SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Service
Division of Health Engineering, 10 St
(207) 287-5672 Fax: (207) 287-31

PROPERTY LOCATION

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

City, Town, or Plantation	Augusta
Street or Road	Hescock St.
Subdivision, Lot #	

AUGUSTA PERMIT # 6298 TOWN COPY

Date Permit Issued 5/15/09 $ 100.00 FEE ☐ If Double Fee Charged

Mary R. Fuller
Local Plumbing Inspector Signature

L.P.I. # 850

OWNER/APPLICANT INFORMATION

Name (last, first, MI) Niemi Loren + Tammy ■ Owner ☐ Applicant

Mailing Address of Owner/Applicant: 28 Franklin St, Augusta, Me. 04330

Daytime Tel. #

Municipal Tax Map # 5 Lot # 116A

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.

Tammy L Niemi 5-15-08
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.

Mary R. Fuller
Local Plumbing Inspector Signature

(1st) date approved
7/30/09
(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

±4 ☐ SQ. FT. ■ ACRES

SHORELAND ZONING

☐ Yes ■ No

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

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 OR
■ b. Low Profile
☐ 2. Plastic
☐ 3. Other: ____
CAPACITY: 1000 GAL.
LIFT STATION

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: 900 ☐ 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

270 gallons per day
BASED ON:
■ 1. Table 501.1 (dwelling unit(s))
☐ 2. Table 501.2 (other facilities)
SHOW CALCULATIONS for other facilit
☐ 3. Section 503.0 (meter readings)
ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS

PROFILE CONDITION DESIGN
7 , C , 1
at Observation Hole # 1
Depth 18"
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 NA

at center of disposal area
Lat. 44 d 21 m 01.4 s
Lon. 069 d 48 m 24.0 s
if g.p.s, state margin of error: ±23.1

SITE EVALUATOR STATEMENT

I certify that on 6-26-08 (date) I completed a site evaluation on this property and state that the data reported are accurate a that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

Robert Vile Jr. — Site Evaluator Signature
204 — SE #
6-30-08 — Date

Robert G. Vile jr. — Site Evaluator Name Printed
234-2451 — 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) 287-4172

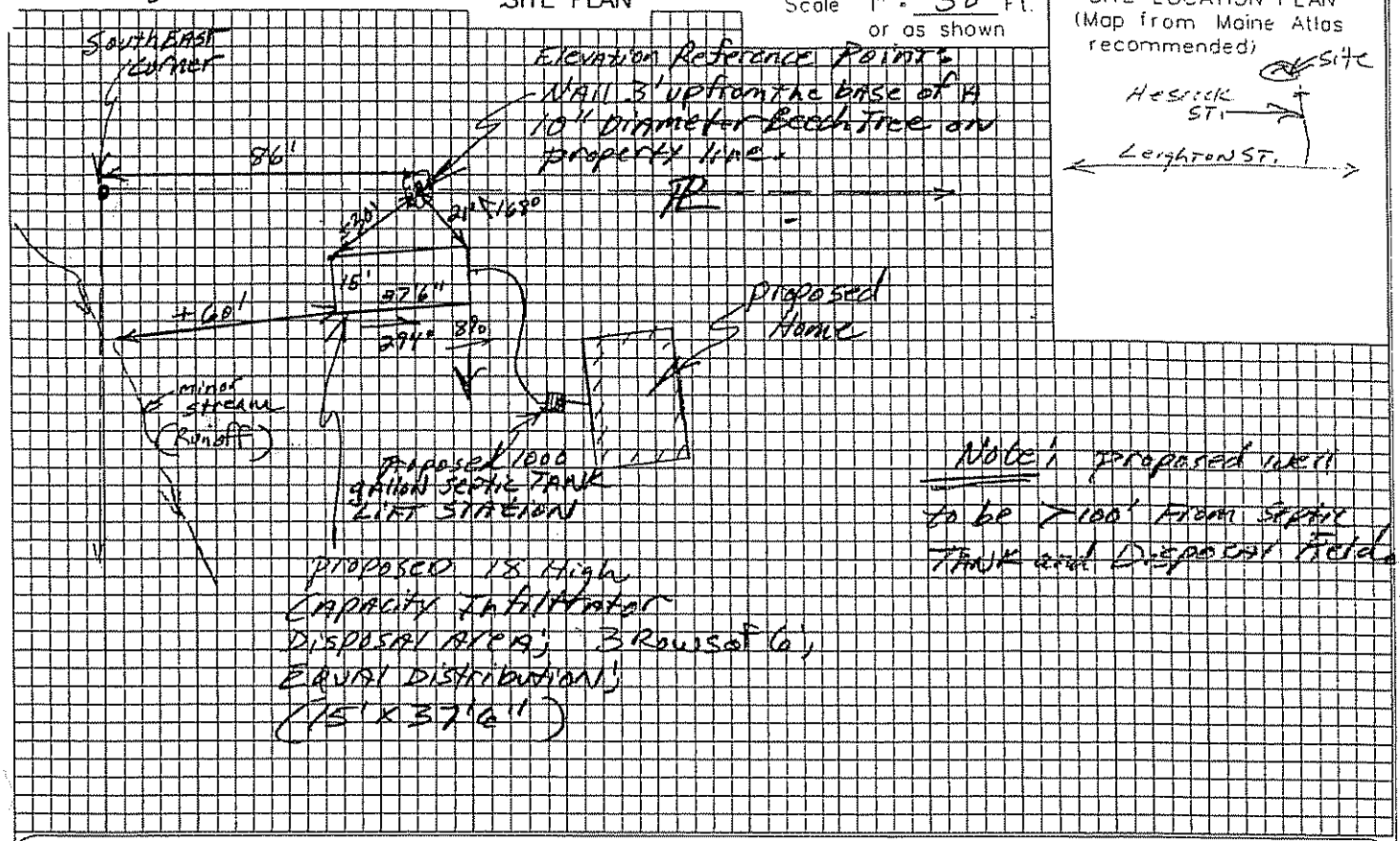
Town, City, Plantation: Augusta

Street, Road Subdivision: Hescock ST.

Owner's Name: Lorent Tammy Niemi

SITE PLAN

Scale 1" = 50 Ft. or as shown



SITE LOCATION PLAN (Map from Maine Atlas recommended)

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

Observation Hole #1 ■ Test Pit ☐ Boring

2" Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–10	Loamy		Brown	None
10–20	Fine Sand	Friable	Strong Brown; Yellowish Brown	
20–30			Light Olive Brown	Common Distinct
30–40	Very Fine Sandy	Firm		
40–50	Loam			

Soil Classification: Profile 7, Condition C

Slope: 8 %

Limiting Factor: 18" ■ 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				
10–20				
20–30				
30–40				
40–50				

Soil Classification: Profile ____, Condition ____

Slope: ____ %

Limiting Factor: ____" ☐ Ground Water ☐ Restrictive Layer ☐ Bedrock ☐ Pit Depth

NOTE:

ALL PERMITS AND OR NOTIFICATIONS REQUIRED PRIOR TO CONSTRUCTION ARE THE RESPONSIBILITY OF THE OWNER.

Robert [illegible] — Site Evaluator Signature

204 — SE #

6-30-08 — Date

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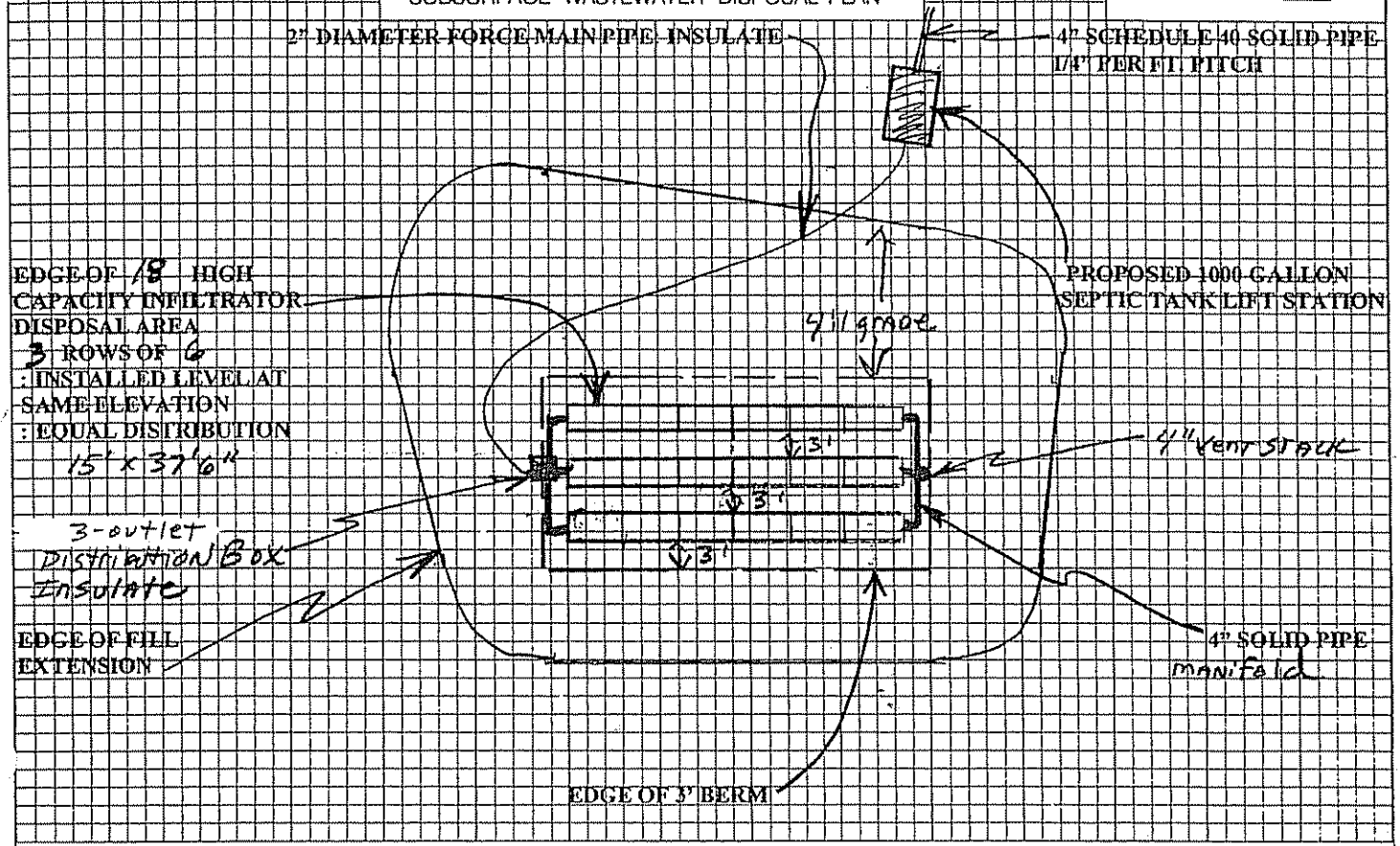
Division of Health Engineering
(207) 287-5672 FAX (207) 287-4172

Town, City, Plantation	Street, Road, Subdivision	Owner's Name
Augusta	Hescock St.	Loren + Tammy Niemi

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT
Depth of Fill (Upslope)	26"	Finished Grade Elevation	-28"	Location & Description NAil 3' up
Depth of Fill (Downslope)	27"-40"	Top of Distribution Pipe or Proprietary Device	-38"	From Base of 10" Beech Tree,
		Bottom of Disposal Area	-54"	Reference Elevation 0"

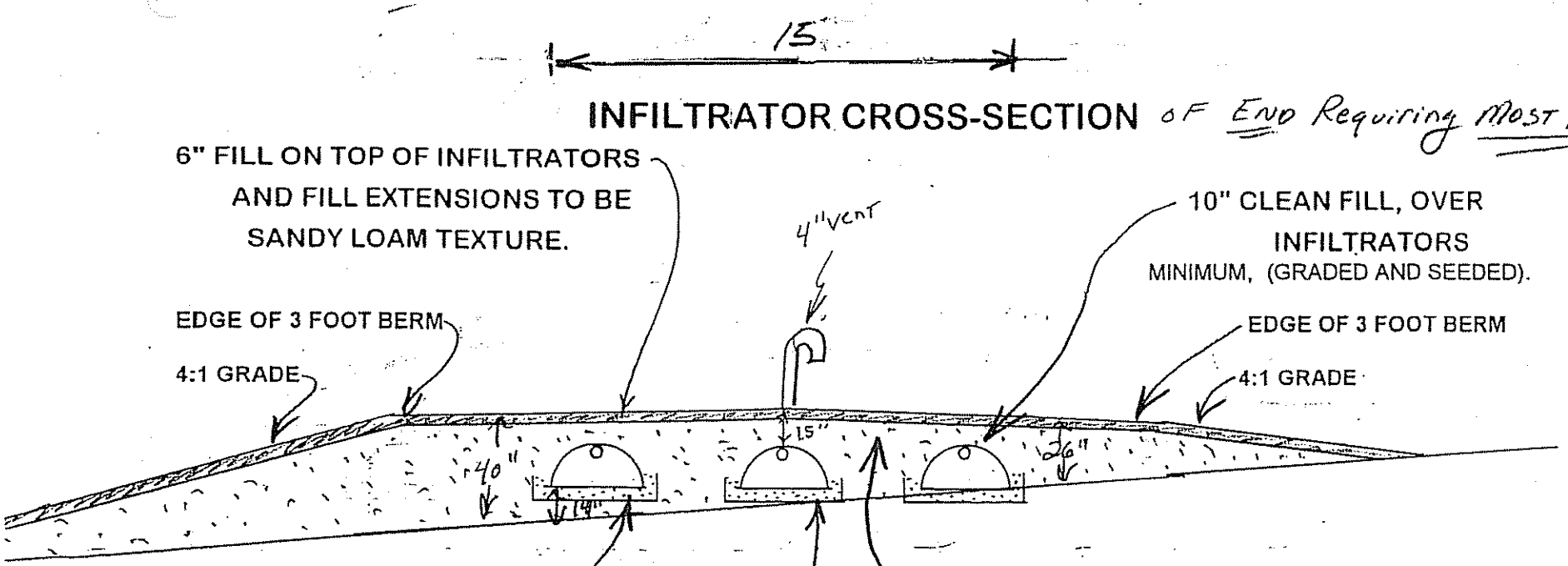
DISPOSAL AREA CROSS SECTION

SCALE:
VERTICAL: 1" =
HORIZONTAL: 1" =

(SEE ATTACHED CROSS SECTION A-A')

Site Evaluator Signature	SE #	Date
Robert Gillis	204	6-30-08

INFILTRATOR CROSS-SECTION of End Requiring Most Fill



NOTES:

1. REMOVE VEGETATION AND SCARIFY ORIGINAL SOIL UNDER INFILTRATORS AND FILL EXTENSIONS.
2. BOTTOM OF INFILTRATORS TO BE LEVEL WITH A MAXIMUM GRADE TOLERANCE OF 1" PER 100'.
3. PROVIDE FOR SURFACE DRAINAGE AWAY FROM INFILTRATOR AREA.
4. FINISHED GRADE SHALL BE SEEDED AND MULCHED TO PREVENT EROSION.
5. MIX FILL TO BE USED UNDER INFILTRATORS WITH TOP 4" OF ORIGINAL SOIL.

OWNER: Loren + Tammy Nicoll
LOCATION: Hescock St. Augusta
NUMBER OF INFILTRATORS: 18
ELEVATIONS: ERP: = 0"
BOTTOM OF INFILTRATORS: -54"
TOP OF INFILTRATORS: -38"
FINISHED GRADE: -28"
SITE EVALUATOR:
ROBERT G. VILE, JR.
Robert G. Vile Jr.
DATE: 6-30-08