SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5672 FAX (207) 287-4172

PROPERTY LOCATION

City, Town, or Plantation: AUGUSTA

Street or Road 75: Mt. Vernon Road

Subdivision, Lot #:

>> Caution: Permit Required – Attach In Space Below <<

AUGUSTA 4371 TOWN COPY

Date Permit Issued: 4/7/00 $ 100 ☐ If Double Fee Charged FEE

Local Plumbing Inspector Signature L.P.I. # 350

Subsurface Wastewater Disposal Rules

OWNER/APPLICANT INFORMATION

Name (last, first, MI): TONDREAU, RUTH (Owner / Applicant)

Mailing Address of ☑ Owner ☐ Applicant: RR #5 BOX 1192, AUGUSTA, ME. 04330

Daytime Tel. #: 626-2367

Municipal Tax Map # 5 Lot # 144

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 or Applicant: Ruth H. Tondreau Date: 4-7-00

Caution: Inspections 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: Mary R. Fuller

(1st) Date Approved: 6/22/00

(2nd) Date Approved: 6/22/00

PERMIT INFORMATION

TYPE OF APPLICATION

1. ☑ First Time System
2. ☐ Replacement System
   Type Replaced: _____
   Year Installed: _____
3. ☐ Expanded System
   a. ☐ One-time exempted
   b. ☐ Non-exempted
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 Approval

DISPOSAL SYSTEM COMPONENT(S)

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± ☐ 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

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 1,000 gallons

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 3. ☐ Maybe
2. ☐ Yes >> 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 facilities –

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 30" Elevation 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

PUMPING

1. ☑ Not Required
2. ☐ May Be Required
3. ☐ Required >> Specify only for engineered or experimental systems:

DOSE: gallons

SITE EVALUATOR STATEMENT

I Certify that on 10/10/99 (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: 10/12/99

Site Evaluator Name Printed: JOHN PHILBRICK Telephone #: 547-3732

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

10139855

Town, City, Plantation: AUGUSTA

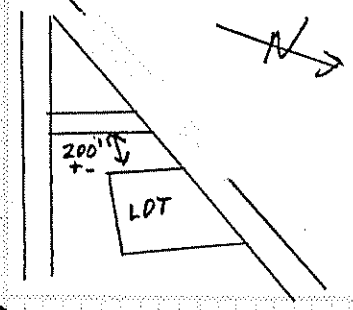
Street, Road, Subdivision:

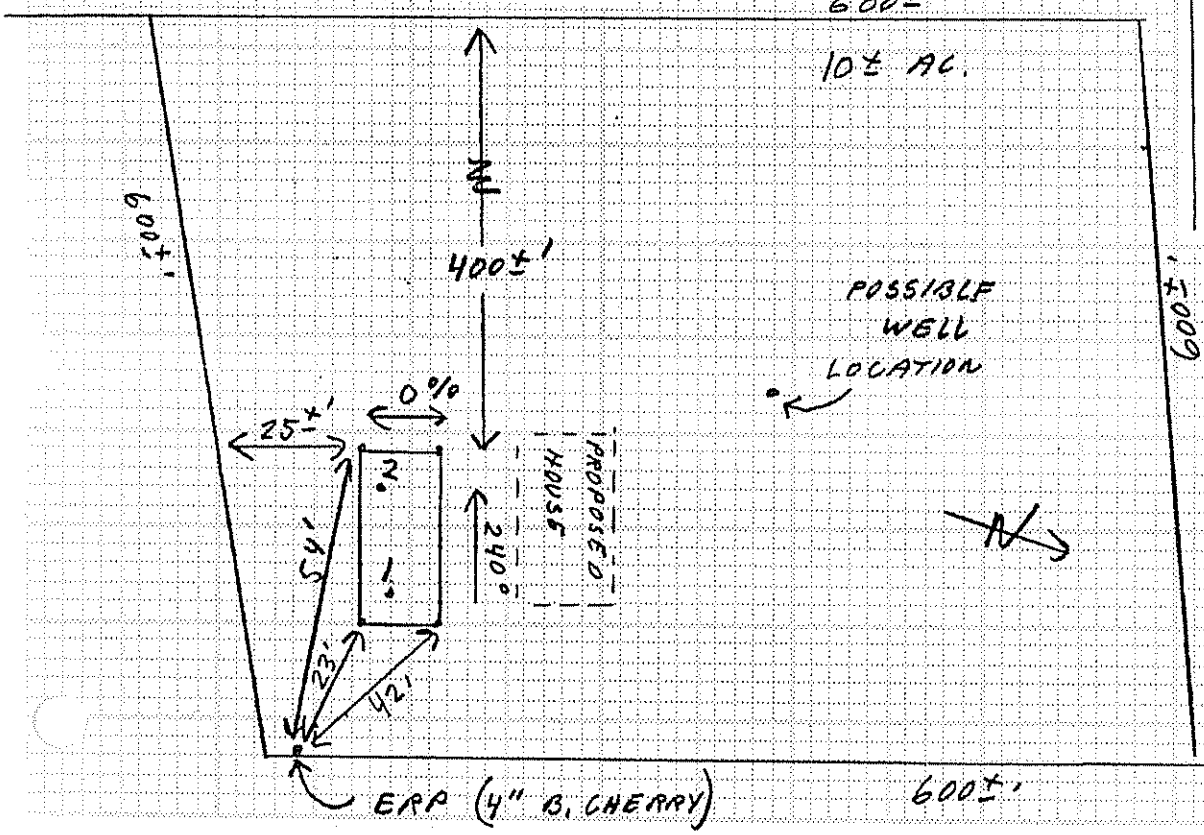
Owner's Name: RUTH TONDREAU

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

0" Depth of Organic Horizon Above Mineral Soil

Inches	Texture	Consistency	Color	Mottling
0–6	SANDY LOAM	FRIABLE	DARK BR.	NONE
6–10	LOAMY		ORANGE BR.	
10–15	SAND		YELLOW BR.	
15–20	SILTY CLAY	FIRM	GRAY	COMMON DISTINCT
20–50				

Soil Profile	Classification Condition	Slope	Limiting Factor	
7	C	0 %	18"	☑ Ground Water ☑ Restr. Layer ☐ Bedrock

Observation Hole 2 — ☐ Test Pit ☑ Boring

0" Depth of Organic Horizon Above Mineral Soil

Inches	Texture	Consistency	Color	Mottling
0–6				
6–10				
10–15				
15–20		SAME	AS #1	
20–50				

Soil Profile	Classification Condition	Slope	Limiting Factor	
7	C	0 %	18"	☑ Ground Water ☑ Restr. Layer ☐ Bedrock

Site Evaluator Signature

256
SE#

10/12/99
Date

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

08246445

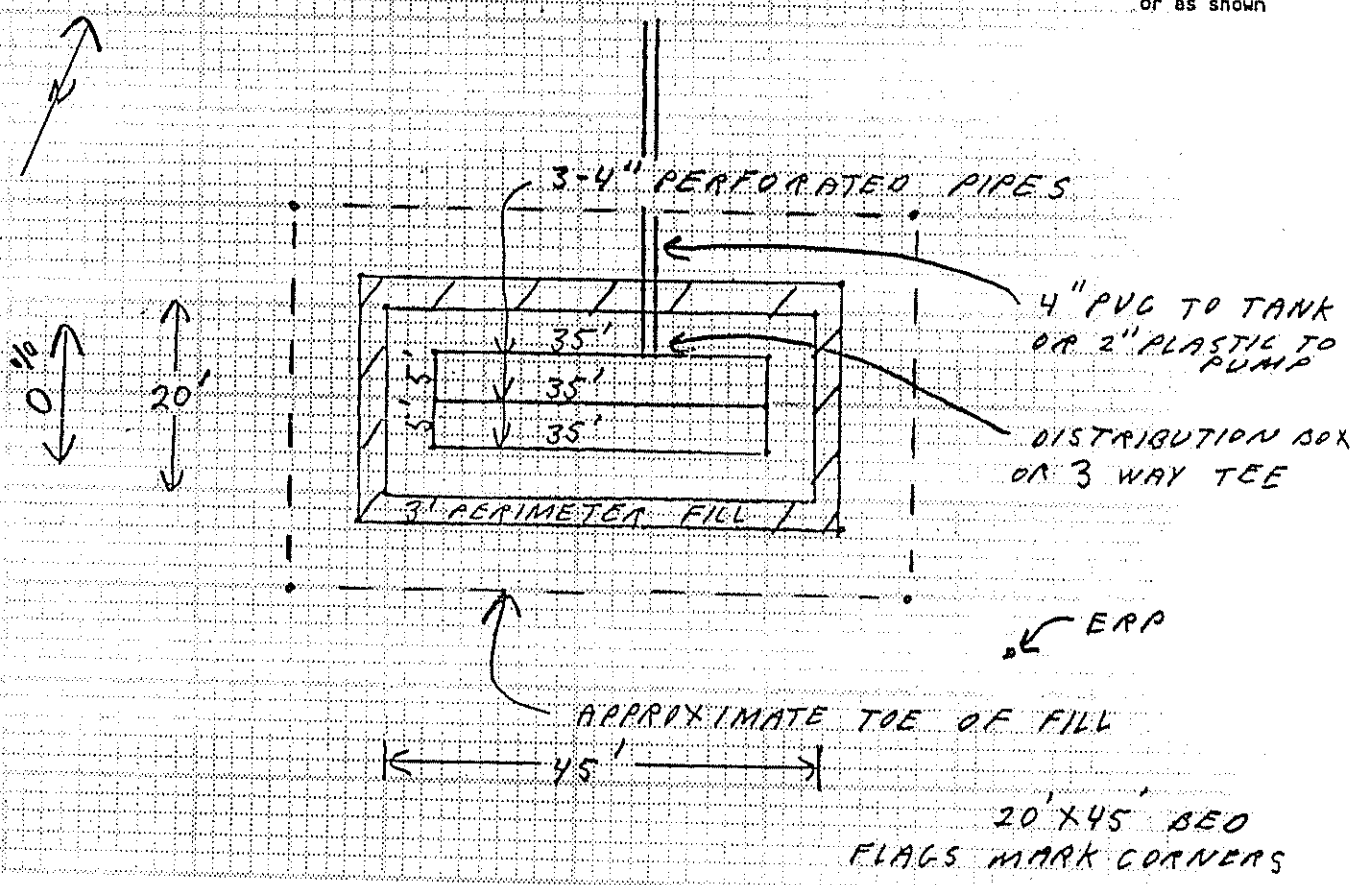
Town, City, Plantation: AUGUSTA

Street, Road, Subdivision:

Owner's Name: RUTH TONOREAU

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 Ft. or as shown



FILL REQUIREMENTS

Depth of Fill (Upslope) 18"

Depth of Fill (Downslope) 18"

CONSTRUCTION ELEVATION

Reference Elevation is 0"

Bottom of Disposal Area -63"

Top of Distribution Lines or Chambers -52"

ELEVATION REFERENCE POINT

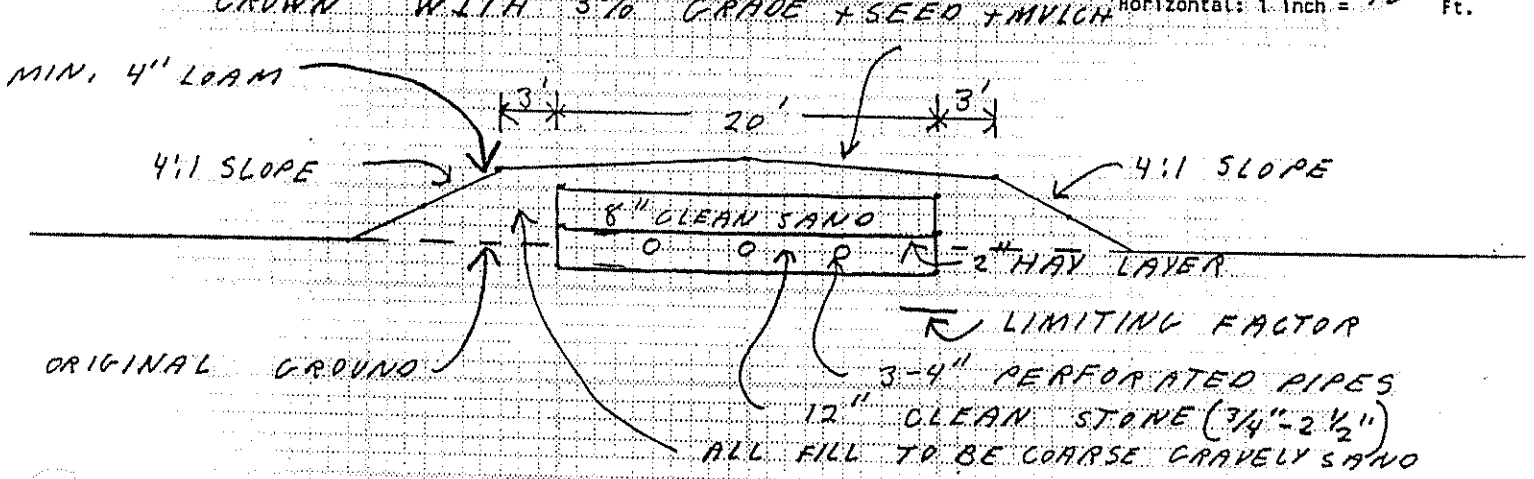
ERP IN 4" BLACK CHERRY, 23' EAST OF SYSTEM, 6'4" ABOVE GROUND

DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = 5 Ft.

Horizontal: 1 inch = 10 Ft.



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