

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		>> Caution: Permit Required - Attach in Space Below <<	
City, Town, or Plantation	AUGUSTA	AUGUSTA Date Permit Issued: <u>7-15-04</u> \$ <u>100.00</u> <input type="checkbox"/> Double Fee FEE Charged TOWN COPY L.P.I. # <u>850</u>	
Street or Road	165 WADE ROAD		
Subdivision, Lot #			
OWNER/APPLICANT INFORMATION			
Name (last, first, MI)	SMITH, WENDY <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant		
Mailing Address of <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	970 GARDNER ROAD, #2 WISCASSET, ME 04578		
Daytime Tel. #	882-6332	Municipal Tax Map #	5 Lot # 162C
Owner or Applicant Statement		Caution: Inspection Required	
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.		I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.	
Signature of Owner or Applicant: <u>Wendy Smith</u> Date: <u>7-7-04</u>		Local Plumbing Inspector Signature: _____ (1st) Date Approved: _____ _____ (2nd) Date Approved: _____	

PERMIT INFORMATION		
TYPE OF APPLICATION 1. <input checked="" type="checkbox"/> First Time System 2. <input type="checkbox"/> Replacement System Type Replaced: _____ Year Installed: _____ 3. <input type="checkbox"/> Expanded System a. <input type="checkbox"/> Minor Expansion b. <input type="checkbox"/> Major Expansion 4. <input type="checkbox"/> Experimental System 5. <input type="checkbox"/> Seasonal Conversion	THIS APPLICATION REQUIRES 1. <input checked="" type="checkbox"/> No Rule Variance 2. <input type="checkbox"/> First Time System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 3. <input type="checkbox"/> Replacement System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 4. <input type="checkbox"/> Experimental System 5. <input type="checkbox"/> Seasonal Conversion Approval	DISPOSAL SYSTEM COMPONENT(S) 1. <input checked="" type="checkbox"/> Complete Non-engineered System 2. <input type="checkbox"/> Primitive System (graywater & alternative toilet) 3. <input type="checkbox"/> Alternative Toilet, specify: _____ 4. <input type="checkbox"/> Non-engineered Treatment Tank (only) 5. <input type="checkbox"/> Holding Tank, capacity: _____ gallons 6. <input type="checkbox"/> Non-engineered Disposal Field (only) 7. <input type="checkbox"/> Separated Laundry System 8. <input type="checkbox"/> Complete Engineered System (2000 gpd or more) 9. <input type="checkbox"/> Engineered Treatment Tank (only) 10. <input type="checkbox"/> Engineered Disposal Field (only) 11. <input type="checkbox"/> Pre-treatment, specify: _____ 12. <input type="checkbox"/> Miscellaneous components
SIZE OF PROPERTY <u>4/1.75</u> <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres	DISPOSAL SYSTEM TO SERVE 1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: <u>3</u> 2. <input type="checkbox"/> Multiple Family Dwelling, No. of Units: _____ 3. <input type="checkbox"/> Other: _____ SPECIFY _____	
SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TYPE OF WATER SUPPLY 1. <input checked="" type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input type="checkbox"/> Public 5. <input type="checkbox"/> Other: _____	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK 1. <input checked="" type="checkbox"/> Concrete a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY: <u>1,000</u> gallons	DISPOSAL FIELD TYPE & SIZE 1. <input type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench 3. <input checked="" type="checkbox"/> Proprietary Device a. <input type="checkbox"/> Cluster array c. <input checked="" type="checkbox"/> Linear b. <input checked="" type="checkbox"/> Regular load d. <input type="checkbox"/> H-20 Load 4. <input type="checkbox"/> Other: _____ SIZE: <u>1250</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT 1. <input checked="" type="checkbox"/> No 2. <input type="checkbox"/> Yes 3. <input type="checkbox"/> Maybe >> If yes/maybe, specify one below: a. <input type="checkbox"/> Multi-Compartment Tank b. <input type="checkbox"/> Tanks in Series c. <input type="checkbox"/> Increase in Tank Capacity d. <input type="checkbox"/> Filter on Tank Outlet	DESIGN FLOW <u>270</u> gallons-per-day (gpd) BASED ON: 1. <input checked="" type="checkbox"/> Table 501.1 (dwelling unit(s)) 2. <input type="checkbox"/> Table 501.2 (other facilities) SHOW CALCULATIONS - for other facilities -
SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN <u>8</u> • <u>D</u> • <u>1</u> at Observation Hole # <u>1</u> Depth <u>14</u> • Elevation <u>-60</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 type="checkbox"/> Medium-Large -- 3.3 sq. ft./gpd 4. <input checked="" type="checkbox"/> Large -- 4.1 sq. ft./gpd 5. <input type="checkbox"/> Extra Large -- 5.0 sq. ft./gpd	EFFLUENT/EJECTOR PUMP 1. <input type="checkbox"/> Not Required 2. <input checked="" type="checkbox"/> May Be Required 3. <input type="checkbox"/> Required >> Specify dose for engineered & experimental systems DOSE: _____ gallons	3. <input type="checkbox"/> Section 503.0 (meter readings) ATTACH WATER-METER DATA

SITE EVALUATOR STATEMENT		
I certify that on <u>13 DEC 03</u> (date) I completed a site evaluation on this property and state that the data reported herein are accurate and that the proposed system is in compliance with the Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).		
Signature: <u>Stephen P. Robbins</u> Site Evaluator Signature	SE # <u>301</u>	Date <u>3 FEB 04</u>
Site Evaluator Name Printed STEPHEN P. ROBBINS	Telephone # <u>377-6707</u>	E-Mail Address <u>NARROWS PD@AOL.COM</u>

STEPHEN P. ROBBINS
 BOX 271
 EAST WINTHROP, ME 04343

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

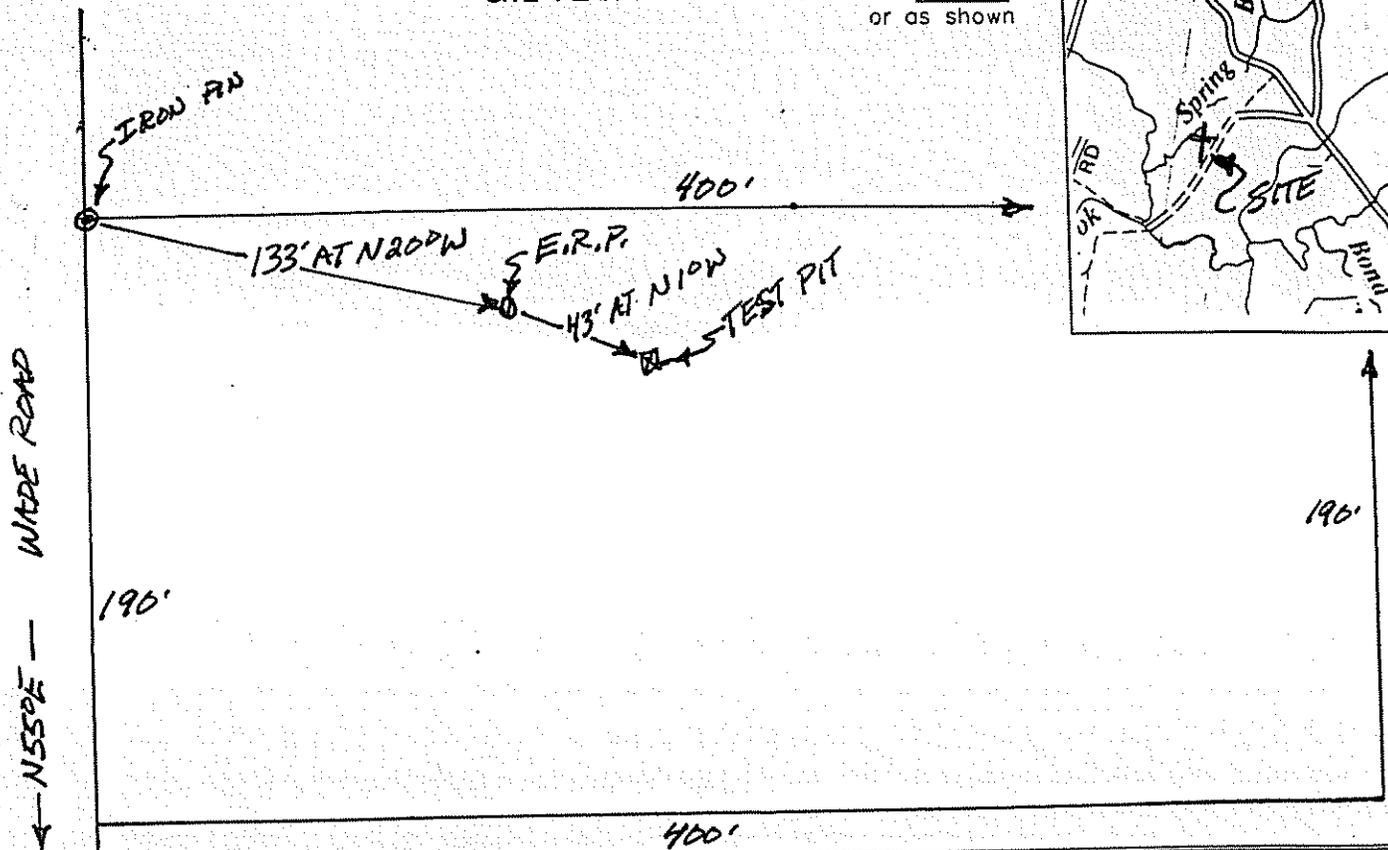
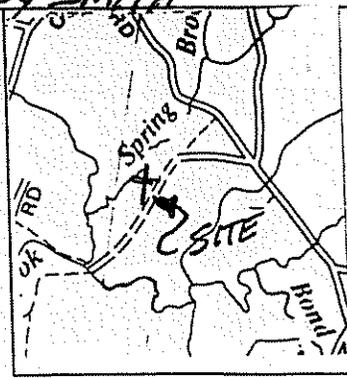
Town, City, Plantation
AUGUSTA

Street, Road Subdivision
WADE ROAD

Owner's Name
WENDY SMITH

SITE PLAN

Scale 1" = _____ Ft.
or as shown



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

Observation Hole 7/1 Test Pit Boring
 _____ " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	SILT LOAM	FRIBLE	BROWN	
10			YELLOW BROWN	
20			OLIVE	COMMON
30		FIRM	OLIVE GRAY	
40				
50				

Soil Classification 8 D Profile Condition	Slope 7%	Limiting Factor 14"	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> 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 "	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
--	------------	----------------------	---

[Signature]
Site Evaluator Signature

301 SE •

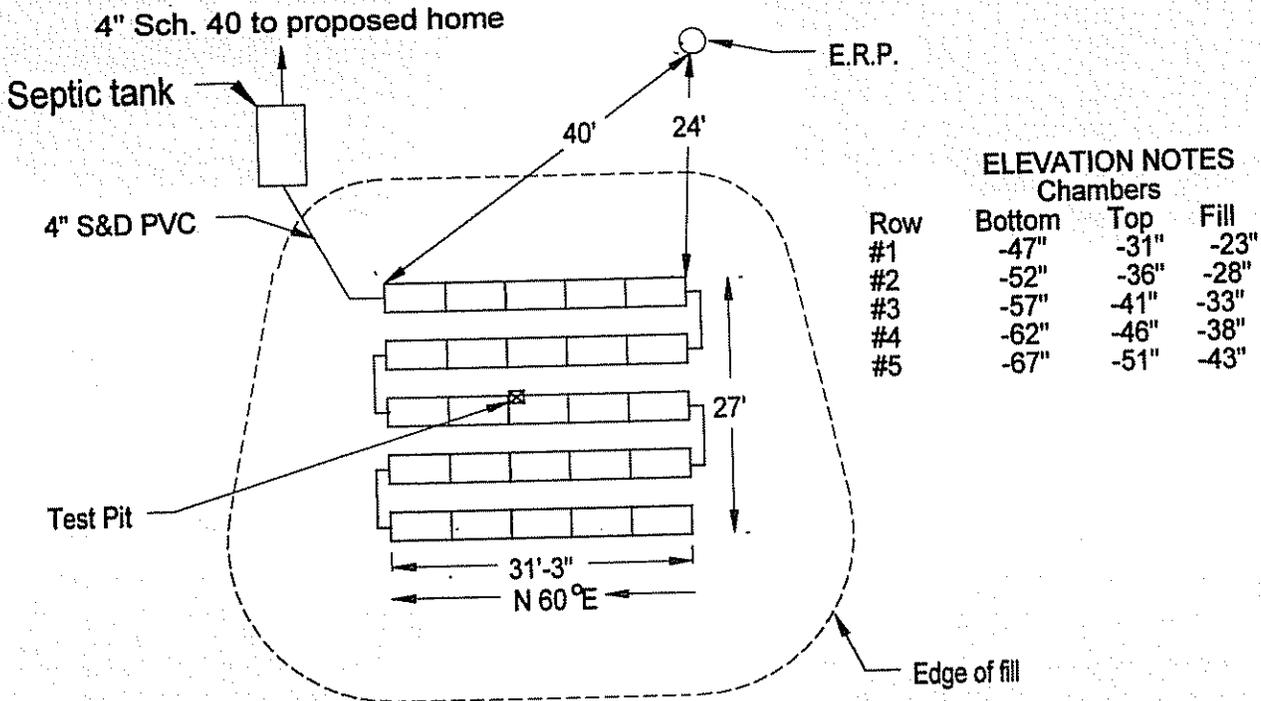
3 FEB 03
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Plantation: **AUGUSTA** Street, Road, Subdivision: **WADE ROAD** Owner or Applicant Name: **WENDY SMITH**

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 ft.



ELEVATION NOTES

Chambers			
Row	Bottom	Top	Fill
#1	-47"	-31"	-23"
#2	-52"	-36"	-28"
#3	-57"	-41"	-33"
#4	-62"	-46"	-38"
#5	-67"	-51"	-43"

BACKFILL REQUIREMENTS

Depth of Backfill (upslope) 28-31"
 Depth of Backfill (downslope) 28-31"
 DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

Finished Grade Elevation ABOVE "
 Top of Distribution Pipe or Proprietary Device _____ "
 Bottom of Disposal Field _____ "

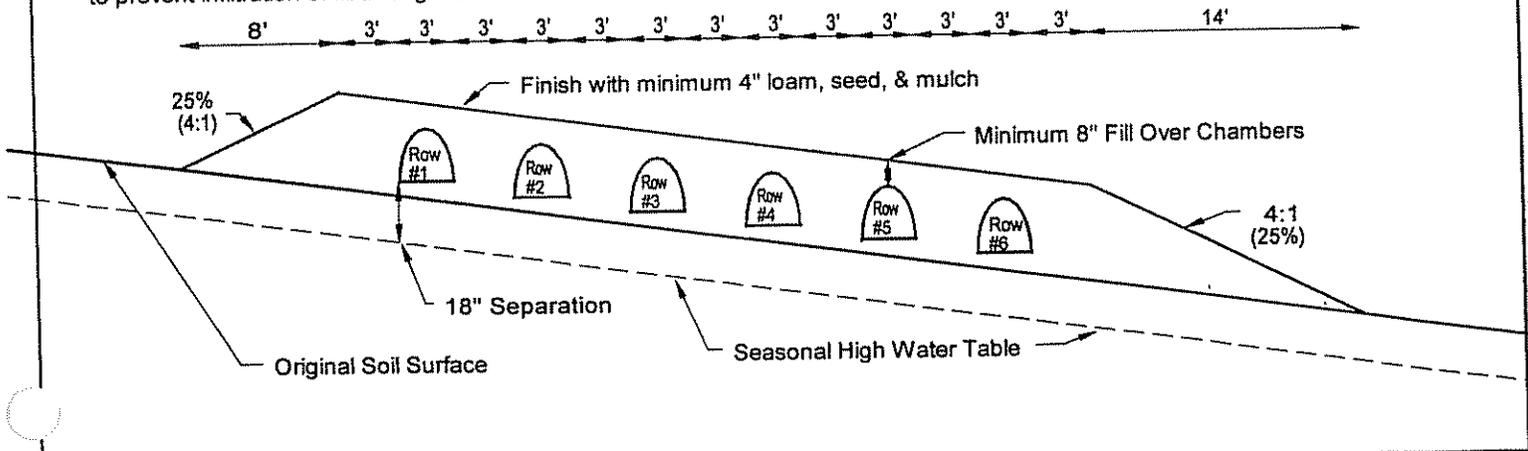
ELEVATION REFERENCE POINT

Location & Description: NAIL IN 16" PINE, 39" FROM GROUND
 Reference Elevation is: 0.0" or: _____

DISPOSAL FIELD CROSS-SECTION

Scales:
 Vertical: 1" = 5 ft.
 Horizontal: 1" = 5 ft.

Note: Chambers can be draped with filter fabric equal to Amoco #4535 to prevent infiltration of fill through louvers.



Stephen P. Malbin

S.E. #301

3 FEB 03

PAGE
3 OF 4

Town
AUGUSTA

Address
WADE ROAD
ATTACHMENT TO HHE-200

Owner
WENDY SMITH

notes:

1. Construction to conform with "State of Maine Subsurface Wastewater Disposal Rules".
2. Property lines shown are as provided by owner, agent, or municipality. No guarantee of accuracy is implied. Actual property lines must be confirmed by survey.
3. Remove organic material and ~~scarify~~ rototill/furrow area under drainfield and fill extensions.
4. Unless otherwise specified, all fill will be coarse sand to a gravelly coarse sand. See Sec. 804.0 in the Maine State Plumbing Code for further clarification of fill requirements. In 8" lifts, compacted as placed. First lift to be thoroughly mixed with original soil.
5. Septic tanks and pump stations shall be installed watertight to prevent infiltration of ground and surface water.
6. Force mains, pump stations, and or gravity piping subject to freezing shall be adequately insulated.
7. Unless otherwise specified, septic tank to be located by contractor; at minimum; 8' to proposed or existing home and or buildings, 10' to property line & water supply line, 100' to all wells and shoreline. Owners well setback can be reduced to 50' if a 1 piece water-tight tank is used.
8. A septic tank outlet filter is recommended.
9. If replacement system with new tank, existing tank or cesspool to be filled with soil or removed. If existing tank is to be utilized, tank is to be thoroughly inspected for condition.
10. Unless otherwise specified, this plan does not allow the placement of pumps between the wastewater source and the septic tank.
11. Unless otherwise specified, disposal area to existing or proposed buildings setback is 20'.
12. Water from gutters, driveways, walks, and other surface water to be diverted away from system.
13. Loam, seed and mulch all disturbed areas to prevent erosion and facilitate runoff.
14. Unless otherwise specified, keep traffic heavier than lawn tractor away from all components of system.
15. Keep sanitary napkins, cigarette butts, coffee grounds, paper towels, grease, and nonbiodegradables out of system.
16. Many times it is impossible to locate water supplies. Property owner assumes responsibility of proper setback to any unknown water supplies.
17. Discharge from water treatment equipment and residential floor drains is not considered wastewater and must not be plumbed into septic system. This flow should be diverted into a separate drywell (Disposal area that does not require design or permit).
18. Plumbing fixtures must be strictly maintained to insure excess water does not enter septic system. Excess water can lead to premature clogging and total failure of disposal area.
19. Venting of disposal area is not required, but can facilitate biological action in disposal area.
20. Pumped systems will be equipped with audible high water alarm, wired to separate circuit as pump.
21. If a BK2000 Waste-Water Management system or any other Norweco products are included in this design, the designer has a financial interest in the sale of these products. Owner is encouraged to research comparable products and make final choice. If owner chooses a competitors product, design will be revised to note said change at no charge.
22. Take 3 copies of the plan to your local plumbing inspector for required permit.

Stephen P. Robbins

S.E.#301

Date 3 FEB 03

Page 4 of 4

S.P.