

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

<b>PROPERTY LOCATION</b>		<b>&gt;&gt; CAUTION: PERMIT REQUIRED -- ATTACH IN SPACE BELOW &lt;&lt;</b>
City, Town, or Plantation	AUGUSTA	AUGUSTA 4949 TOWN COPY Date Permit Issued: <u>9/2/02</u> \$ <u>10010</u> <input type="checkbox"/> If Double Fee Charged Local Plumbing Inspector Signature: <u>[Signature]</u> L.P.I. # <u>[Signature]</u>
Street or Road	ROUTE 104 <i>West River Rd</i>	
Subdivision, Lot #		
<b>OWNER/APPLICANT INFORMATION</b>		
Name (last, first, MI)	CHURCH, CONY <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	
Mailing Address of Owner/Applicant	RD 3 BOX 84 AUGUSTA, ME 04330	
Daytime Tel. #	622-7338	Municipal Tax Map # <u>6</u> Lot # <u>25</u>

<b>OWNER OR APPLICANT STATEMENT</b> 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. <u>[Signature]</u> <u>9/2/02</u> Signature of Owner/Applicant Date	<b>CAUTION: INSPECTION REQUIRED</b> I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. <u>[Signature]</u> <u>9/2/02</u> Local Plumbing Inspector Signature (1st) Date Approved _____ (2nd) Date Approved
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PERMIT INFORMATION		
<b>TYPE OF APPLICATION</b> <input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced <u>TRENCH</u> Year installed <u>60'S</u> <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	<b>THIS APPLICATION REQUIRES</b> <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	<b>DISPOSAL SYSTEM COMPONENTS</b> <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
<b>SIZE OF PROPERTY</b> 80 <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres	<b>DISPOSAL SYSTEM TO SERVE:</b> <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 checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	<b>TYPE OF WATER SUPPLY</b> <input type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input checked="" type="checkbox"/> 5. Other <b>SPRING</b>
<b>SHORELAND ZONING</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<b>TREATMENT TANK</b> <input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other _____ CAPACITY <u>1000</u> GAL.	<b>DISPOSAL FIELD TYPE &amp; SIZE</b> <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.	<b>GARBAGE DISPOSAL UNIT</b> <input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, 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	<b>DESIGN FLOW</b> <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-
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE <u>8</u> / CONDITION <u>C</u> / DESIGN <u>1</u> at Observation Hole # <u>TP-1</u> Depth <u>15</u> " of Most Limiting Soil Factor	<b>DISPOSAL FIELD SIZING</b> 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	<b>EFFLUENT/EJECTOR PUMP</b> 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>9/9/2002</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>[Signature]</u> Site Evaluator Signature	188 SE#	<u>9/9/2002</u> Date
WILLIAM P BROWN Site Evaluator Name Printed	293-2110 Telephone #	

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering  
(207) 287-5872 FAX 207 287-4172

Town, City, Plantation

Street, Road, Subdivision

Owners Name

**AUGUSTA**

**ROUTE 104**

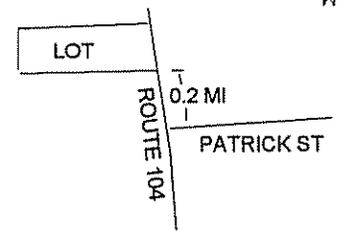
**CONY CHURCH**

## SITE PLAN

Scale 1" = 100 Ft.

## SITE LOCATION PLAN

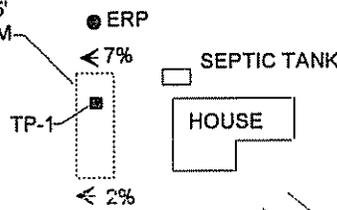
(Map from Maine Atlas recommended)



CONTINUES ←

80 ACRES

PROPOSED 20'X55'  
DISPOSAL SYSTEM



NORTH ↑

ROUTE 104

ERP TO TP-1 = 36'  
SPRING IS GREATER THAN 400 FT  
FROM DISPOSAL SYSTEM

SPRING ●

CONTINUES ←

## SOIL DESCRIPTION AND CLASSIFICATION

## (Location of Observation Holes Shown Above)

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

Observation Hole \_\_\_\_\_  Test Pit  Boring  
" 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
20	SILT LOAM	FIRM	OLIVE BRN	COMMON
30				
40				
50				

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0				
10				
20				
30				
40				
50				

Soil Classification **8** Slope **2-7%** Limiting Factor **15"**  
Profile Condition

Ground Water  
 Restrictive Layer  
 Bedrock  
 Pit Depth

Soil Classification \_\_\_\_\_ Slope \_\_\_\_\_% Limiting Factor \_\_\_\_\_"  
Profile Condition

Ground Water  
 Restrictive Layer  
 Bedrock  
 Pit Depth

WILLIAM P BROWN

*William P Brown*

Site Evaluator Signature

188

SE #

9/9/2002

Date

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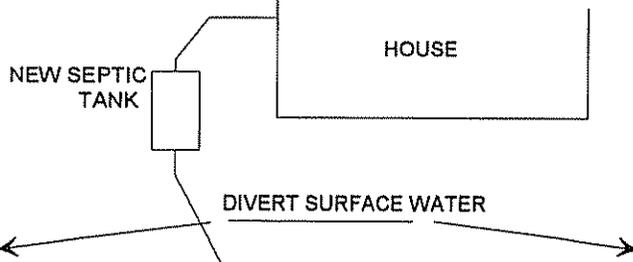
**AUGUSTA**

**ROUTE 104**

**CONY CHURCH**

**SUBSURFACE WASTEWATER DISPOSAL PLAN**

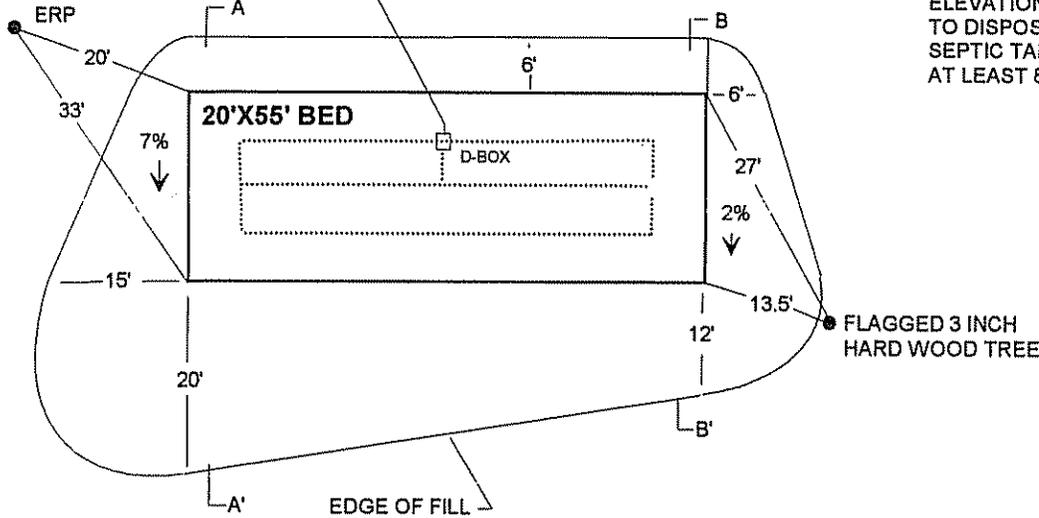
Scale 1" = 20 Ft.



CONSTRUCT OPEN SWALE AT LEAST 10 FT FROM BED TO DIVERT SURFACE WATER FROM THE SYSTEM

USE SDR 35 PVC FROM TANK TO D-BOX

PLACE NEW SEPTIC TANK AT PROPER ELEVATION TO PROVIDE GRAVITY FLOW TO DISPOSAL FIELD  
SEPTIC TANK MAY BE FIELD ADJUSTED AT LEAST 8 FT FROM HOUSE



**FILL REQUIREMENTS**

Depth of Fill (Upslope) **21-25"**  
Depth of Fill (Downslope) **30-38"**

**CONSTRUCTION ELEVATIONS**

Reference Elevation is **00"**  
Bottom of Disposal Area **-58"**  
Top of distribution Lines or Chambers **-47"**

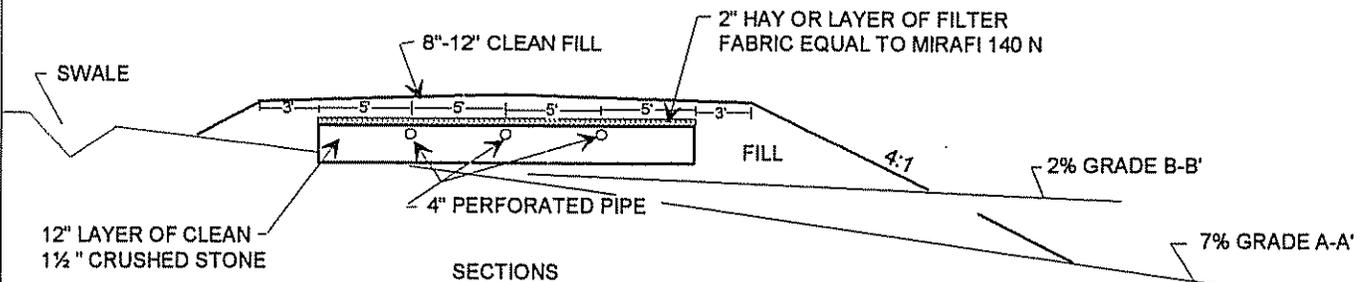
**ELEVATION REFERENCE POINT LOCATION & DESCRIPTION**

**FLAGGED NAIL IN 10 INCH APPLE TREE, 4 FEET ABOVE GROUND**

**DISPOSAL AREA CROSS SECTION**

Scale:

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



REMOVE VEGETATION IN DISPOSAL AREA  
SCARIFY ENTIRE FILL AREA  
MIX 4 INCHES OF FILL MATERIAL WITH ORIGINAL SOIL TO FORM A TRANSITION ZONE (ACCORDING TO CHAPTER 8 OF THE PLUMBING CODE)  
ALL FILL SHALL BE GRAVELLY COARSE SAND  
CROWN FINISH GRADE FROM CENTER AT 3%  
LOAM, SEED, MULCH DISTURBED AREAS

**WILLIAM P BROWN** *William P Brown*  
Site Evaluator Signature

**188**  
SE #

**9/9/2002**  
Date

Par  
HHE-20