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: CIRCLE O RD.

Subdivision, Lot #:

AUGUSTA PERMIT # 5896 TOWN COPY

Date Permit Issued: 11/1/06 $ 100.00 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature: [signature] L.P.I. # 85D

OWNER/APPLICANT INFORMATION

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

Mailing Address of Owner/Applicant: 85 WADE RD. AUGUSTA, ME. 04330

Daytime Tel #:

Municipal Tax Map # 5 Lot # 175

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

CAUTION: INSPECTION REQUIRED

I have inspected the installation authorized 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
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

2 ☐ SQ. FT. ☑ ACRES

SHORELAND ZONING

☐ Yes ☑ No

DISPOSAL SYSTEM TO SERVE

☑ 1. Single Family Dwelling Unit, No. of Bedrooms: 2
☐ 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

☑ Concrete
☑ a. Regular
☐ b. Low Profile
☐ 2. Plastic
☐ 3. Other ____
CAPACITY: 750 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: 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

180 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
9	0	3

at Observation Hole # 1
Depth 12"
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. 44 d 21 m 500 s
Lon. 69 d 48 m 992 s
If g.p.s. state margin of error 22

SITE EVALUATOR STATEMENT

I certify that on 10/16/06 (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: [signature] SE #: 256 Date: 10/18/06

Site Evaluator Name Printed: JOHN PHILBRICK Telephone Number: 547-3732 E-mail Address:

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

01040604

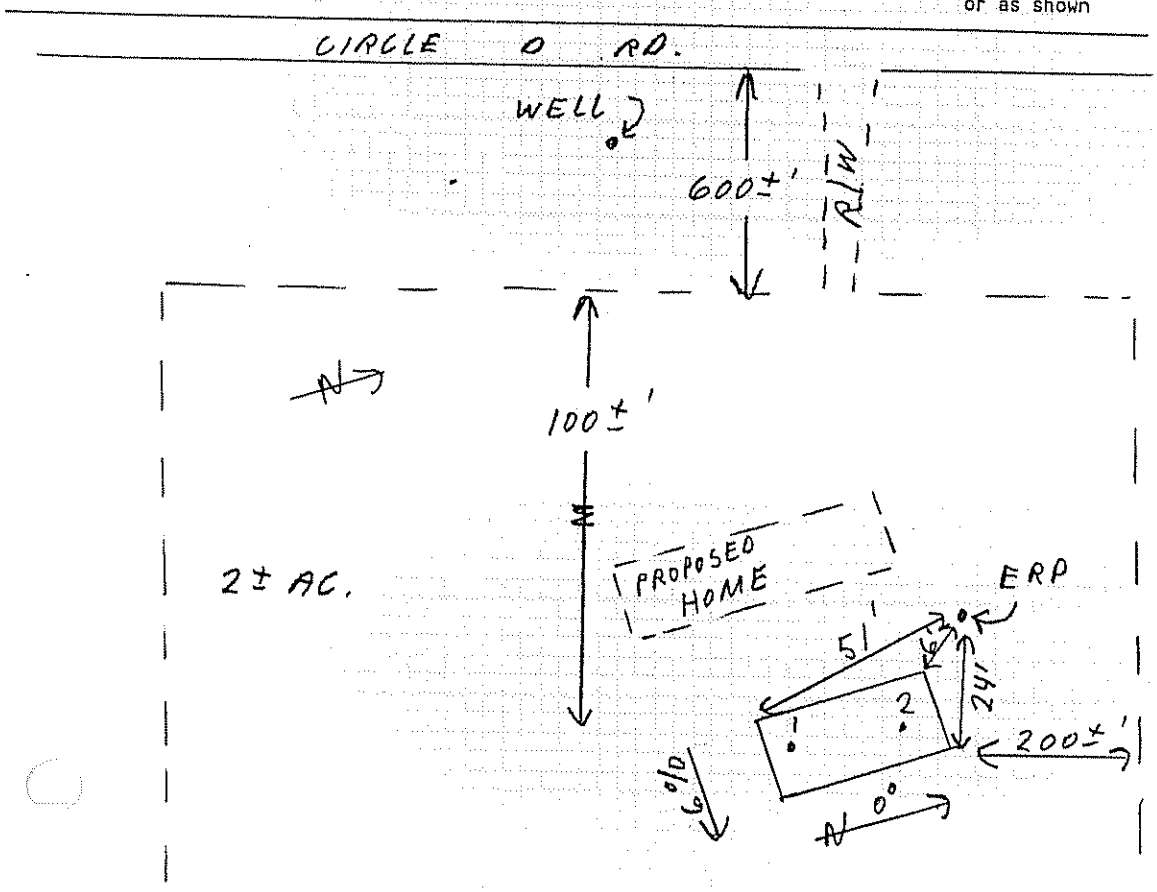
Town, City, Plantation: AUGUSTA

Street, Road, Subdivision: CIRCLE O RD.

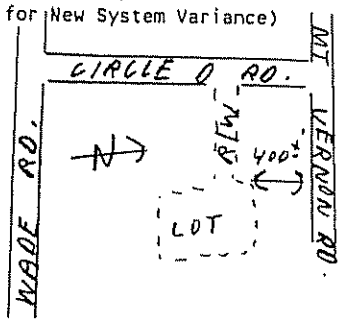
Owner's Name: RUTH TONOREAU

SITE PLAN

Scale: 1" = 50 Ft. or as shown



SITE LOCATION PLAN
(Attach Map from Maine Atlas for New System Variance)



20'X45' BED
FLAGS MARK CORNERS

SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole 1 — ☑ Test Pit ☐ Boring

2± " Depth of Organic Horizon Above Mineral Soil

Inches	Texture	Consistency	Color	Mottling
0–6	SILTY LOAM	FRIABLE	DARK BR. TAN	NONE
6–10				
10–15		FIRM	GRAY	COMMON
15–20	SILTY CLAY			DISTINCT
20–30				
30–40				
40–50				

Soil Profile: 9 — Classification Condition: 0 — Slope: 6 % — Limiting Factor: 12" — ☑ Ground Water ☑ Restr. Layer ☐ Bedrock

Observation Hole 2 — ☑ Test Pit ☐ Boring

2± " Depth of Organic Horizon Above Mineral Soil

Inches	Texture	Consistency	Color	Mottling
0–6				
6–10				
10–15				
15–20		SAME	AS #1	
20–30				
30–40				
40–50				

Soil Profile: 9 — Classification Condition: 0 — Slope: 6 % — Limiting Factor: 12" — ☑ Ground Water ☑ Restr. Layer ☐ Bedrock

Site Evaluator Signature

SE# 256

Date 10/18/06

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

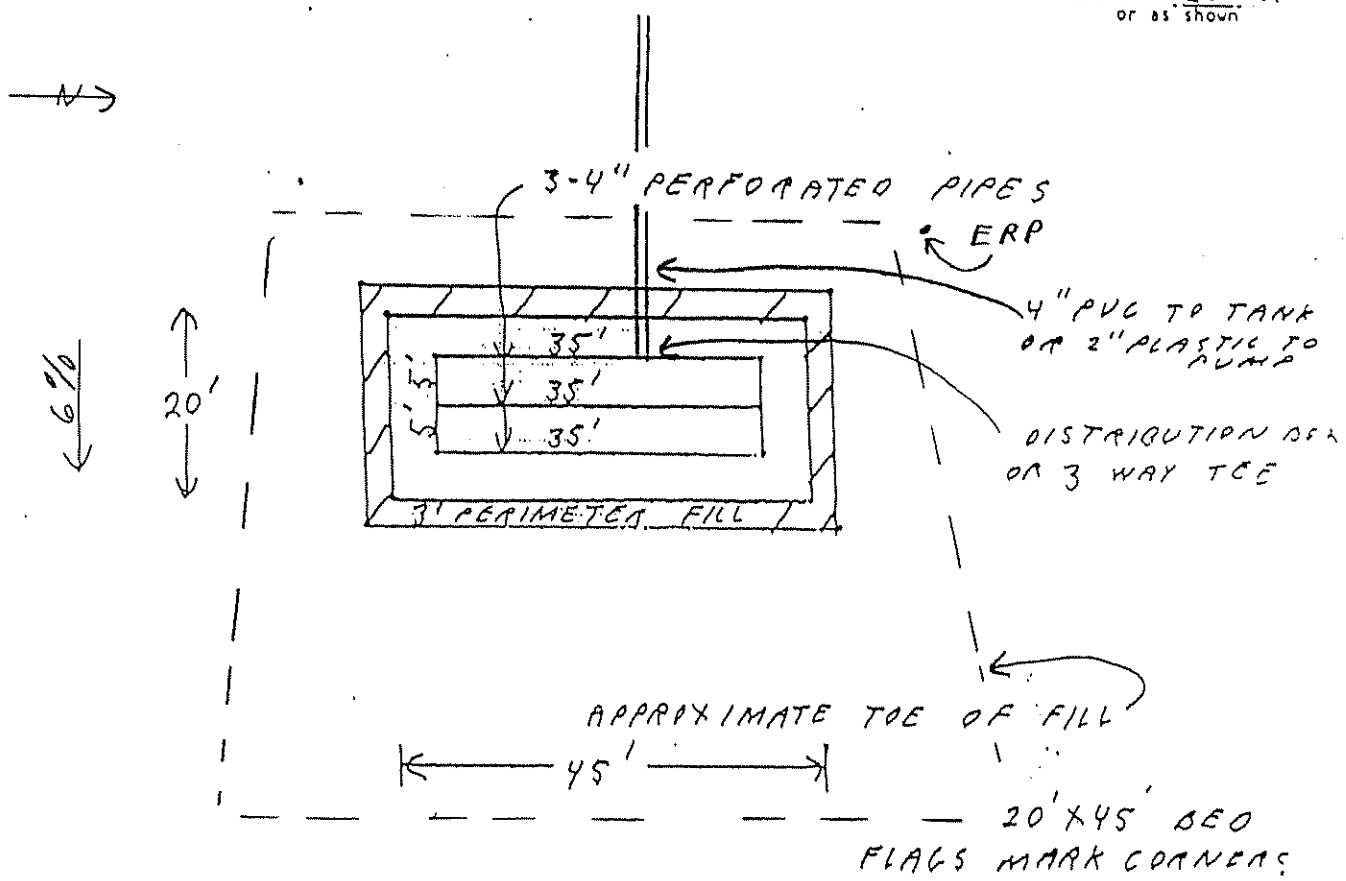
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

08246445

Town, City, Plantation	Street, Road, Subdivision	Owner's Name
AUGUSTA	CIRCLE D RD.	RUTH TONDREAU

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 ft or as shown



FILL REQUIREMENTS

Depth of Fill (Upslope)

Depth of Fill (Downslope)

CONSTRUCTION ELEVATION

30" Reference Elevation is

44" Bottom of Disposal Area

Top of Distribution Lines or Chambers

ELEVATION REFERENCE POINT

0"

-60" ERP IS IN 6" PINE, 6'

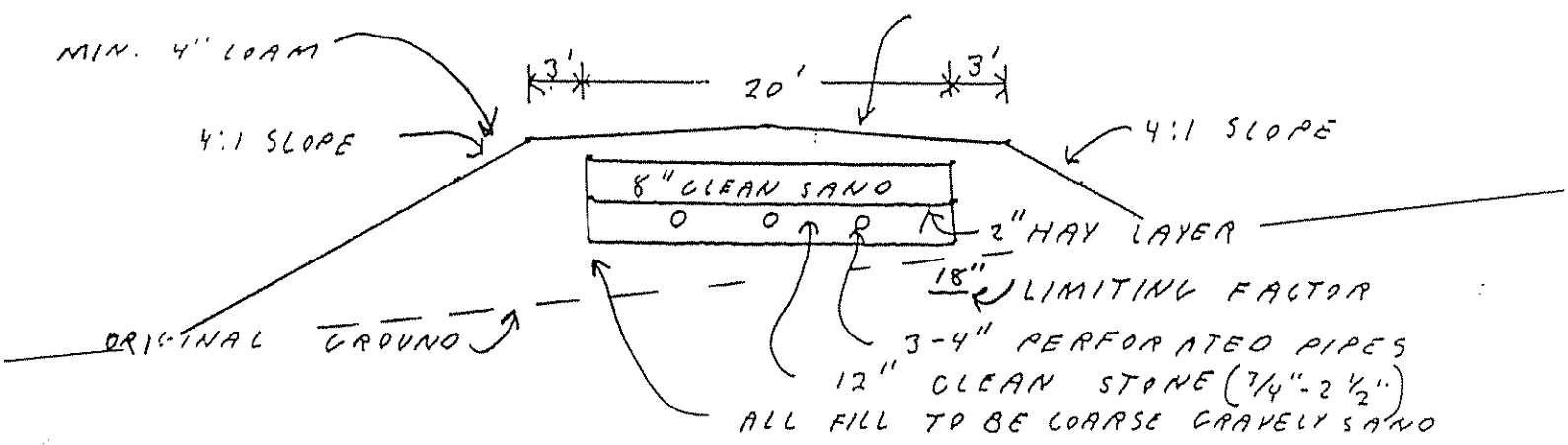
-49" NW OF SYSTEM, 42" ABOVE GROUND

DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = 5 ft.

Horizontal: 1 inch = 10 ft.



Site Evaluator Signature

256
SEN

10/18/06
Date

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