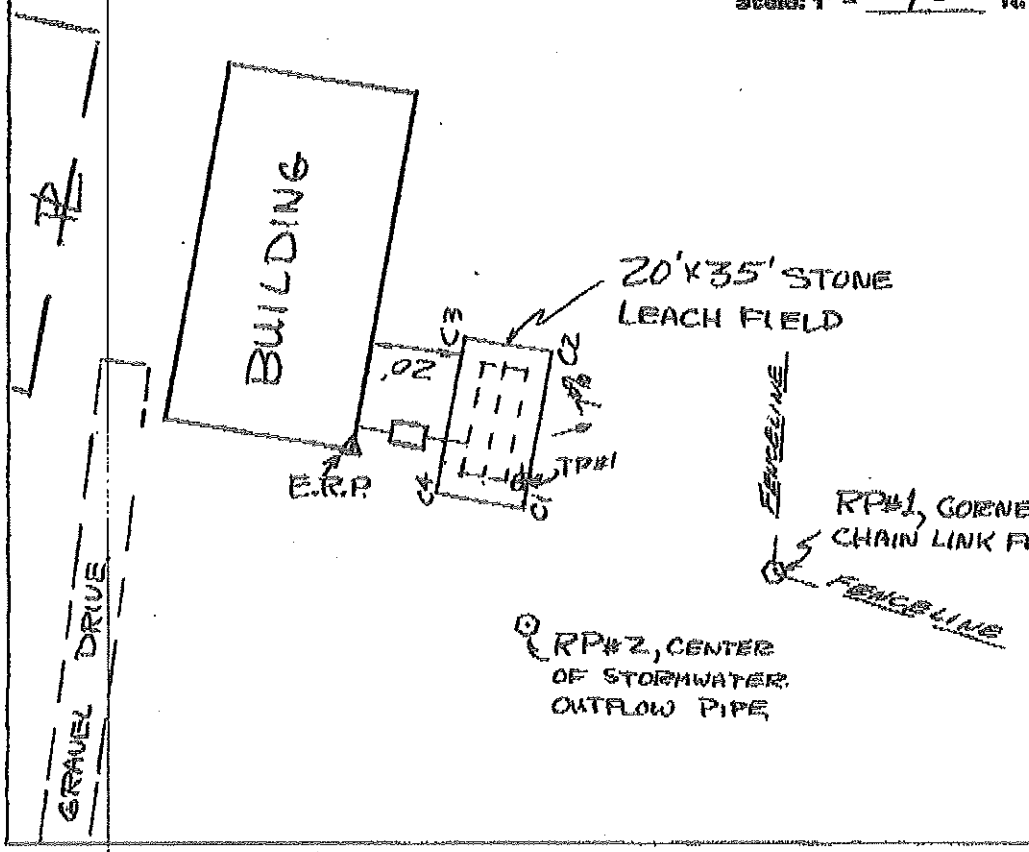
# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-6472 FAX (207) 287-4172

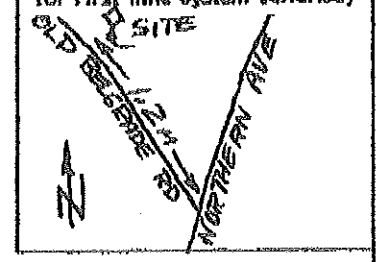
| Town, City, Plantation | Street, Road, Subdivision | Owner or Applicant Name |
|---|---|---|
| AUGUSTA | 249 OLD BELGRADE RD. | GREYHOUND PLACEMENT SERV. |

## SITE PLAN

Scale: 1" = 40 ft.




SITE LOCATION MAP
(Attach map from Maine Atlas for First Time System Variance)




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

Observation Hole # 1 ☒ Test Pit ☐ Boring

1" grass " Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)

| Depth | Texture | Consistency | Color | Mottling |
|---|---|---|---|---|
| 0 | | | | |
| 6 | SANDY | FRIABLE | BROWN | NONE |
| 12 | LOAM | | ORANGE BROWN | |
| 18 | SILTY SAND | SOMEWHAT FRIABLE | PALE BROWN | FEW |
| 24 | LOAM | | OLIVE | COMMON |
| 30 | SANDY | FIRM | | |
| 36 | SILT LOAM | | | DISTINCT. |
| 42 | | | GRAY | |
| 48 | | | | |

| Soil Profile | Classification Condition | Slope Percent | Limiting Factor Depth | |
|---|---|---|---|---|
| 7 | C | 7% | 15" | ☒ Groundwater ☐ Restrictive Layer ☐ Bedrock |

Observation Hole # ____ ☐ Test Pit ☐ Boring

____ " Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)

| Depth | Texture | Consistency | Color | Mottling |
|---|---|---|---|---|
| 0 | | | | |
| 6 | | | | |
| 12 | | | | |
| 18 | | | | |
| 24 | | | | |
| 30 | | | | |
| 36 | | | | |
| 42 | | | | |
| 48 | | | | |

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

John Brochu — Site Evaluator Signature
194 — SE #
5/27/2011 — Date