

called 11/15 3:05

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, 10SHS
(207)287-5672 FAX (207)287-3165

PROPERTY LOCATION		>> CAUTION: PERMIT REQUIRED -- ATTACH IN SPACE BELOW <<	
City, Town, Plantation	AUGUSTA	AUGUSTA Date Permit Issued: <u>11/15/04</u> 5433 TOWN # <u>00</u> \$ <u>100</u> FEE <input type="checkbox"/> Double Fee Charged <input type="checkbox"/> shall L.P.I. # <u>150</u> ince ules	
Street or Road	<u>155</u> OLD BELGRADE ROAD		
Subdivision, Lot #			

OWNER/APPLICANT INFORMATION	
Name (last, first, MI)	GERALD, GREG & ANN <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant

Mailing Address of Owner/Applicant	158 OLD BELGRADE ROAD AUGUSTA, ME 04330
------------------------------------	--

Daytime Tel. #	622-4912	Municipal Tax Map # <u>6</u> Lot # <u>4</u>
----------------	-----------------	---

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.	CAUTION: INSPECTION REQUIRED I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application
<u>Greg & Ann</u> Signature of Owner/Applicant	<u>May R. Sullivan</u> Local Plumbing Inspector Signature
Date	(1st) Date Approved <u>11/15/04</u> (2nd) Date Approved

PERMIT INFORMATION	
TYPE OF APPLICATION <input checked="" type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type replaced _____ Year installed _____ <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. Minor Expansion <input type="checkbox"/> b. Major Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	THIS APPLICATION REQUIRES <input checked="" type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector approval <input type="checkbox"/> b. State & Local Plumbing Inspector approval <input type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector approval <input type="checkbox"/> b. State & Local Plumbing Inspector approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit
SIZE OF PROPERTY 1.25 <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres	DISPOSAL SYSTEM TO SERVE: <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>3</u> <input type="checkbox"/> 2. Multiple Family Dwelling Unit, No. of Units: _____ <input type="checkbox"/> 3. Other _____ (specify) Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped
SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DISPOSAL SYSTEM COMPONENTS <input checked="" type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify _____ <input type="checkbox"/> 4. Non-Engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pretreatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous Components
	TYPE OF WATER SUPPLY <input checked="" type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 2)			
TREATMENT TANK <input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile (IF NEEDED) <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other _____ CAPACITY <u>1000</u> GAL.	DISPOSAL FIELD TYPE & SIZE <input checked="" type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear <input type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other _____ SIZE <u>1100</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT 1. <input checked="" type="checkbox"/> No <input type="checkbox"/> 3. Maybe 2. <input type="checkbox"/> Yes >> Specify one below: <input type="checkbox"/> a. multi-compartment tank <input type="checkbox"/> b. _____ tanks in series <input type="checkbox"/> c. Increase in tank capacity <input type="checkbox"/> d. Filter on Tank Outlet	DESIGN FLOW <u>270</u> gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 501.1 (dwelling unit(s)) <input type="checkbox"/> 2. Table 501.2 (other facilities) SHOW CALCULATIONS -for other facilities-
SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN <u>8 / C / 1</u> at Observation Hole # <u>TP-1</u> Depth <u>16"</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 checked="" type="checkbox"/> Not Required 2. <input type="checkbox"/> May Be Required 3. <input type="checkbox"/> Required >> Specify only for engineered or experimental systems DOSE _____ gallons	<input type="checkbox"/> 3. Section 503.0 (meter readings) ATTACH WATER METER DATA

SITE EVALUATOR'S STATEMENT		
I certify that on <u>11/8/04</u> (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).		
<u>William P. Brown</u> Site Evaluator Signature	<u>188</u> SE#	<u>11/8/2004</u> Date
WILLIAM P BROWN Site Evaluator Name Printed	<u>293-2110</u> 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

Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5672 FAX 207 287-4165

Town, City, Plantation
AUGUSTA

Street, Road, Subdivision
OLD BELGRADE ROAD

Owner or Applicant Name
GREG & ANN GERALD

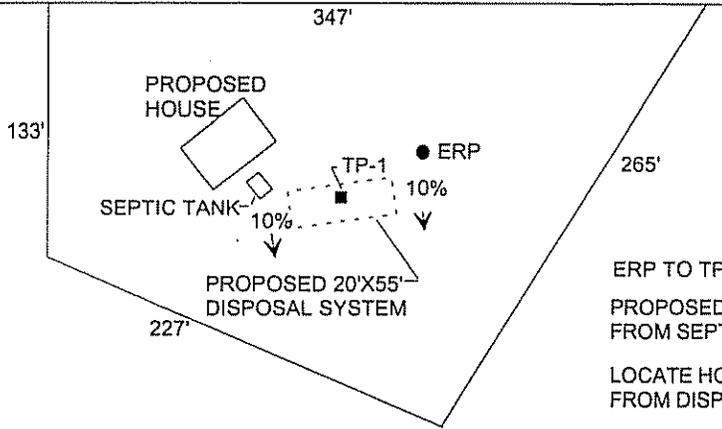
SITE PLAN

Scale 1" = 100 Ft.

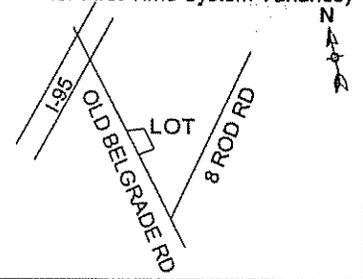
SITE LOCATION PLAN

(Attach map from Maine Atlas for First Time System Variance)

OLD BELGRADE ROAD



NORTH



ERP TO TP-1 = 42'

PROPOSED WELL TO BE AT LEAST 100 FEET FROM SEPTIC SYSTEM

LOCATE HOME ON FULL FOUNDATION AT LEAST 20 FEET FROM DISPOSAL SYSTEM

NEIGHBOR'S WELLS ARE GREATER THAN 100 FT FROM DISPOSAL SYSTEM

SOIL PROFILE DESCRIPTION AND CLASSIFICATION

Observation Hole # TP-1 Test Pit Boring
1 " Depth of organic horizon above mineral soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	LOAM	FRIABLE	MEDIUM BROWN	
10			YELLOW BROWN	NONE COMMON
20	SILT LOAM	FIRM	OLIVE BRN	
30				
40				
50				
Soil Profile <u>8</u>		Classification <u>C</u>	Slope <u>10</u> %	Limiting Factor <u>16</u> "
Groundwater <input type="checkbox"/>		Restrictive Layer <input type="checkbox"/>	Bedrock <input type="checkbox"/>	

(Location of Observation Holes Shown Above)

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 Profile _____		Classification _____	Slope _____ %	Limiting Factor _____ "
Groundwater <input type="checkbox"/>		Restrictive Layer <input type="checkbox"/>	Bedrock <input type="checkbox"/>	

WILLIAM P BROWN *William P Brown*
Site Evaluator Signature

188
SE #

11/8/2004
Date

Page 2 of 3
HHE-200 Rev. 10/02

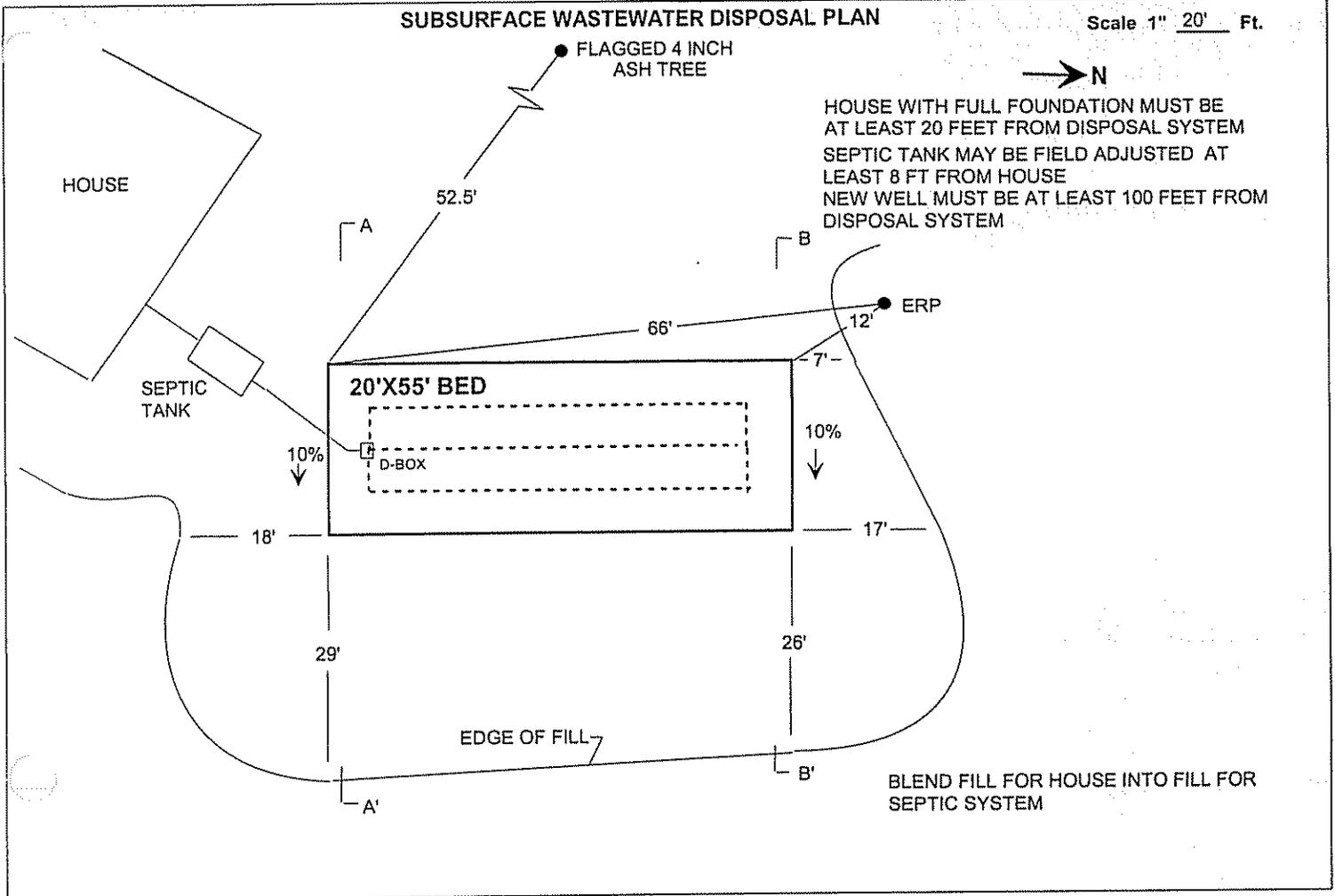
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10

Town, City, Plantation
AUGUSTA

Street, Road, Subdivision
OLD BELGRADE ROAD

Owner or Applicant Name
GREG & ANN GERALD



BACKFILL REQUIREMENTS

Depth of Fill (Upslope) **20-23"**
 Depth of Fill (Downslope) **44-47"**
 DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

Finished Grade Elevation **VARIES**
 Top of Distribution Pipe or Proprietary device **-38"**
 Bottom of Disposal Area **-49"**

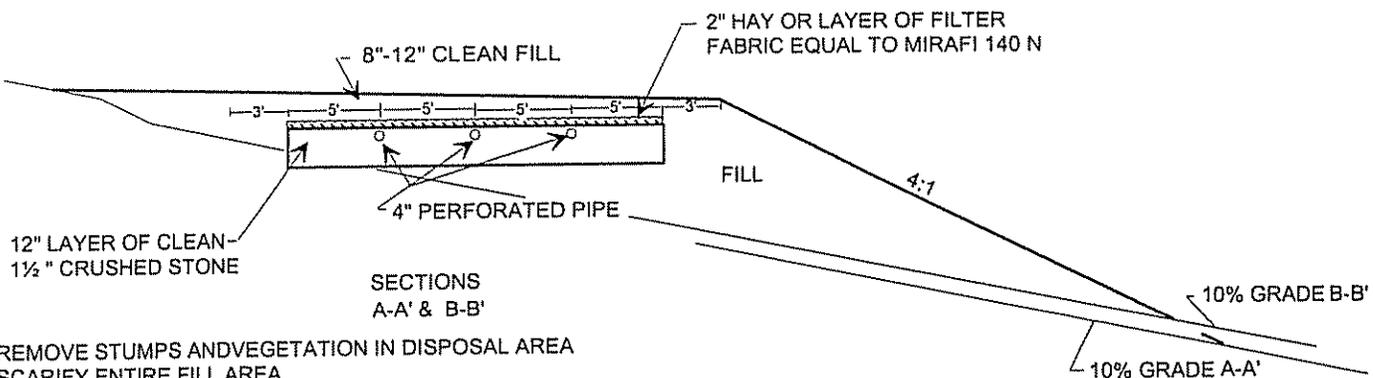
ELEVATION REFERENCE POINT

Location and Description:
FLAGGED NAIL IN 10 INCH MAPLE TREE, 3 FT ABOVE GROUND
 Reference Elevation is: **00.0"**

DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 Inch = 5 Ft.
 Horizontal: 1 Inch = 10 Ft.



REMOVE STUMPS AND VEGETATION IN DISPOSAL AREA
 SCARIFY ENTIRE FILL AREA
 MIX 4 INCHES OF FILL MATERIAL THOROUGHLY WITH EXISTING SOIL TO FORM TRANSITION ZONE (ACCORDING TO CHAPTER 8, PLUMBING CODE)
 ALL FILL SHALL BE GRAVELLY COARSE SAND
 CROWN FINISH GRADE FROM CENTER AT 3%
 OR SLOPE ALL ONE-WAY (AS SHOWN)
 LOAM, SEED, MULCH DISTURBED AREAS

WILLIAM P BROWN *William P Brown*
 Site Evaluator Signature

188
 SE #

11/8/2004
 Date

Page 3 of 3
 HHE-200 Rev. 10/02