

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207)289-3826

(AK-588) *623-4791*

PROPERTY ADDRESS

Town Or Plantation: Augusta

Street Division Lot #: Burns Road #630

PROPERTY OWNERS NAME

Last: Nadeau First: Norman

Applicant Name: Norman Nadeau

Mailing Address of Owner/Applicant (if Different): RT. 5 Burns Rd #630 Augusta Maine 04330

6238696

AUGUSTA **PERMIT # 1,678** TOWN COPY

Date Permit Issued: 7-20-89 \$ 150.00 FEE Double Fee Charged

[Signature] Local Plumbing Inspector Signature L.P.I. # 1808

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

Rolanda Nadeau Signature of Owner/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.

[Signature] Local Plumbing Inspector Signature Date Approved 5-76-89

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <p>1. <input checked="" type="checkbox"/> NEW SYSTEM</p> <p>2. <input type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3. <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p>THIS APPLICATION REQUIRES:</p> <p>1. <input checked="" type="checkbox"/> NO RULE VARIANCE</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p>3. <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>a. <input type="checkbox"/> Requiring Local Plumbing Inspector Approval</p> <p>b. <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE</p>	<p>INSTALLATION IS:</p> <p>COMPLETE SYSTEM</p> <p>1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd)</p> <p>INDIVIDUALLY INSTALLED COMPONENTS:</p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK _____ GAL</p> <p>6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</p> <p>8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</p> <p>9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p>SEASONAL CONVERSION</p> <p>to be completed by the LPI</p> <p>5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES</p> <p>6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER</p> <p>7. <input type="checkbox"/> SYSTEM INSTALLED - P# _____</p> <p>8. <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED</p>	<p>DISPOSAL SYSTEM TO SERVE:</p> <p>1. <input type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input checked="" type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER _____ SPECIFY _____</p>	<p>TYPE OF WATER SUPPLY</p> <p align="center"><u>Drilled</u></p>
<p>IF REPLACEMENT SYSTEM:</p> <p>YEAR FAILING SYSTEM INSTALLED _____</p> <p>THE FAILING SYSTEM IS:</p> <p>1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH</p> <p>2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER: _____</p>	<p>SIZE OF PROPERTY <u>3+ Acres</u></p> <p>ZONING <u>Rural</u></p>	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: <u>1000</u> GALS.</p> <p><u>Zobel Filter Recommended</u></p>	<p>WATER CONSERVATION</p> <p>1. <input checked="" type="checkbox"/> NONE</p> <p>2. <input type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY: _____</p>	<p>PUMPING</p> <p>1. <input checked="" type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED</p> <p>DOSE: _____ GALS.</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p><u>3 Bedroom Min Flow + 80 Gpd</u></p>				
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <table border="1"> <tr> <th>PROFILE</th> <th>CONDITION</th> </tr> <tr> <td align="center"><u>9</u></td> <td align="center"><u>C</u></td> </tr> </table> <p>DEPTH TO LIMITING FACTOR: <u>15</u></p>	PROFILE	CONDITION	<u>9</u>	<u>C</u>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input type="checkbox"/> MEDIUM</p> <p>3. <input type="checkbox"/> MEDIUM-LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input checked="" type="checkbox"/> EXTRA LARGE</p>	<p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft.</p> <p>2. <input checked="" type="checkbox"/> CHAMBER <u>875</u> Sq. Ft.</p> <p><input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H-20</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input checked="" type="checkbox"/> OTHER: <u>Infiltrators</u></p>	<p><u>35 In Infiltrators</u></p> <p><u>5 Rows 7 Each Row</u></p>
PROFILE	CONDITION						
<u>9</u>	<u>C</u>						
			<p>DESIGN FLOW: <u>350</u> (GALLONS/DAY)</p>				

SITE EVALUATOR STATEMENT

On 6-30-1989 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

[Signature] Site Evaluator Signature SE# 241 Date 7-11-1989

Page 1 of 3
HHE-200 Rev. 11/86

ATTACHMENT TO FORM HHE-200

ADDITIONAL INFORMATION ABOUT YOUR SEPTIC SYSTEM

1. YOU SHOULD HAVE YOUR SEPTIC TANK PUMPED OUT AND CHECKED EVERY TWO YEARS OF MORE OFTEN TO PROLONG THE LIFE OF YOUR SYSTEM.

2. IF YOU PLAN TO INSTALL A GARBAGE DISPOSAL IN YOUR HOME YOU SHOULD HAVE THE NEXT AVAILABLE SIZE SEPTIC TANK INSTALLED. An alternative to this is the installation of a Zabel Industries Inc. Multi-purpose Filter, Model #A100 or equivalent on the outlet end of the septic tank.

3. Water softners should drain to a separate grey water disposal system.

4. Your septic tank must be installed level and all joints, inspection covers etc. must be water tight. The same is necessary for a pump tank if your system requires one.

5. The outlet invert elevation should be equal to or higher than the finish grade of the septic field to avoid flooding of the tank and solids entering the field.

6. Your system is designed to handle laundry waste water provided a separated laundry system is not indicated on Page 1 of your HHE-200 form and the total daily design flow shown on Page 1 is not exceeded. If a low water toilet is required it must use less than 1.5 gallons per flush.

ALL CONSTRUCTION SHALL CONFORM WITH SECTION 11-D "STATE OF MAINE-SUBSURFACE WASTEWATER DISPOSAL RULES-CHAPTER 241" AND ALL OTHER PERTINENT SECTIONS.

ALL FILL SHALL BE SANDY LOAM COARSER WITH SUFFICIENT FINES FOR ADEQUATE COMPACTION.

WELLS SHALL BE LOCATED A MINIMUM 100' FROM SUBSURFACE DISPOSAL SYSTEM.

PROPERTY LINES SHOWN ARE AS PROVIDED BY OWNER AND NO GUARANTEE OF ACCURACY IS IMPLIED. ACTUAL PROPERTY LINES MUST BE CONFIRMED BY SURVEY.

APPLICABILITY OF DESIGN MUST BE REEVALUATED WHEN LOCATION OF STRUCTURES ARE SUBSTANTIALLY DIFFERENT THAN THOSE SHOWN ON THE SITE PLAN OR WHEN OTHER STRUCTURES, ADDITIONS, OR APPURTENANCES (IE. SWIMMING POOLS) ARE CONSIDERED.

SYSTEMS PUT INTO SERVICE PRIOR TO ESTABLISHING PROPER COVER SHALL BE PROVIDED WITH ADEQUATE EROSION CONTROL TO PREVENT DAMAGE TO THE SYSTEM.

PROVIDE LOW PROFILE SEPTIC TANK WHEN DETERMINED AS NECESSARY IN THE FIELD.

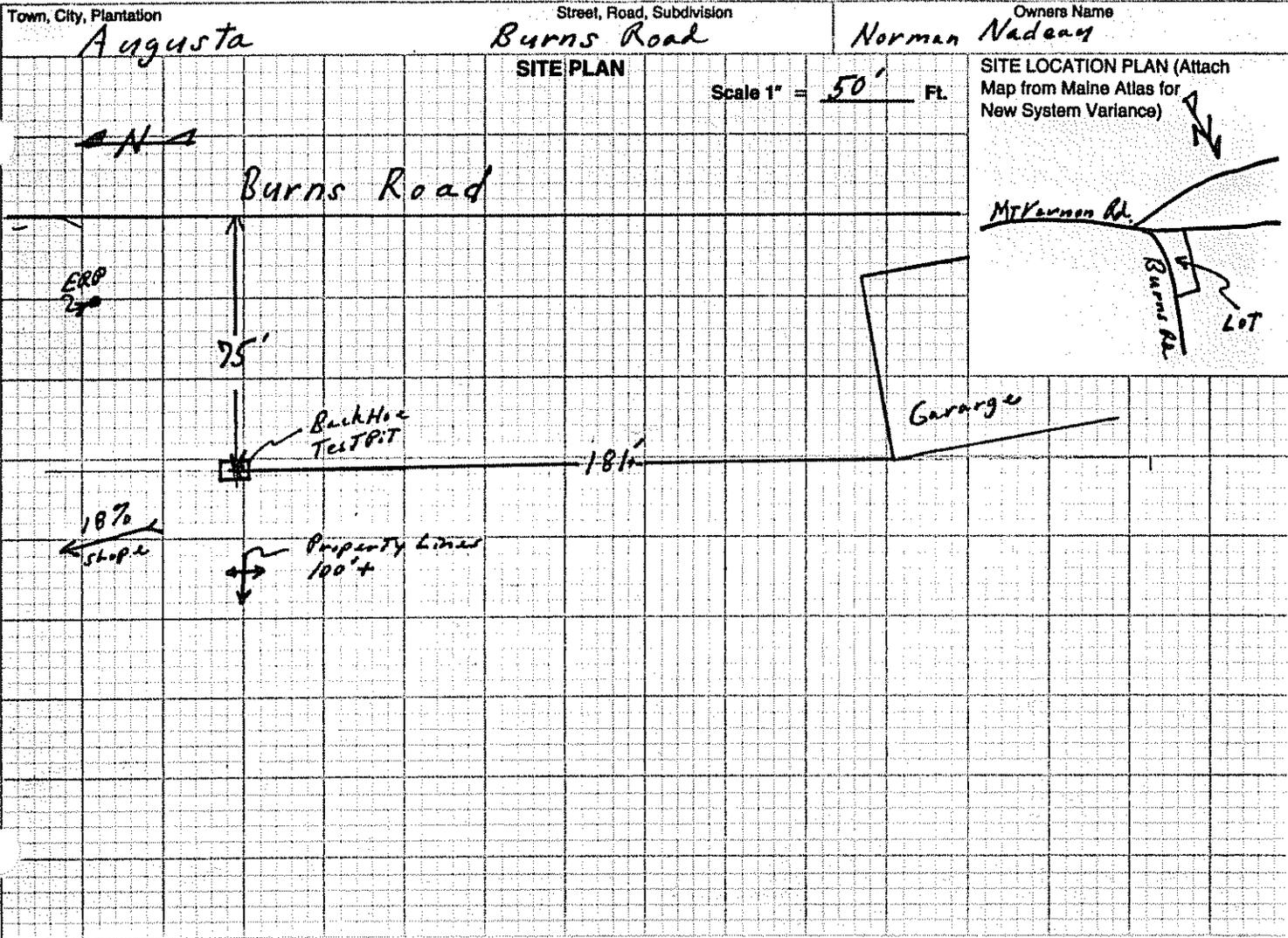
LOTS NOT MEETING THE REQUIREMENTS OF THE "MINIMUM LOT SIZE RULE" BUT RECORDED PRIOR TO ITS EFFECTIVE DATE REQUIRE A "MINIMUM LOT SIZE WAIVER" AS ISSUED BY THE DEPARTMENT OF HUMAN SERVICES - DIVISION OF HEALTH ENGINEERING.

FORCE MAINS, PUMP STATIONS, AND/OR GRAVITY PIPING SUBJECT TO FREEZING SHALL BE ADEQUATELY INSULATED.

THE L.P.I. SHALL INFORM THE OWNER AND DESIGNER OF ANY LOCAL ORDINANCE EXCEEDING THE RULES (CHAPT 241), PRIOR TO ISSUEING A

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering



SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole BackHoe Test Pit Boring
1-0 " Depth of Organic Horizon Above Mineral Soil

Observation Hole Test Pit Boring
EXCERPTS FROM MAINE PLUMBING CODE

Texture	Consistency	Color	Mottling
SLT Loam	Frable	Brown	None
		Red Brown	
		Yellow Brown	
SLT Clay Loam	Firm	Olive	Common
			Distinct

DEPTH BELOW MINERAL SOIL SURFACE (Inches): 0, 5, 10, 15, 20, 30, 40, 50

Soil Profile: <u>9</u>	Classification Condition: <u>C</u>	Slope: <u>18%</u>	Limiting Factor: <u>15'</u>	<input checked="" type="checkbox"/> Ground Water
				<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock

D. Construction Details.

- [1] The vegetation and the organic horizon in the proposed disposal area and fill extensions shall be removed and the ground surface scarified to minimize glazing of the original soil.
- [2] The bottom of the disposal area and distribution line shall be level with a maximum grade tolerance of 1 inch per 100 ft.
- [3] Fill shall be free of foreign material, placed in 8 inch lifts and compacted as placed. Fill shall be sandy loam or coarser and specified on Application.
- [4] The finish grade of the backfill over the disposal area shall be crowned from the center of the disposal area at a 3% slope and extend 3 ft. beyond the edge of the disposal area. At that point the fill shall be sloped at a uniform grade of no greater than 25% (4:1) to the original ground. All stone used in disposal areas shall be clean and conform to one of the size rating from Table 11-2.

Soil Profile: _____	Classification Condition: _____	Slope: _____ %	Limiting Factor: _____	<input type="checkbox"/> Ground Water
				<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock

DEPTH BELOW MINERAL SOIL SURFACE (Inches): 0, 10, 20, 30, 40, 50

ED Nadeau
Site Evaluator Signature

241
SE#

7-17-1989
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

Augusta

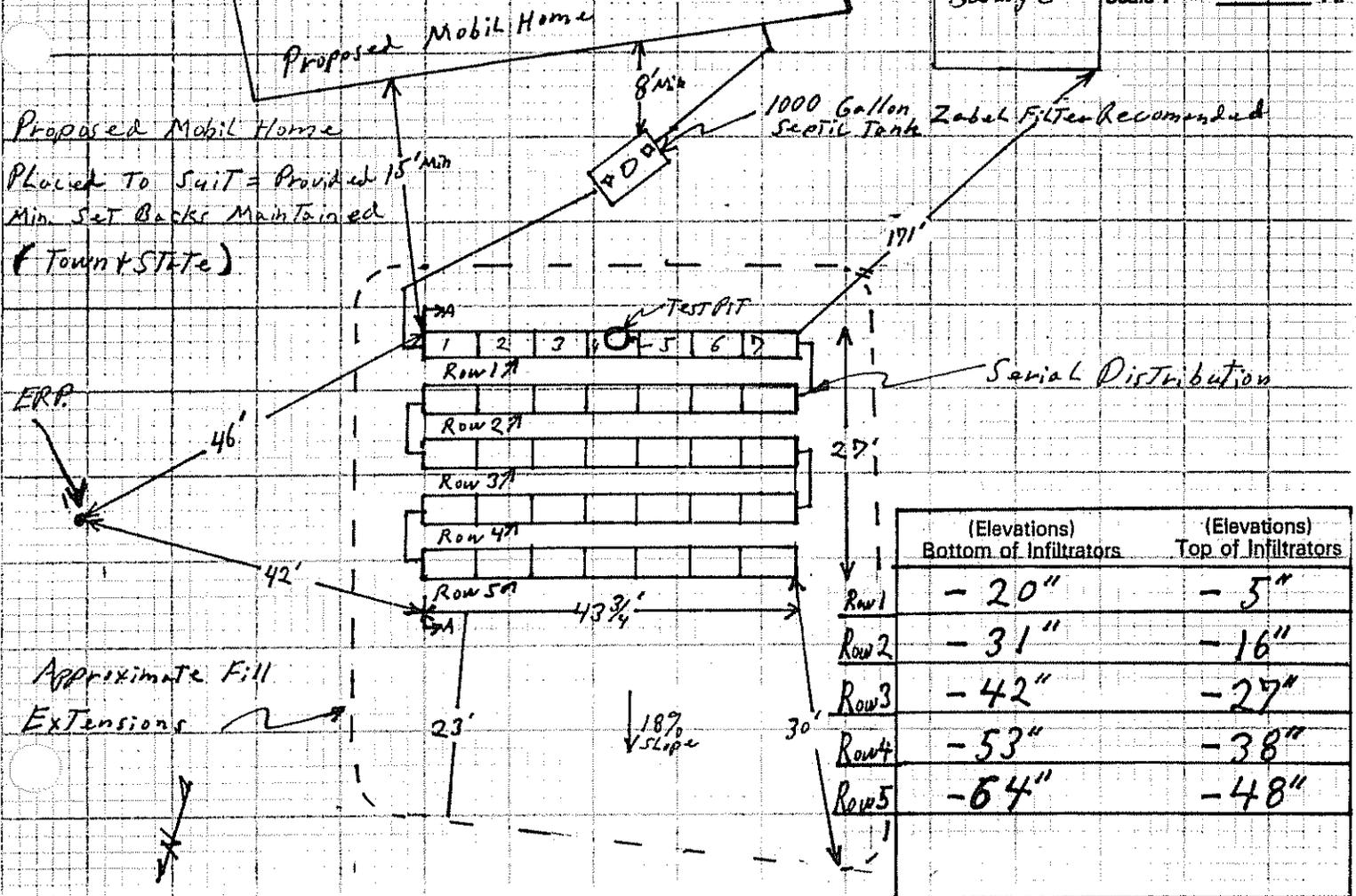
Burns Road

Norman Nadeau

SUBSURFACE WASTEWATER DISPOSAL PLAN

Garrye

Scale 1" = 20' Ft.



	(Elevations) Bottom of Infiltrators	(Elevations) Top of Infiltrators
Row 1	- 20"	- 5"
Row 2	- 31"	- 16"
Row 3	- 42"	- 27"
Row 4	- 53"	- 38"
Row 5	- 64"	- 48"

FILL REQUIREMENTS

Depth of Fill (Upslope) 20"
Depth of Fill (Downslope) 20"

CONSTRUCTION ELEVATIONS

Reference Elevation is 0
Bottom of Disposal Area See Above
Top of Distribution Lines or Chambers See Above

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

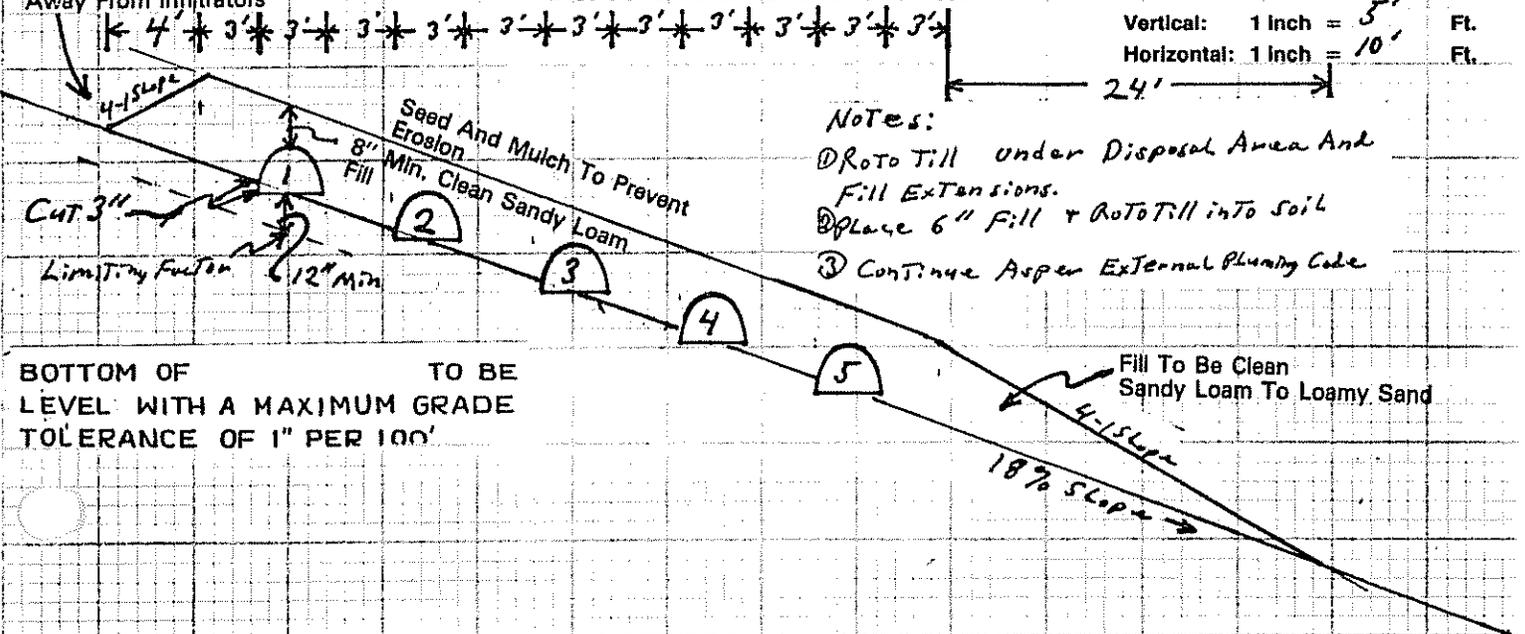
ERP Nail in Tag # 64 in 4" Alder tree

Provide Drainage Away From Infiltrators

DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = 5' Ft.
Horizontal: 1 inch = 10' Ft.



Notes:

- 1) Rototill under Disposal Area And Fill Extensions.
- 2) Place 6" Fill & Rototill into Soil
- 3) Continue As per External Plumbing Code

BOTTOM OF TO BE LEVEL WITH A MAXIMUM GRADE TOLERANCE OF 1" PER 100'

EDP

Site Evaluator Signature

241

SE#

7-17-1989

Date