6/15/2009

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & 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	LEIGHTON RD
Subdivision, Lot #	

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

AUGUSTA PERMIT # 6309 TOWN COPY

Date Permit Issued: 6/5/09 $ 100.00 ☐ If Double Fee Charged

Local Plumbing Inspector Signature L.P.I. # 8510

OWNER/APPLICANT INFORMATION

Name (last, first, MI): FAULKINGHAM, BILL ☑ Owner ☑ Applicant

Mailing Address of Owner/Applicant: 245 MT. VERNON RD. AUGUSTA, ME. 04330

Daytime Tel. #

Municipal Tax Map # 5 Lot # 94

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

CAUTION: INSPECTION REQUIRED
I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. 12/4/09 (1st) date approved

Local Plumbing Inspector Signature 12/7/09 (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
13± ☐ 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)

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: 4000 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: 1200 ☑ 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
360 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
3	C	1

at Observation Hole # 1
Depth 16"
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

LATITUDE AND LONGITUDE
at center of disposal area
Lat. 44 d 20 m 5.9 s
Lon. 69 d 48 m 6.2 s
If g.p.s, state margin of error: 16'

SITE EVALUATOR STATEMENT

I certify that on 5/27/09 (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 # 256 — Date 5/28/09

JOHN PHILBRICK — Site Evaluator Name Printed — Telephone Number 547-3732 — E-mail Address

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

01040604

Town, City, Plantation: AUGUSTA

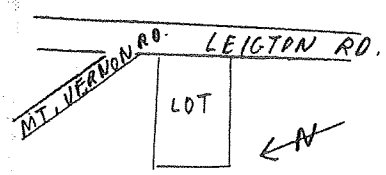
Street, Road, Subdivision: LEIGHTON RD.

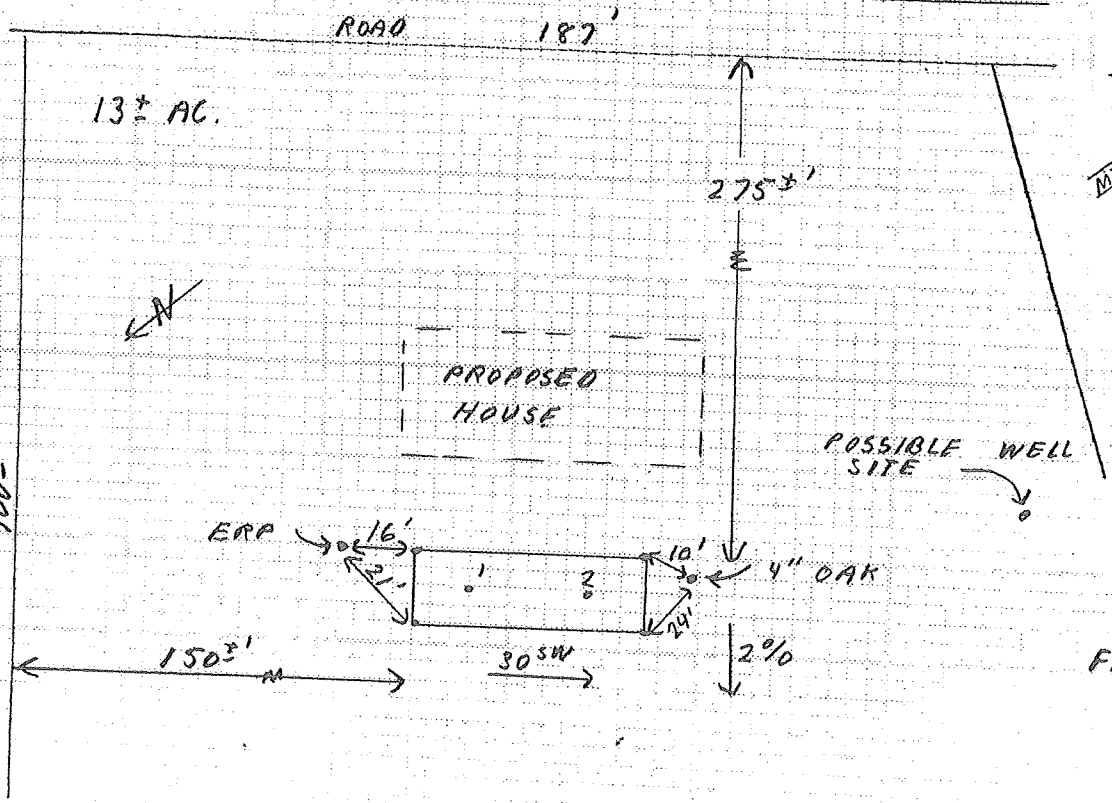
Owner's Name: BILL FAULKINGHAM

SITE PLAN

Scale: 1" = 50 Ft. or as shown

SITE LOCATION PLAN (Attach Map from Maine Atlas for New System Variance)





SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole 1 — ☑ Test Pit ☐ Boring — 2± " Depth of Organic Horizon Above Mineral Soil

Inches (Depth Below Mineral Surface)	Texture	Consistency	Color	Mottling
0–6	SANDY	FRIABLE	D-BR.	NONE
6–10	LOAM			
10–15	LOAMY SAND		YELLOW BR.	
15–20		FIRM	GRAY	COMMON DISTINCT
20–30				
30–40				
40–50				

Soil Profile	Classification Condition	Slope	Limiting Factor	
3	C	2 %	16"	☑ Ground Water ☑ Restr. Layer ☐ Bedrock

Observation Hole 2 — ☑ Test Pit ☐ Boring — 2± " Depth of Organic Horizon Above Mineral Soil

Inches (Depth Below Mineral Surface)	Texture	Consistency	Color	Mottling
0–6				
6–10				
10–15				
15–20		SAME	AS #1	
20–30				
30–40				
40–50				

Soil Profile	Classification Condition	Slope	Limiting Factor	
3	C	2 %	16"	☑ Ground Water ☑ Restr. Layer ☐ Bedrock

Site Evaluator Signature

256
SE#

5/28/09
Date

Approved for use as HHE 200 by Division of Health Engineering 9/87

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

05067453

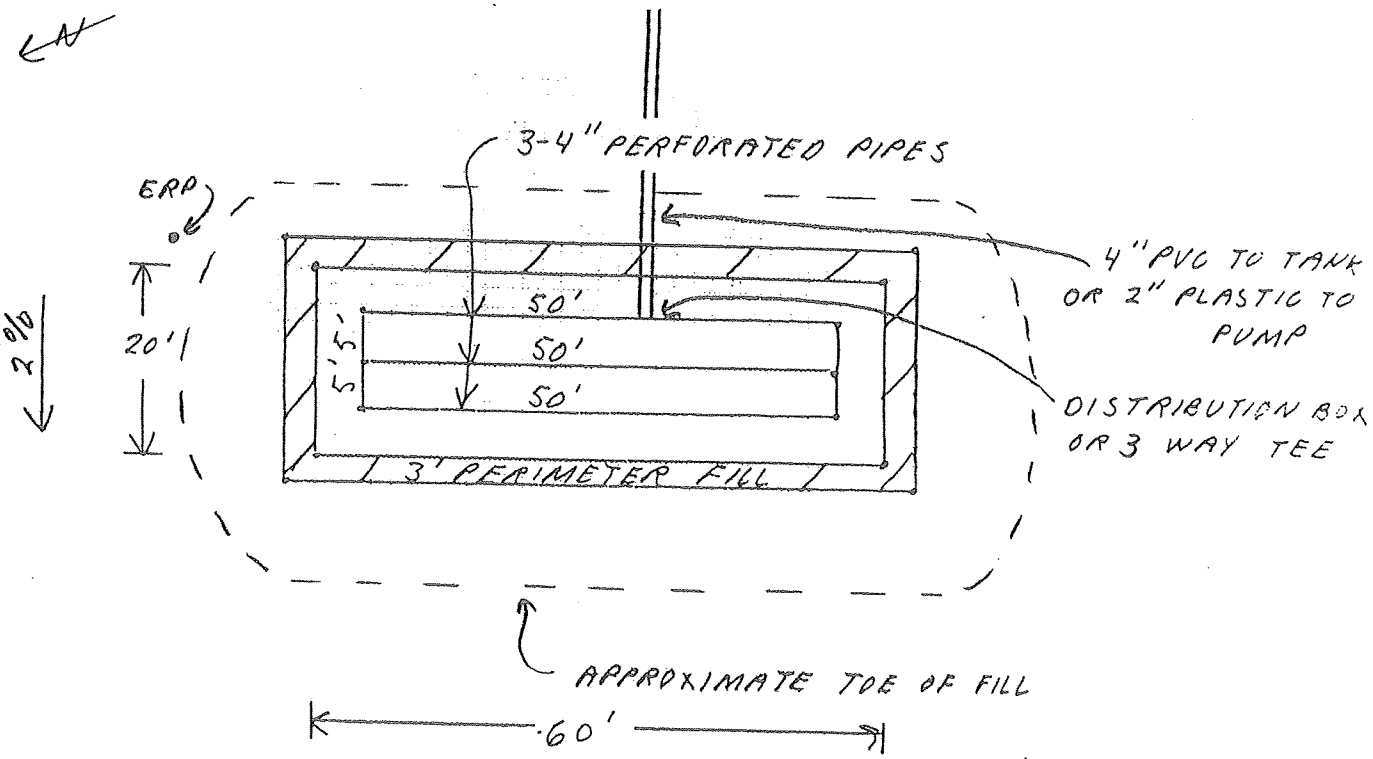
Town, City, Plantation: AUGUSTA

Street, Road, Subdivision: LEIGHTON RD.

Owner's Name: BILL FAULKINGHAM

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 Ft. or as shown



20'x60' BED
FLAGS MARK CORNERS

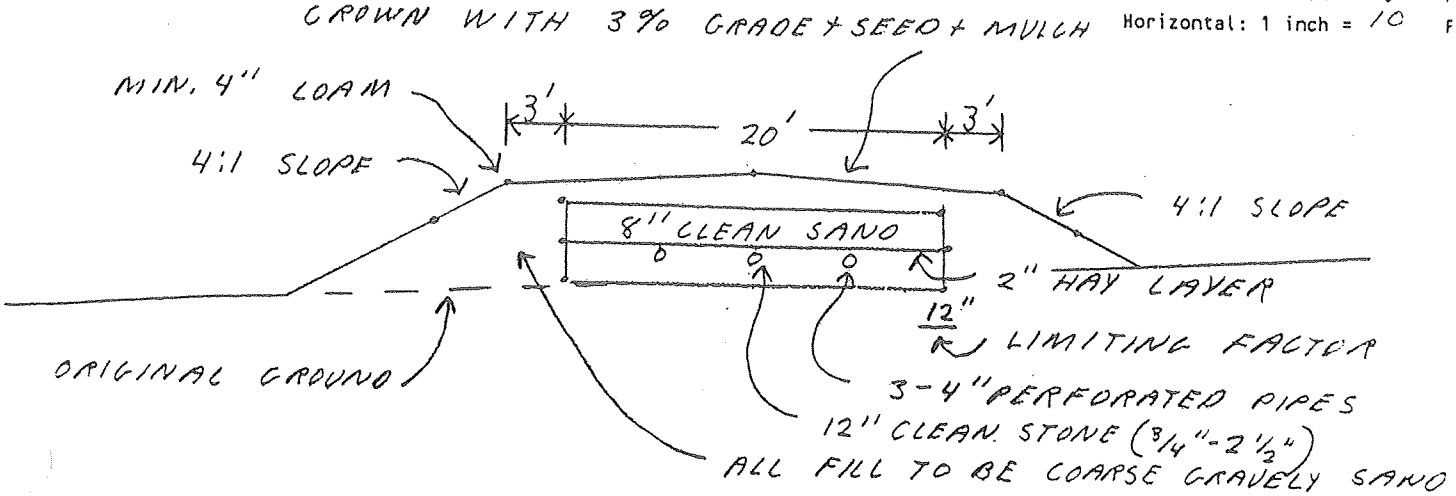
FILL REQUIREMENTS
Depth of Fill (Upslope) 20"
Depth of Fill (Downslope) 24"

CONSTRUCTION ELEVATION
Reference Elevation is 0"
Bottom of Disposal Area -62"
Top of Distribution Lines or Chambers -51"

ELEVATION REFERENCE POINT
ERP IS IN 12" OAK, 16' N/E OF SYSTEM, 40" ABOVE GROUND

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 inch = 5 Ft.
Horizontal: 1 inch = 10 Ft.



Site Evaluator Signature

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SE#

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