

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

08229445

PROPERTY ADDRESS	
Town Or Plantation	Augusta
Street	Route #104 <i>West River Rd.</i>
Subdivision Lot #	
PROPERTY OWNER'S NAME	
Last: Lessard	First: Maurice
Applicant Name:	Maurice Lessard
Mailing Address of Owner/Applicant (If Different)	R-3, B-34 Augusta Me 04330

AUGUSTA	PERMIT # 1,720	TOWN COPY
Date Permit Issued: <u>8/30/89</u>	\$ <u>170.00</u>	<input type="checkbox"/> Double Fee Charged
<i>[Signature]</i> Local Plumbing Inspector Signature	L.P.I. # <u>8081</u>	

**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.

*Maurice Lessard* 8/29/89  
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.

*Nancy R. Tullis* Sep 13, 1989  
Local Plumbing Inspector Signature Date Approved

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

**DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)**

<p><b>TREATMENT TANK</b></p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular  <input type="checkbox"/> Low Profile                  2. <input type="checkbox"/> AEROBIC</p> <p>SIZE <u>1000</u> GALS.</p>	<p><b>WATER CONSERVATION</b></p> <p>1. <input checked="" type="checkbox"/> NONE                  2. <input type="checkbox"/> LOW VOLUME TOILET                  3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM                  4. <input type="checkbox"/> ALTERNATIVE TOILET                  SPECIFY _____</p>	<p><b>PUMPING</b></p> <p>1. <input type="checkbox"/> NOT REQUIRED                  2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION &amp; ELEVATION)                  3. <input checked="" type="checkbox"/> REQUIRED                  DOSE: <u>69</u> GALS.</p>	<p><b>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING EMPLOYEES, WATER RECORDS, ETC.)</b></p> <p>3 Bedroom</p>				
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <table border="1"> <tr> <th>PROFILE</th> <th>CONDITION</th> </tr> <tr> <td><u>7</u></td> <td><u>C</u></td> </tr> </table> <p>DEPTH TO LIMITING FACTOR: <u>16</u> "</p>	PROFILE	CONDITION	<u>7</u>	<u>C</u>	<p><b>SIZE RATINGS USED FOR DESIGN PURPOSES</b></p> <p>1. <input type="checkbox"/> SMALL                  2. <input type="checkbox"/> MEDIUM                  3. <input checked="" type="checkbox"/> MEDIUM-LARGE                  4. <input type="checkbox"/> LARGE                  5. <input type="checkbox"/> EXTRA-LARGE</p>	<p><b>DISPOSAL AREA TYPE/SIZE</b></p> <p>1. BED _____ Sq. Ft.                  2. <input checked="" type="checkbox"/> CHAMBER <u>500</u> Sq. Ft.  <input type="checkbox"/> REGULAR    <input type="checkbox"/> H-20                  3. <input type="checkbox"/> TRENCH _____ Linear Ft.                  4. <input type="checkbox"/> OTHER: _____</p>	<p>DESIGN FLOW: <u>300</u> (GALLONS/DAY)</p>
PROFILE	CONDITION						
<u>7</u>	<u>C</u>						

**SITE EVALUATOR STATEMENT**

On 8/21/89 (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.

*Wm. W. Richard*  
Site Evaluator Signature

51  
SE#

8/21/89  
Date

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

**RECEIVED**  
AUG 29 1989

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

08229445

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

Augusta

Route #104

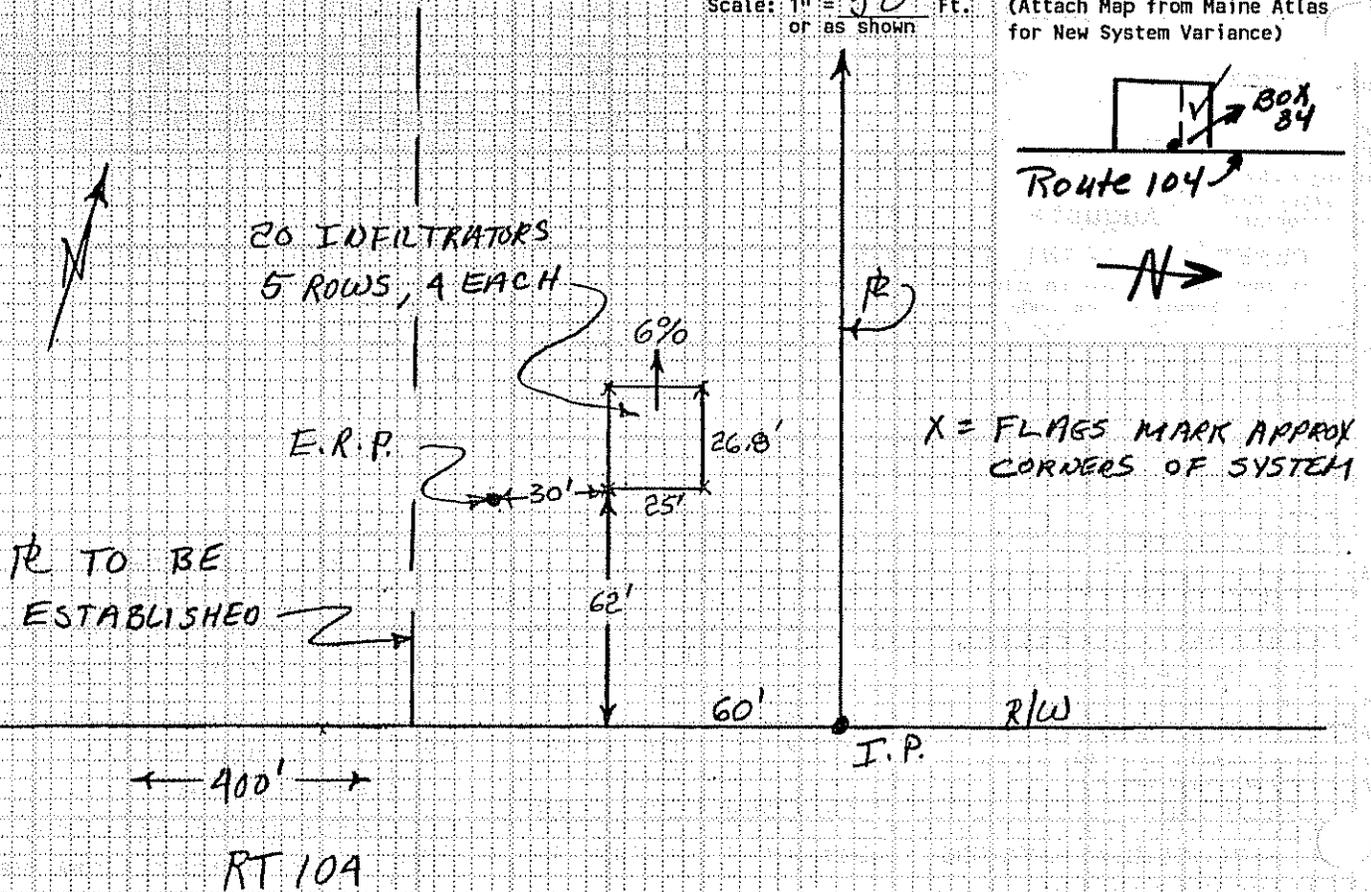
Lessard, Maurice

## SITE PLAN

Scale: 1" = 50 Ft. or as shown

## SITE LOCATION PLAN

(Attach Map from Maine Atlas for New System Variance)



## SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole 1  Test Pit  Boring  
71 " Depth of Organic Horizon Above Mineral Soil

Inches	Texture	Consistency	Color	Mottling
0				
6	S.L			
10	L.S.	FRIBLE	T3	
15				16"
20				
30	C/S	FIRM	O.G.	
40				
50				

Soil Classification 2 C Slope 5 % Limiting Factor 16  Ground Water  Restr. Layer  Bedrock

Observation Hole \_\_\_\_\_  Test Pit  Boring  
 \_\_\_\_\_ " Depth of Organic Horizon Above Mineral Soil

Inches	Texture	Consistency	Color	Mottling
0				
6				
10				
15				
20				
30				
40				
50				

Soil Classification \_\_\_\_\_ Slope \_\_\_\_\_ % Limiting Factor \_\_\_\_\_  Ground Water  Restr. Layer  Bedrock

Wm. W. Ribicoff  
 Site Evaluator Signature

51  
 SE#

8/21/89  
 Date

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

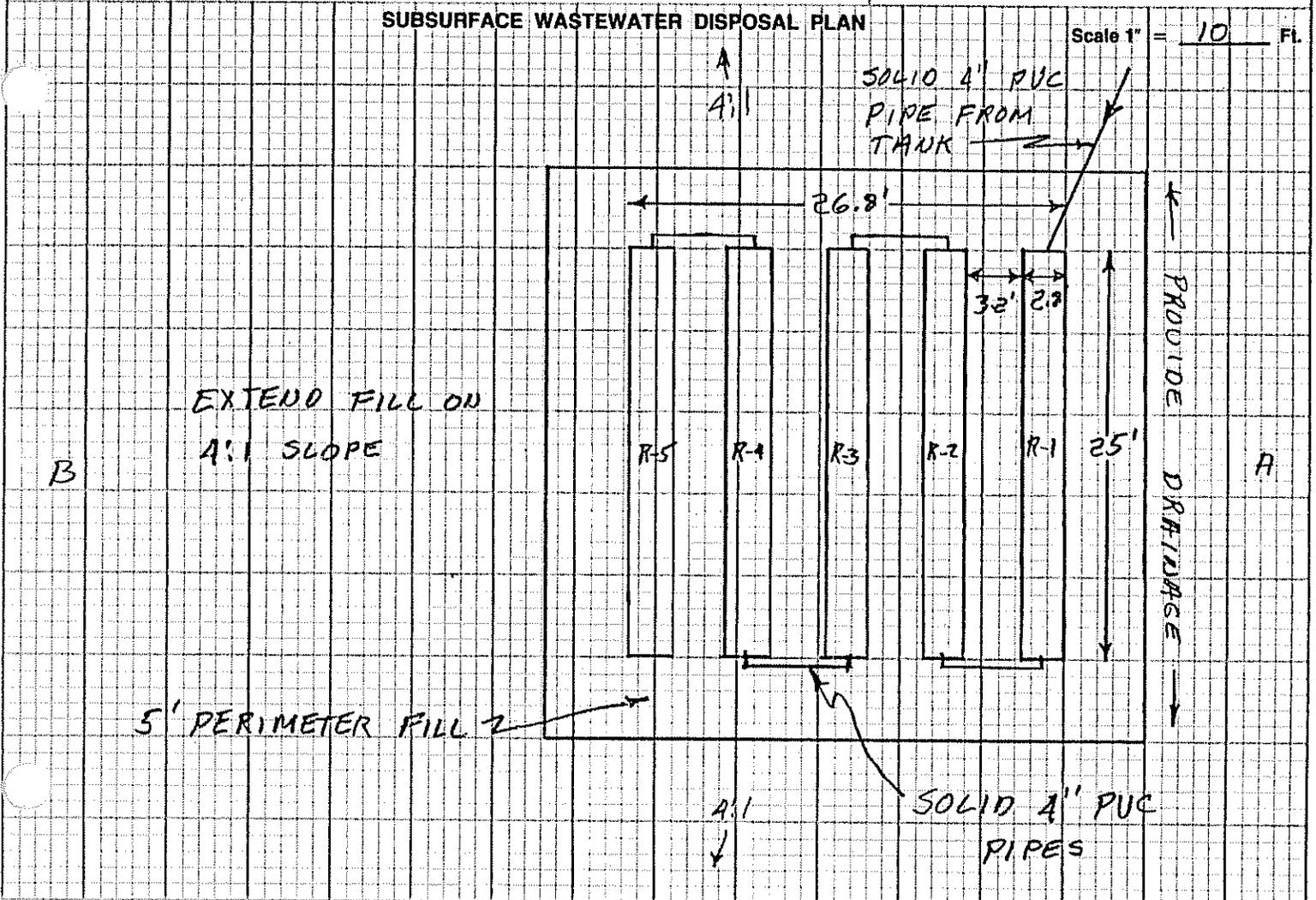
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Department of Human Services  
Division of Health Engineering

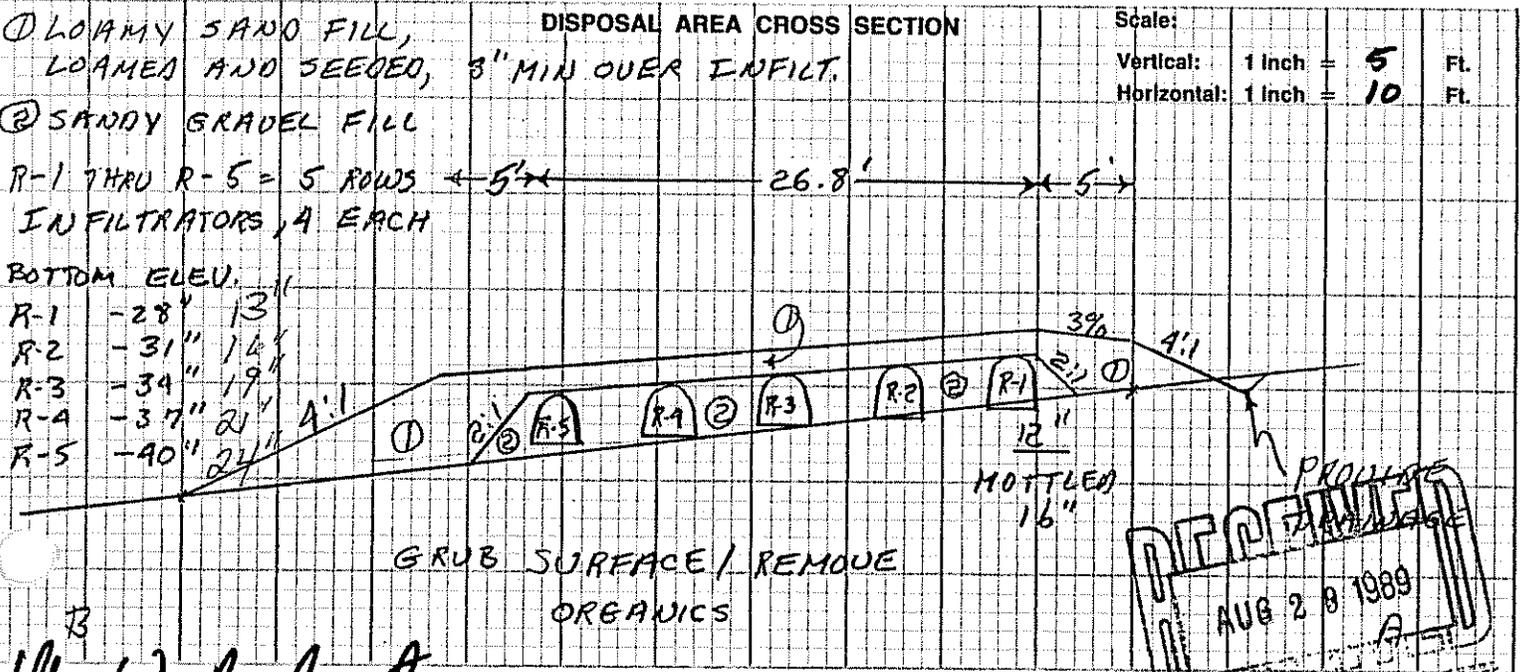
Town, City, Plantation \_\_\_\_\_ Street, Road, Subdivision \_\_\_\_\_ Owners Name \_\_\_\_\_

## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 10 Ft.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	19"	Reference Elevation is	ROW 1 ONLY	0	NAIL IN APPLE TREE
Depth of Fill (Downslope)	29"	Bottom of Disposal Area		-28"	
		Top of Distribution Lines or Chambers		-13"	



① LOAMY SAND FILL, LOAMED AND SEEDED, 3" MIN OVER INFILT.

② SANDY GRAVEL FILL

R-1 THRU R-5 = 5 ROWS ← 5' → 26.8' → 5' →

IN FILTRATORS, 4 EACH

ROW	BOTTOM ELEV.	THICKNESS
R-1	-28"	13"
R-2	-31"	14"
R-3	-34"	19"
R-4	-37"	21"
R-5	-40"	24"

APPROVED  
AUG 28 1989

*John W. ...*  
Site Evaluator Signature

51  
SE#

8/21/89  
Date

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 softeners 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.

EXCERPTS FROM MAINE PLUMBING CODE  
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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.

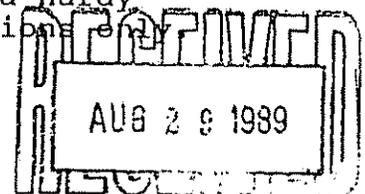
2. The bottom of the disposal area and distribution line shall be level with a maximum grade tolerance of 1 inch per 100 feet.

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% to the original ground. All stone used in disposal area shall be clean and conform to one of the size rating from Table 11-2. (SEE NEXT PAGE)

5. The land adjacent to the disposal area shall be graded to prevent both the accumulation of surface water on the disposal area, and the flow of surface water across the disposal area.

6. The finished disposal area and fill extensions shall be seeded to prevent erosion. (a) Grass, clover, trefoil, vetch, perennial wildflowers, or other herbaceous perennials may be utilized for disposal area surfaces. Woody shrubs are unacceptable. (b) Woody shrubs in conjunction with a hardy perennial ground cover may be used on fill extensions.



ADDITIONAL EXCERPTS FOR BED TYPE DISPOSAL SYSTEMS

1. The distribution system shall be designed to uniformly distribute wastewater throughout the entire bed disposal area using one of the following distribution methods: (a) perforated distribution pipe installed and aligned so that the holes are located in the lower half of the pipe and meet the materials standards listed in Table 8-1. (b) Small diameter pressure pipe in a pressure distribution system.

2. Distribution lines shall be installed a maximum of 5 feet from the bed's stone edge and equally spaced with a maximum separation distance between lines of 5 feet.

3. A minimum total of 12 inches of stone as specified in Section 11.D.4 shall be used on the bottom of the bed disposal area. The distribution system shall be installed totally within the stone.

Section 11.D.4 Table 11-2 Stone Size Ratings %passing sieve

Rating	3"	2-1/2"	2"	1-1/2"	1"	3/4"	1/2"	#200
2-1/2"	100	90/100	50/100	0/35	0/10	0/8	0/5	0/3
2"	100	100	90/100	50/100	0/35	0/8	0/5	0/3
1-1/2"	100	100	100	90/100	60/100	0/35	0/8	0/3
1"	100	100	100	100	90/100	70/100	0/35	0/3
3/4"	100	100	100	100	100	80/100	0/35	0/3

4. The stone shall be completely covered with one of the following materials: (a) a minimum of 2 inch layer of compressed hay. (b) one layer of an approved non-woven filter fabric. (c) one inch of fiberglass insulation.

5. Clean backfill, 8-12 inches in depth, shall be carefully placed over the hay layer or approved substitute.

6. No portion of any bed disposal area shall be located under a paved area or any driveway or roadway.

ADDITIONAL EXCERPTS FOR CHAMBER TYPE DISPOSAL SYSTEMS

1. Only those chambers listed in Appendix D or having the Department's written approval shall be installed. 2. Only H-20 rated chambers shall be installed under driveways or parking areas. 3. Chambers shall be vented per manufacturer's specifications. 4. Allowance for use of sidewall shall be as specified in Appendix D. 5. When stone is required for chamber installation, the stone shall conform to Table 11-2, above.

Note: Due to the many chamber's on the market you should consult with your contractor and/or supplier of the chambers for specific recommendations. Infiltrator\* chambers may be substituted for concrete chambers but the HHE-200 form and design must be changed. The reverse of this is also true.

IF YOU HAVE ANY QUESTIONS OR DOUBT THAT YOUR SYSTEM IS BEING INSTALLED PROPERLY, CONTACT THE SITE EVALUATOR THAT PERFORMED YOUR SITE EVALUATION AND PREPARED THE PLANS.