

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept of Health & Human Services
 Division of Health Engineering, 10SHS
 (207)287-5672 FAX (207)287-3165

PROPERTY LOCATION		>> CAUTION: PERMIT REQUIRED – ATTACH IN SPACE BELOW <<
City, Town, or Plantation	AUGUSTA	
Street or Road	31 STONYBROOK ROAD	
Subdivision, Lot #		

OWNER/APPLICANT INFORMATION	
Name (last, first, MI)	TONY GENESEO
	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant

AUGUSTA Date Permit Issued: 6/19/06 PERMIT # 5805 \$ 175.00 FEE Double Fee Charged
 Local Plumbing Inspector Signature: [Signature] L.P.I. # 350

Mailing Address of Owner/Applicant	31 STONYBROOK ROAD AUGUSTA, MAINE 04330
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Daytime Tel. #	441-3190
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Municipal Tax Map #	5	Lot #	107A	R²
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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 of Owner/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	
Local Plumbing Inspector Signature	Date

PERMIT INFORMATION

TYPE OF APPLICATION <input type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type replaced <u>BED</u> Year installed <u>UNKNOWN</u> <input checked="" type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. Minor Expansion <input type="checkbox"/> b. Major Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	THIS APPLICATION REQUIRES <input checked="" type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector approval <input type="checkbox"/> b. State & Local Plumbing Inspector approval <input type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector approval <input type="checkbox"/> b. State & Local Plumbing Inspector approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	DISPOSAL SYSTEM COMPONENTS <input type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify _____ <input type="checkbox"/> 4. Non-Engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input checked="" type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pretreatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous Components
SIZE OF PROPERTY 3.5 ACRES <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres	DISPOSAL SYSTEM TO SERVE: <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>4</u> <input type="checkbox"/> 2. Multiple Family Dwelling Unit, No. of Units: _____ <input type="checkbox"/> 3. Other _____ (specify) Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	TYPE OF WATER SUPPLY <input type="checkbox"/> 1. Drilled Well <input checked="" type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other
SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK <input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular EXISTING <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other _____ CAPACITY <u>1000</u> GAL.	DISPOSAL FIELD TYPE & SIZE <input checked="" type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device EXISTING <input type="checkbox"/> a. cluster array <input checked="" type="checkbox"/> c. Linear <input type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other <u>10 INFILTRATORS EXISTING</u> SIZE <u>1000</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT 1. <input checked="" type="checkbox"/> No <input type="checkbox"/> 3. Maybe 2. <input type="checkbox"/> Yes >> Specify one below: <input type="checkbox"/> a. multi-compartment tank <input type="checkbox"/> b. _____ tanks in series <input type="checkbox"/> c. increase in tank capacity <input type="checkbox"/> d. Filter on Tank Outlet	DESIGN FLOW <u>393</u> gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 501.1 (dwelling unit(s)) <input type="checkbox"/> 2. Table 501.2 (other facilities) SHOW CALCULATIONS -for other facilities- 10 INFILTRATORS = 90GPD 303GPD X 3.3 = 1000SQ FT <input type="checkbox"/> 3. Section 503.0 (meter readings) ATTACH WATER METER DATA LATITUDE AND LONGITUDE at center of disposal area Lat. _____ d _____ m _____ s Long. _____ d _____ m _____ s if gps, state margin of error: _____
SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN <u>5</u> / <u>C</u> / <u>1</u> at Observation Hole # <u>TP-1</u> Depth <u>41"</u> of Most Limiting Soil Factor	DISPOSAL FIELD SIZING 1. <input type="checkbox"/> Small - 2.0 sq. ft./gpd 2. <input type="checkbox"/> Medium - 2.6 sq. ft./gpd 3. <input checked="" type="checkbox"/> Medium-Large - 3.3 sq. ft./gpd 4. <input type="checkbox"/> Large - 4.1 sq. ft./gpd 5. <input type="checkbox"/> Extra-Large - 5.0 sq. ft./gpd	EFFLUENT/EJECTOR PUMP 1. Not Required 2. <input type="checkbox"/> May Be Required 3. <input checked="" type="checkbox"/> Required >> Specify only for engineered or experimental systems DOSE _____ gallons	

SITE EVALUATOR'S STATEMENT

I certify that on 6/8/06 (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 <u>[Signature]</u> EUGENE DUBE Site Evaluator Name Printed	241 SE# 215-6971 Telephone Number	6/8/2006 Date _____ E-mail Address
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Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
 Division of Health Engineering, Station 10
 (207) 287-5672 FAX 207 287-4165

Town, City, Plantation
AUGUSTA

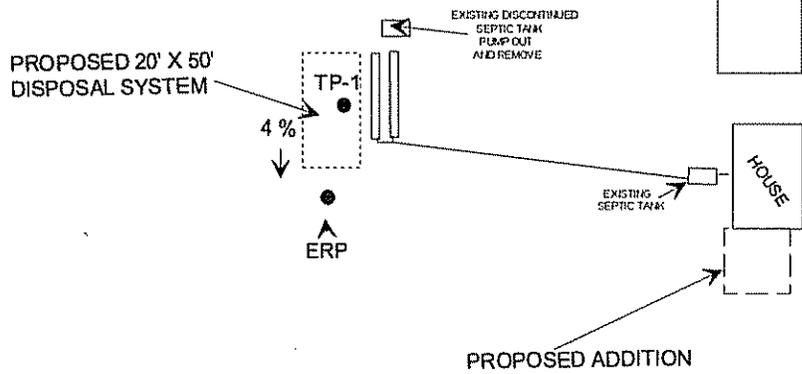
Street, Road, Subdivision
31 STONYBROOK ROAD

Owner or Applicant Name
TONY GENESEO

SITE PLAN

Scale 1" = 100 Ft.

NORTH

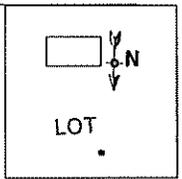


SITE LOCATION PLAN

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

STONY BROOK ROAD

300 FT



31 STONYBROOK ROAD

SOIL PROFILE DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole # TP-1 Test Pit Boring
0 " Depth of organic horizon above mineral soil

Observation Hole # _____ Test Pit Boring
 _____ " Depth of organic horizon above mineral soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	LOAMY SAND FILL	FRIABLE	OLIVE	NONE
10	SANDY LOAM		BROWN	
15			RED	
20	FINE SAND		BROWN	
25			OLIVE	
40				COMMON
50	Soil Profile 5	Classification Condition C	Slope Percent 4 %	Limiting Factor Depth 41 "

Groundwater
 Restrictive Layer
 Bedrock

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0				
10				
20				
30				
40				
50	Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth

Groundwater
 Restrictive Layer
 Bedrock

EUGENE DUBE
 Site Evaluator Signature

241
 SE #

6/8/2006
 Date

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Maine Department of Human Services
Division of Health Engineering, Station 10

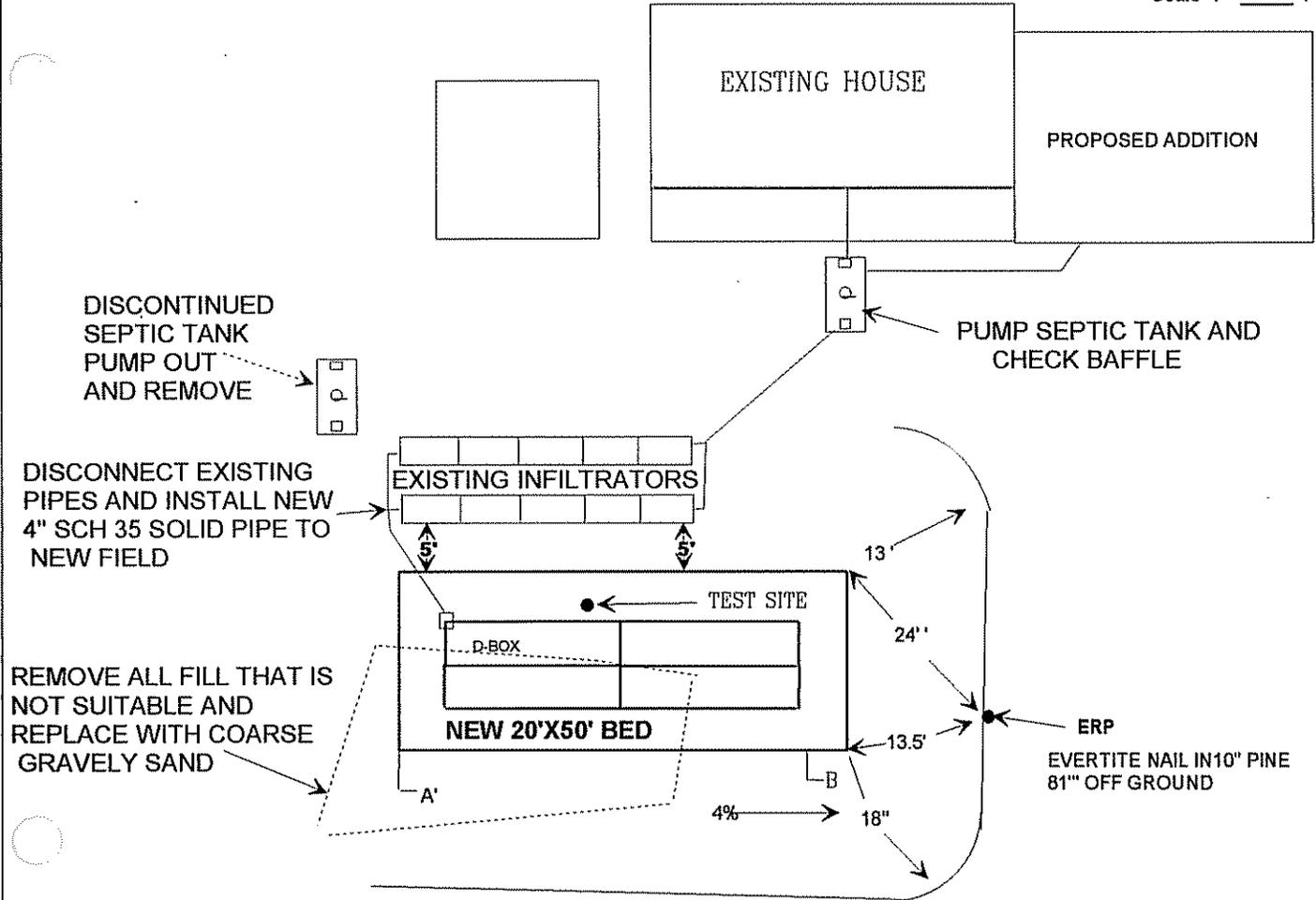
Town, City, Plantation
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Owner or Applicant Name
TONY GENESEO

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.



DISCONTINUED SEPTIC TANK PUMP OUT AND REMOVE

PUMP SEPTIC TANK AND CHECK BAFFLE

DISCONNECT EXISTING PIPES AND INSTALL NEW 4" SCH 35 SOLID PIPE TO NEW FIELD

REMOVE ALL FILL THAT IS NOT SUITABLE AND REPLACE WITH COARSE GRAVELY SAND

BACKFILL REQUIREMENTS

Depth of Fill (Upslope)	0"
Depth of Fill (Downslope)	26"
DEPTHS AT CROSS-SECTION (shown below)	

CONSTRUCTION ELEVATIONS

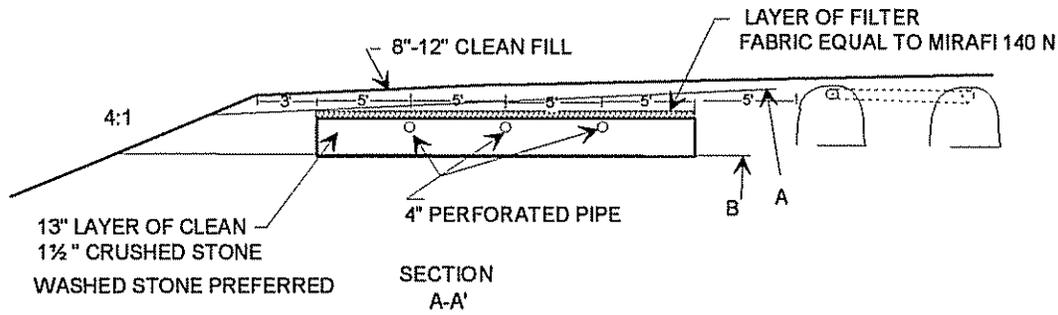
Finished Grade Elevation	-55"
Top of Distribution Pipe or Proprietary device	-67"
Bottom of Disposal Area	-80"

ELEVATION REFERENCE POINT

Location and Description:
EVERTITE NAIL IN 10" PINE TREE, 81" ABOVE GROUND
Reference Elevation is: 00.0"

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 inch = 6 Ft.
Horizontal: 1 inch = 10 Ft.



REMOVE STUMPS AND VEGETATION IN DISPOSAL AREA
SCARIFY ENTIRE FILL AREA
MIX 4 INCHES OF FILL MATERIAL THOROUGHLY WITH EXISTING SOIL TO FORM A TRANSITION ZONE (ACCORDING TO CHAPTER 8, PLUMBING CODE)
ALL FILL SHALL BE GRAVELLY COARSE SAND
DOWN FINISH GRADE FROM CENTER AT 3%
SLOPE ALL ONE-WAY
LOAM, SEED, MULCH DISTURBED AREAS

EUGENE DUBE

Site Evaluator Signature

241

SE #

6-8-2006

Date