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 Road	70 CLAIR RD.
Subdivision, Lot #	RIGGS BROOK SUB, LOT # 3

AUGUSTA 5096 TOWN COPY
Date Permit Issued: 6/2/03 $ 100.00 FEE ☐ If Double Fee Charged
Local Plumbing Inspector Signature L.P.I. # 1860

OWNER/APPLICANT INFORMATION

Name (last, first, MI)	STAR HOME ENT ☑ Owner ☐ Applicant
Mailing Address of Owner/Applicant	RR#2 BOX 780 MT. VERNON, ME. 04352
Daytime Tel. #	

Municipal Tax Map # 10 Lot # 45I

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 5/23/03

CAUTION: INSPECTION REQUIRED
I have inspected the installation authoirzed above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. _____ (1st) date approved
Local Plumbing Inspector Signature _____ (2nd) date approved

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 Disposal Area
☐ 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
2.4 ☐ SQ. FT. ☑ ACRES

SHORELAND ZONING
☑ Yes ☐ No

DISPOSAL SYSTEM TO SERVE
☐ 1. Single Family Dwelling Unit, No. of Bedrooms: ____
☑ 2. Multiple Family Dwelling, No. of Units: 2-2BED
☐ 3. Other: _____ (specify)
Current Use ☐ Seasonal ☐ Year Round ☐ Undeveloped

TYPE OF WATER SUPPLY
☑ 1. Drilled Well ☐ 2. Dug Well ☐ 3. Private
☐ 4. Public ☐ 5. Other

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK
☑ 1. Concrete
☑ a. Regular
☐ b. Low Profile
☐ 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: 1,200 ☑ 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
360 gallons per day
BASED ON:
☑ 1. Table 501.1 (dwelling unit(s))
☐ 2. Table 501.2 (other facilities)
SHOW CALCULATIONS
— for other facilites —
☐ 3. Section 503.0 (meter readings)
ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS
PROFILE CONDITION DESIGN
3 , C , 1
at Observation Hole # 1
Depth 17"
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. ft / gpd
☐ 4. Large—4.1 sq. ft. / gpd
☐ 5. Extra Large—5.0 sq. ft. / gpd

~~EFFLUENT/EJECTOR PUMP~~
☑ 1. Not Required
☐ 2. May Be Required
☐ 3. Required
Specify only for engineered systems:
DOSE: _____ gallons

SITE EVALUATOR STATEMENT

I certify that on 12/06/01 (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).

Site Evaluator Signature _____ SE # 256 Date 12/07/01

JOHN PHILBRICK
Site Evaluator Name Printed

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Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.

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Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX (207) 287-4172

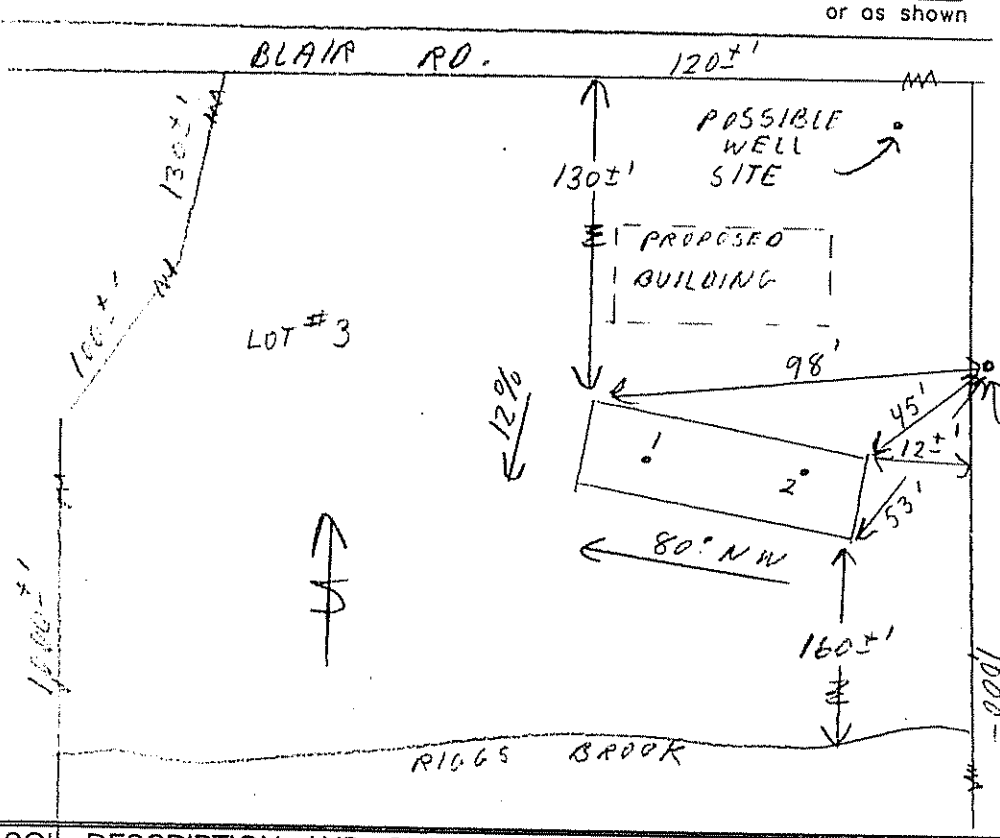
Town, City, Plantation: AUGUSTA

Street, Road Subdivision: RIGGS BROOK LOT # 3

Owner's Name: STAR HOME ENT

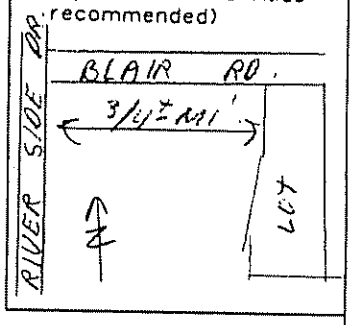
SITE PLAN

Scale 1" = 50 Ft. or as shown



SITE LOCATION PLAN

(Map from Maine Atlas recommended)



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

Observation Hole 1 ☒ Test Pit ☐ Boring

2± " Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0	SANDY LOAM	FRIABLE	DARK BR	NONE
10	LOAMY		ORANGE BR.	
	SAND		YELLOW BR.	
20		FIRM	GRAY	COMMON DISTINCT
30				
40				
50				

Soil Classification		Slope	Limiting Factor	
3 Profile	C Condition	12 %	17"	☒ Ground Water ☒ Restrictive Layer ☐ Bedrock ☐ Pit Depth

Observation Hole 2 ☒ Test Pit ☐ Boring

2± " Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0				
10				
20		SAME	AS # 1	
30				
40				
50				

Soil Classification		Slope	Limiting Factor	
3 Profile	C Condition	12 %	17"	☒ Ground Water ☒ Restrictive Layer ☐ Bedrock ☐ Pit Depth

Site Evaluator Signature: [signature] 256 SE • 12/07/01 Date

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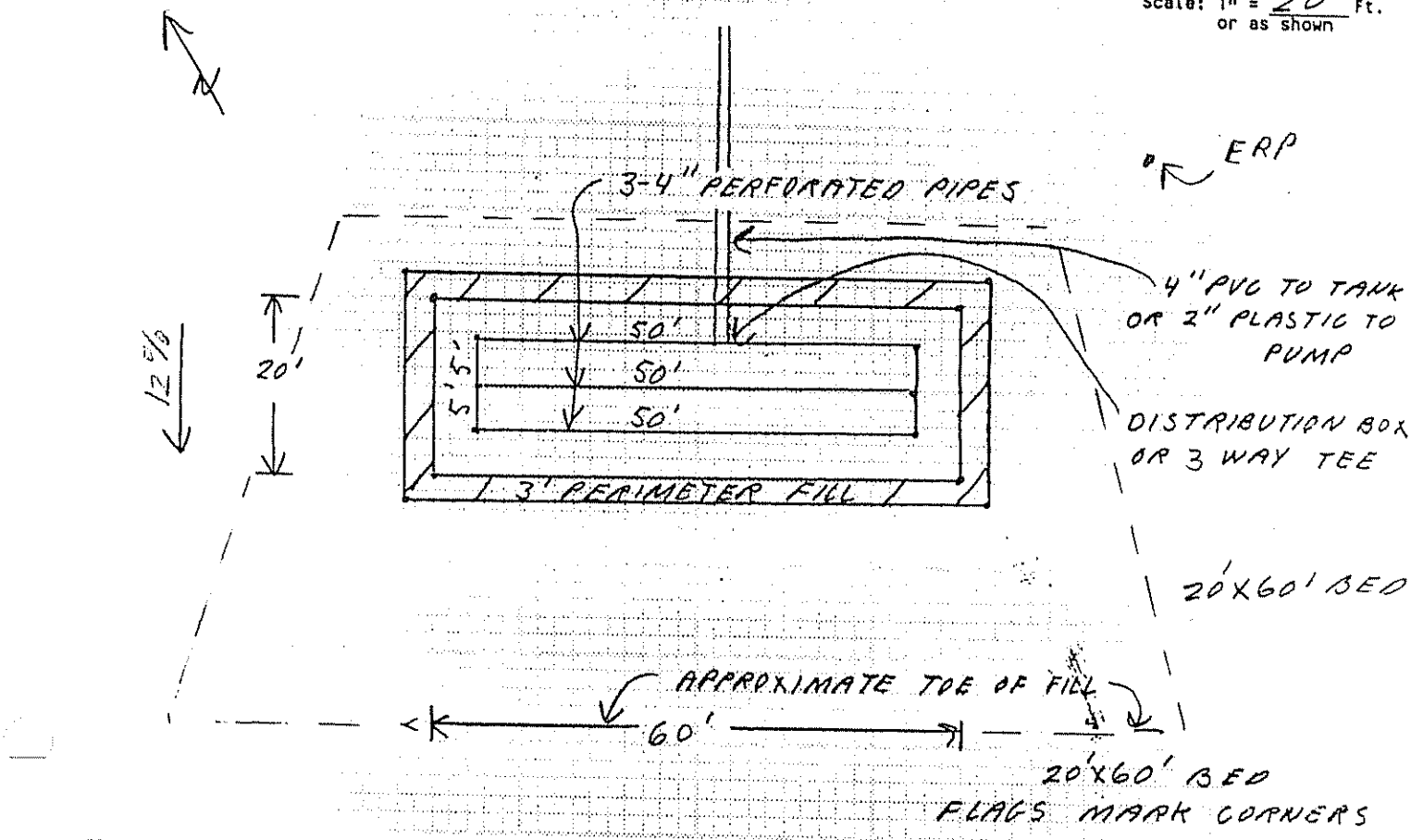
Town, City, Plantation: AUGUSTA

Street, Road, Subdivision: RIGGS BROOK SUB. LOT 3

Owner's Name: STAR HOME ENT.

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 Ft. or as shown



FILL REQUIREMENTS

Depth of Fill (Upslope): 19"

Depth of Fill (Downslope): 48"

CONSTRUCTION ELEVATION

Reference Elevation is 0"

Bottom of Disposal Area -52" ERP 45'

Top of Distribution Lines or Chambers -41"

ELEVATION REFERENCE POINT

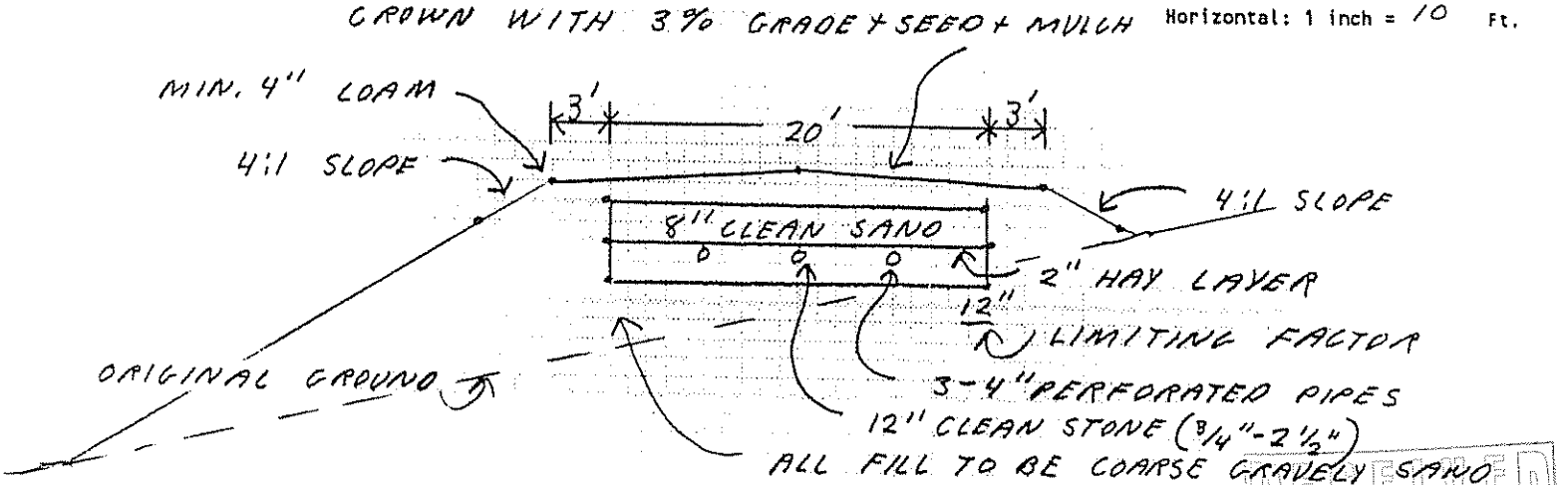
IS IN 12" PINE, N.E. OF SYSTEM, 52" ABOVE GROUND

DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = 5 Ft.

Horizontal: 1 inch = 10 Ft.



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Approved for use as HHE 200 by Division of Health Engineering 9787

Site Evaluator Signature

256
SE#

12/07/01
Date