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

City, Town, or Plantation	Augusta
Street or Road	Mt. Vernon Road
Subdivision, Lot #	N/A

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

AUGUSTA 5289 TOWN COPY

Date Permit Issued: 5/18/04 $ 100.00 FEE ☐ If Double Fee Charged

Gary R. Fuller — Local Plumbing Inspector Signature — L.P.I. # 1850

OWNER/APPLICANT INFORMATION

Name (last, first, MI)	Gingras, Anne — ☒ Owner ☐ Applicant
Mailing Address of Owner/Applicant	18 Mt Vernon Road, Augusta, ME 04330
Daytime Tel. #	(207) 622-0333

Municipal Tax Map # 5 Lot # 96-B

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 5/17/04

CAUTION: INSPECTION REQUIRED

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

Gary R. Fuller — Local Plumbing Inspector Signature — (1st) date approved 6/17/04 — (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

SIZE OF PROPERTY

0.83 ☐ SQ. FT. ☒ ACRES

SHORELAND ZONING

☐ Yes ☒ No

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 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

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

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

SOIL DATA & DESIGN CLASS

PROFILE CONDITION DESIGN
7 C /
at Observation Hole # /
Depth 32"
of Most Limiting Soil Factor

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: 1000 ☒ sq. ft. ☐ lin. ft.

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

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

EFFLUENT/EJECTOR PUMP

☐ 1. Not Required
☒ 2. May Be Required
☐ 3. Required
Specify only for engineered systems:
DOSE: ____ gallons

DESIGN FLOW

300 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

SITE EVALUATOR STATEMENT

I certify that on 5/14/04 (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).

Kenneth G. Stratton — Site Evaluator Signature — 157 — SE # — 5/17/04 — Date

Kenneth G. Stratton — Site Evaluator Name Printed — (207)377-6068 — Telephone Number — fernfancier@hotmail.com — E-mail Address

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

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

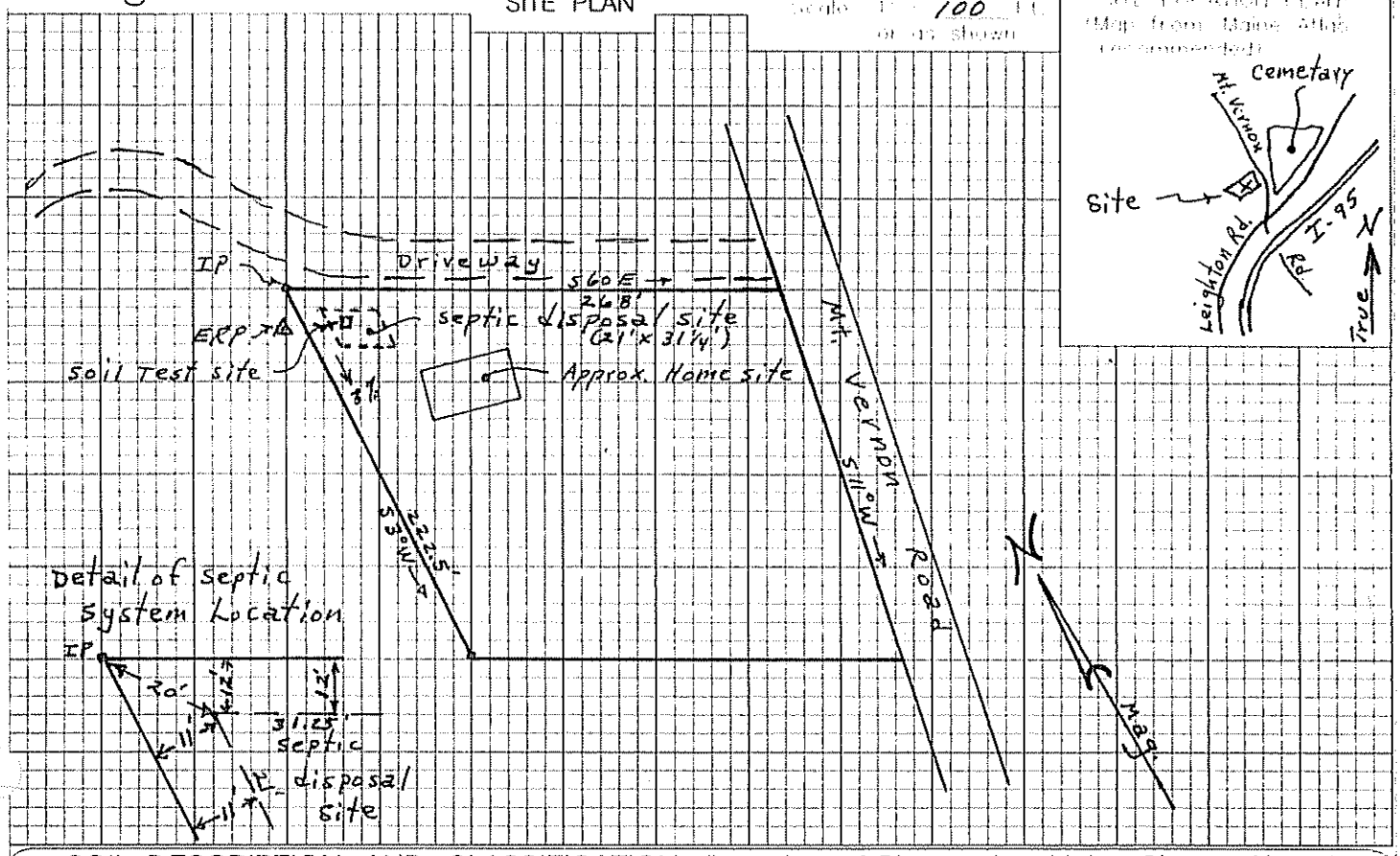
Town, City, Plantation: Augusta

Street, Road, Subdivision: Mt. Vernon Road

Owner's Name: Anne Gingras

SITE PLAN

Scale 1" = 100 ft. or as shown



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

Observation Hole: 3 ☒ Test Pit ☒ Boring

" Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0	Fine Sandy Loam	Friable	Brown	None
10			Red-brown	
20	Loamy Sand	Very friable	Yellow-brown	
30	Sand		Light Gray	
40			Gray	Common + Distinct
50	Silt Loam	Firm	olive	

Soil Classification: Profile	Condition	Slope	Limiting Factor	
7	C	3-5 %	32"	☒ 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				
10				
20				
30				
40				
50				

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

Kenneth G. Stratton — Site Evaluator's Signature

157 — SE #

5/17/04 — Date

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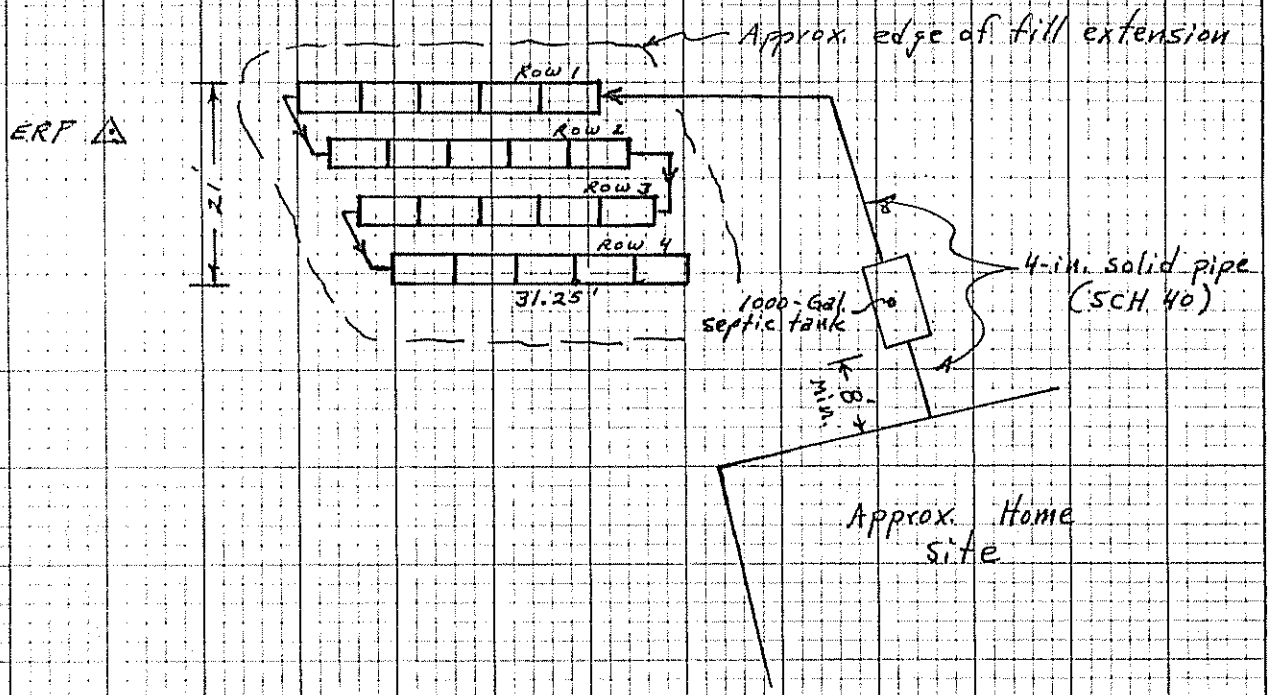
Division of Health Engineering
(207) 287-5672 Fax (207) 287-4172

Augusta | Mt. Vernon Road | Anne Gingras

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT



FILL REQUIREMENTS

Depth of Fill (Upslope) 7"

Depth of Fill (Downslope) 8"

CONSTRUCTION ELEVATIONS

Finished Grade Elevation (See Attached)

Top of Distribution Pipe or Proprietary Device _____

Bottom of Disposal Area _____

ELEVATION REFERENCE POINT

Location & Description Nail in 4-in. white pine NW of disposal site Nail is 38" up on tree

Reference Elevation 0"

DISPOSAL AREA CROSS SECTION

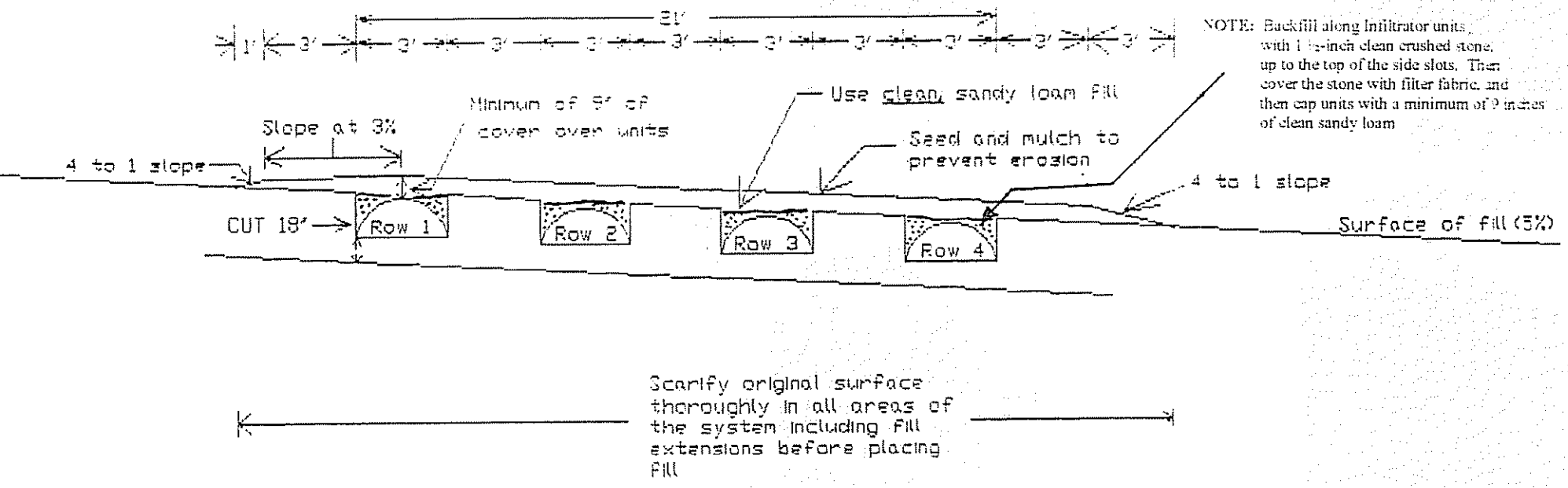
SCALE
VERTICAL: 1" = 5'
HORIZONTAL: 1" = 5'

(See Attached)

Kenneth G. Stratton — 157 — 5/17/04

ATTACHMENT TO FORM HHE-200

DISPOSAL AREA CROSS SECTION



ELEVATION NOTES

	Top of Infiltrators	Bottom of Infiltrators
ROW 1	-39"	-55"
ROW 2	-42"	-58"
ROW 3	-45"	-61"
ROW 4	-48"	-64"

Reference elevation = 0"

SCALE:

Vertical: 1 inch = 5 feet
Horizontal: 1 inch = 5 feet

Kenneth G. Stoltz DATE: 5/17/04