SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of 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	498 West River Rd.
Subdivision, Lot #	1-05-158

AUGUSTA PERMIT # 5718 TOWN COPY

Date Permit Issued: 1/12/06 $ 100.00 ☐ If Double Fee Charged

Local Plumbing Inspector Signature L.P.I. # 850

OWNER/APPLICANT INFORMATION

Name (last, first, MI): Turner, Michael ☒ Owner ☐ Applicant

Mailing Address of Owner/Applicant: P.O. Box 164, Freedom, Me 04941

Daytime Tel. #: 314-2026

Municipal Tax Map # 6 Lot # 22 RRES

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 autholrzed above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.

Local Plumbing Inspector Signature — (1st) date approved 2/2/06 — (2nd) date approved 2/2/06

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: 3
☐ 2. Multiple Family Dwelling, No. of Units: ____
☐ 3. Other: ____ (specify)

Current Use ☐ Seasonal ☐ Year Round ☒ Undeveloped

TYPE OF WATER SUPPLY

To be a
☒ 1. Drilled Well ☐ 2. Dug Well ☐ 3. Private
☐ 4. Public ☐ 5. Other

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

☒ 1. Concrete If pumping
☒ a. Regular use combo
☐ b. Low Profile Tank
☐ 2. Plastic
☐ 3. Other: ____
CAPACITY: 1000 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

270 gallons per day
BASED ON:
☐ 1. Table 501.1 (dwelling unit(s))
☐ 2. Table 501.2 (other facilities)
SHOW CALCULATIONS
— for other facilites —

3 bedrooms @ 90 gpd/ea

☐ 3. Section 503.0 (meter readings)
ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS

PROFILE	CONDITION	DESIGN
7	C	1

at Observation Hole # TP
Depth 22"
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. f.t / gpd
☐ 4. Large—4.1 sq. ft. / gpd
☐ 5. Extra Large—5.0 sq. ft. / gpd

EFFLUENT/EJECTOR PUMP

☐ 1. Not Required or use
☒ 2. May Be Required inverted
☐ 3. Required siphon
Specify only for engineered systems:
DOSE: ____ gallons

SITE EVALUATOR STATEMENT

I certify that on 12/4/05 (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).

Albert E. Hodsdon III — Site Evaluator Signature
046 — SE #
12/5/05 — Date

Albert E. Hodsdon III — Site Evaluator Name Printed
873-5164 — 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

Department of Human Services
Division of Health Engineering
(207) 287-5672 Fax: (207) 287-3165

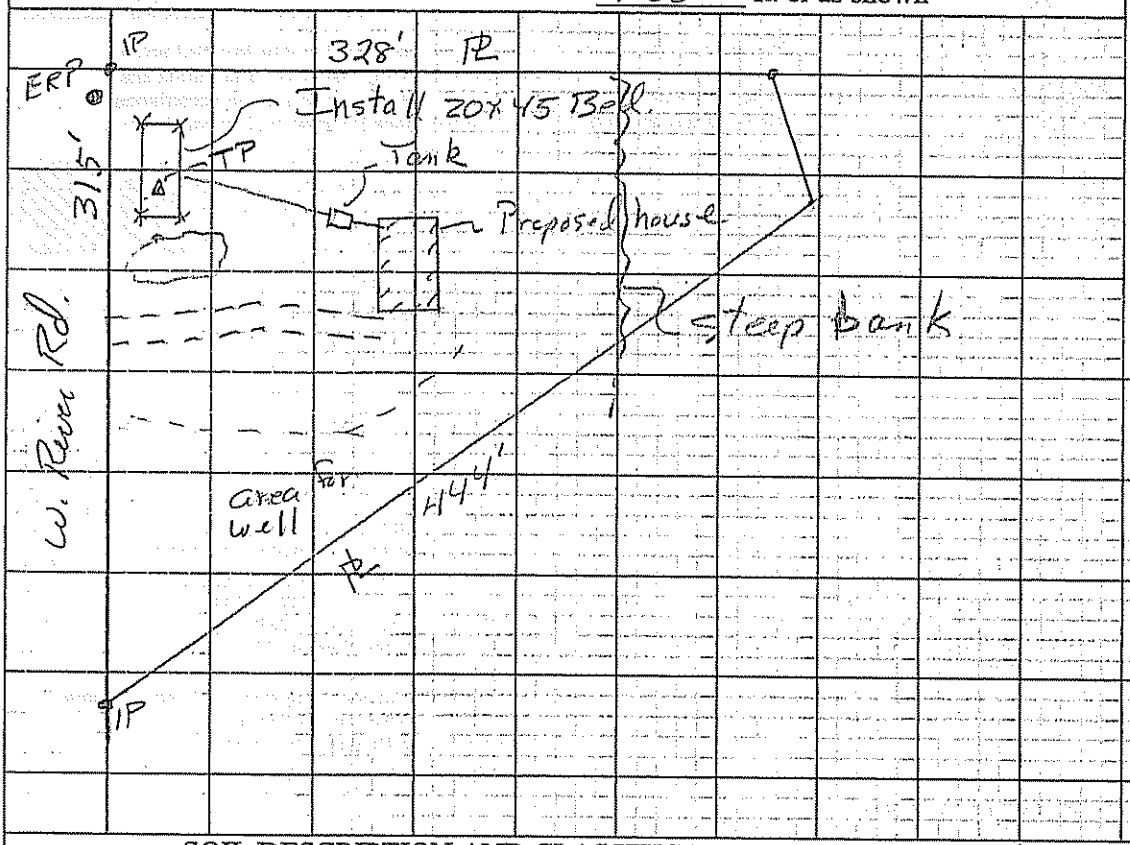
Town, City, Plantation: Augusta

Street, Road, Subdivision: West River Rd.

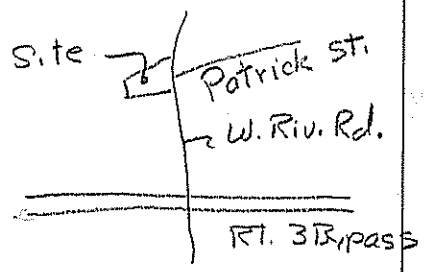
Owner's Name: Michael Turner

SITE PLAN

Scale 1" = 100 ft. or as shown



SITE LOCATION PLAN
(map from Maine Atlas recommended)



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

Observation Hole TP ☒ Test Pit & ☒ Boring

4 " Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0–10	Sandy loam	loose	Pk Bn	
10–20	Loamy Sand		Lt. Bn	
20–30	firm Sand	Iron Pan	O line	Faint @ 22"
30–40				
40–50				

Soil Classification	Slope	Limiting Factor	
7 Profile, C Condition	0-1 %	22 "	☒ Ground Water ☒ Restrictive Layer [ ] Bedrock [ ] 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				
10–20				
20–30				
30–40				
40–50				

Soil Classification	Slope	Limiting Factor	
Profile _____ Condition _____	_____ %	_____ "	[ ] Ground Water [ ] Restrictive Layer [ ] Bedrock [ ] Pit Depth

Albert E. Hochdorn — Site Evaluator Signature

046 — SE #

12/5/05 — Date

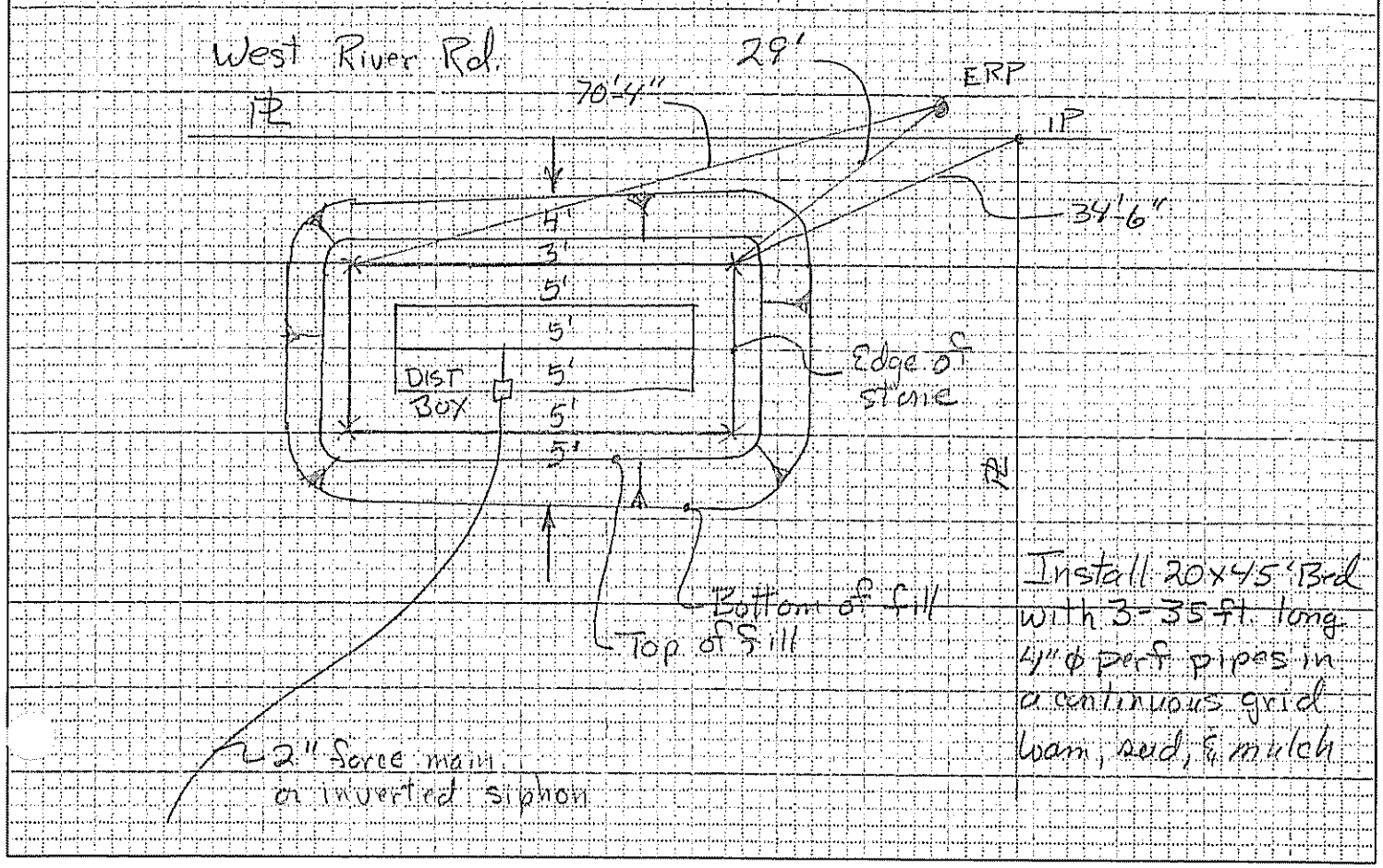
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation	Street, Road, Subdivision	Owner or Applicant Name
Augusta	West River Rd.	Michael Turner

SUBSURFACE WASTEWATER DISPOSAL PLAN

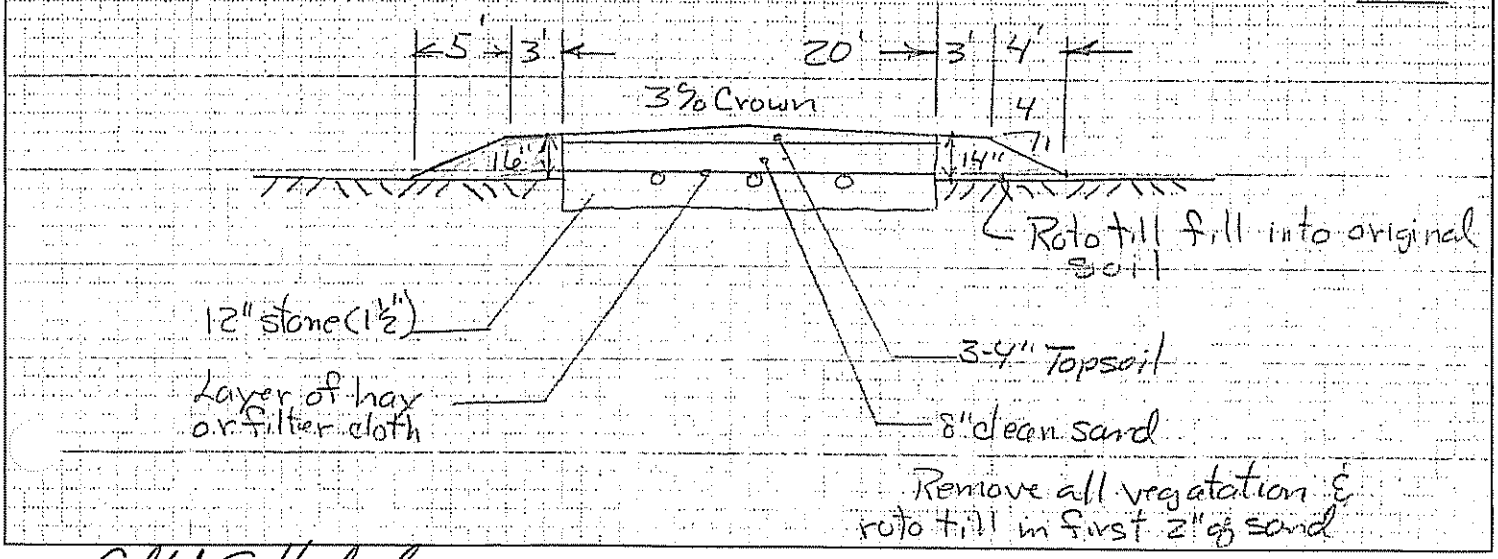
Scale: 1" = 20 ft.



BACKFILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT
Depth of Backfill (upslope)	14 "	Finished Grade Elevation	-20 "	Location & Description: Nail in 3" Gray Birch 3'-11" high
Depth of Backfill (downslope)	16 "	Top of Distribution Pipe or Proprietary Device	-32 "	
DEPTHS AT CROSS-SECTION (shown below)		Bottom of Disposal Field	-44 "	Reference Elevation is: (0.0") or:

DISPOSAL FIELD CROSS-SECTION

Scales:
Vertical: 1" = 5 ft.
Horizontal: 1" = 10 ft.



Site Evaluator Signature	SE #	Date
Albert E. Hodsdon III	046	12/5/05