# 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

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

| | |
|---|---|
| City, Town, or Plantation | Augusta |
| Street or Road | 25 Stony Brook Rd |
| Subdivision, Lot # | n/a |

AUGUSTA PERMIT # 6150 TOWN COPY

Date Permit Issued: 5/12/08 $ 150.00 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature L.P.I. # 108

## OWNER/APPLICANT INFORMATION

| | |
|---|---|
| Name (last, first, MI) | Genesen Dana P ☒ Owner ☐ Applicant |
| Mailing Address of Owner/Applicant | 25 Stony Brook RD<br>Augusta |
| Daytime Tel. # | 621-4949 |

Municipal Tax Map # 3 Lot # 107B

**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 5/12/08

**CAUTION: INSPECTION REQUIRED**

I have inspected the installation authoirzed above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. _____ (1st) date approved

Local Plumbing Inspector Signature — (2nd) date approved

## PERMIT INFORMATION

**TYPE OF APPLICATION**

- ☐ 1. First Time System
- ☐ 2. Replacement System Tank
- Type replaced: Wood
- 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**

10 Ac ☐ SQ. FT. ☐ ACRES

**SHORELAND ZONING**

☐ Yes ☒ No

**DISPOSAL SYSTEM TO SERVE**

- ☒ 1. Single Family Dwelling Unit, No. of Bedrooms: N/A
- ☐ 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 1000 gal.
  - ☐ a. Regular
  - ☐ b. Low Profile
- ☐ 2. Plastic
- ☐ 3. Other: _____

CAPACITY: _____ 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: _____ ☐ 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**

_____ 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

at Observation Hole # _____

Depth _____"

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. _____ d _____ m _____ s

Lon. _____ d _____ m _____ s

if g.p.s, state margin of error: _____

## SITE EVALUATOR STATEMENT

I certify that on _____ (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 # — Date

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

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