SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & 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	BLAIR RD.
Subdivision, Lot #	BLAIR EST. LOT # 6

AUGUSTA PERMIT # 6431 TOWN COPY

Date Permit Issued: 4/13/10 $ 100.00 ☐ If Double Fee Charged

FEE

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

OWNER/APPLICANT INFORMATION

Name (last, first, MI)	BELL PROPERTIES INC. ☒ Owner ☒ Applicant
Mailing Address of Owner/Applicant	556 WINGS MILLS RD. MT. VERNON, ME 04352
Daytime Tel. #	293-2236

Municipal Tax Map # 6 Lot # 45L

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 4-13-2010 Date

CAUTION: INSPECTION REQUIRED

I have inspected the installation authorized 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 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

3.7 ☐ 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: 2-3 BED MOBIL HOMES
- ☐ 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: _____

2 TANKS 1,000 GAL. EACH

CAPACITY: 1,000 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: 225 ☒ 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

540 gallons per day

BASED ON:

- ☒ 1. Table 501.1 (dwelling unit(s))
- ☐ 2. Table 501.2 (other facilities)

SHOW CALCULATIONS for other facilities

☐ 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 16"

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

LATITUDE AND LONGITUDE

at center of disposal area

Lat. 44 d 20 m 924 s

Lon. 69 d 44 m 454 s

if g.p.s. state margin of error 14'

SITE EVALUATOR STATEMENT

I certify that on 4/6/10 (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	254 SE #	4/8/10 Date
JOHN PHILBRICK Site Evaluator Name Printed	547-3732 Telephone Number	E-mail Address

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

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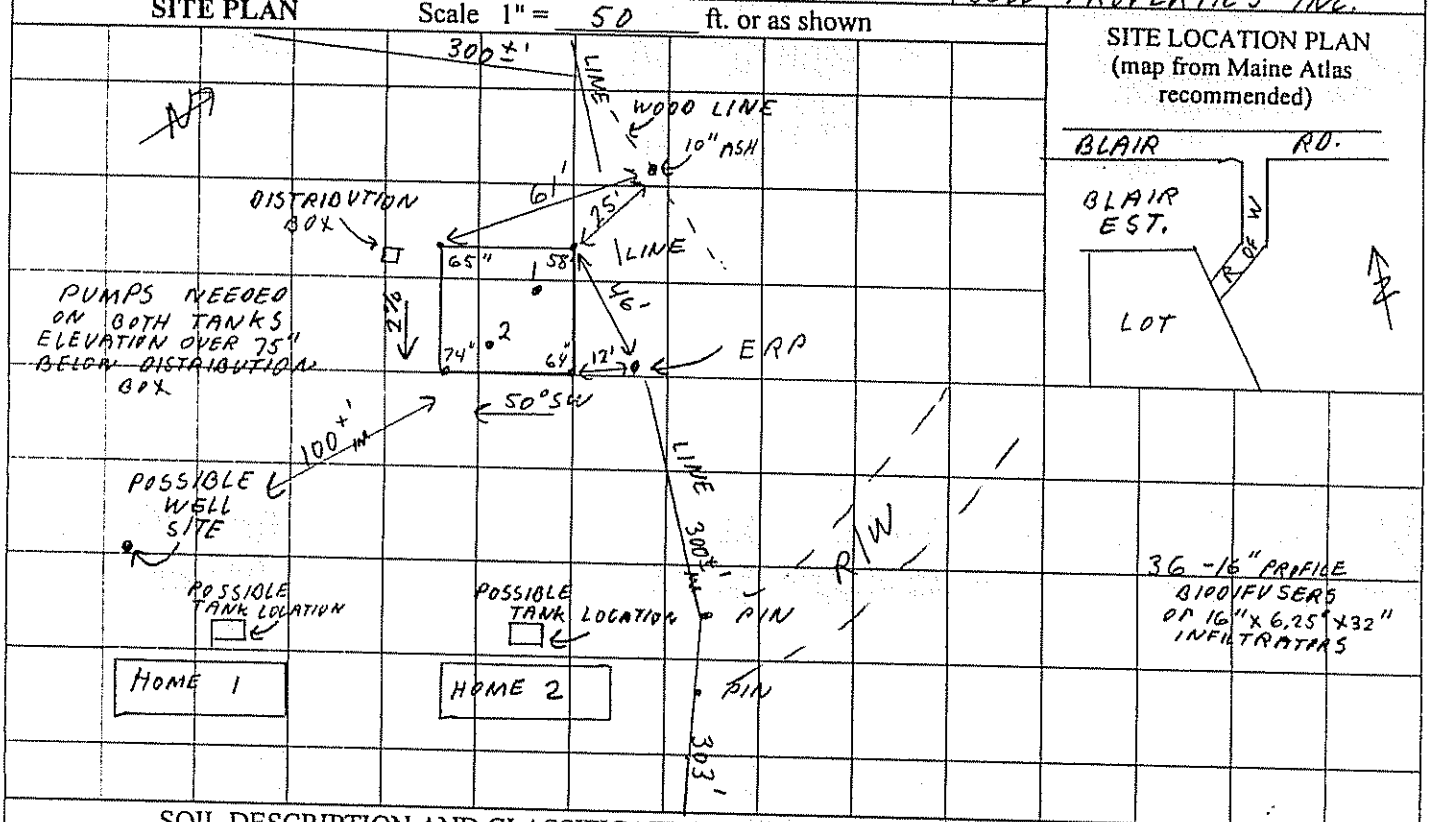
Town, City, Plantation: AUGUSTA

Street, Road, Subdivision: BLAIR RD.

Owner's Name: BELL PROPERTIES INC.

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 SAND	↓	YELLOW BR.	↓
20	FINE LOAMY SAND	FIRM	GRAY	COMMON DISTINCT
30	↓	↓	↓	↓
40				
50				

Soil Classification	Slope	Limiting Factor	
3 Profile / C Condition	2 %	16"	[✓] 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	2 %	16"	[✓] Ground Water [✓] Restrictive Layer [ ] Bedrock [ ] Pit Depth

Site Evaluator Signature: [signature] SE #: 256 Date: 4/8/10

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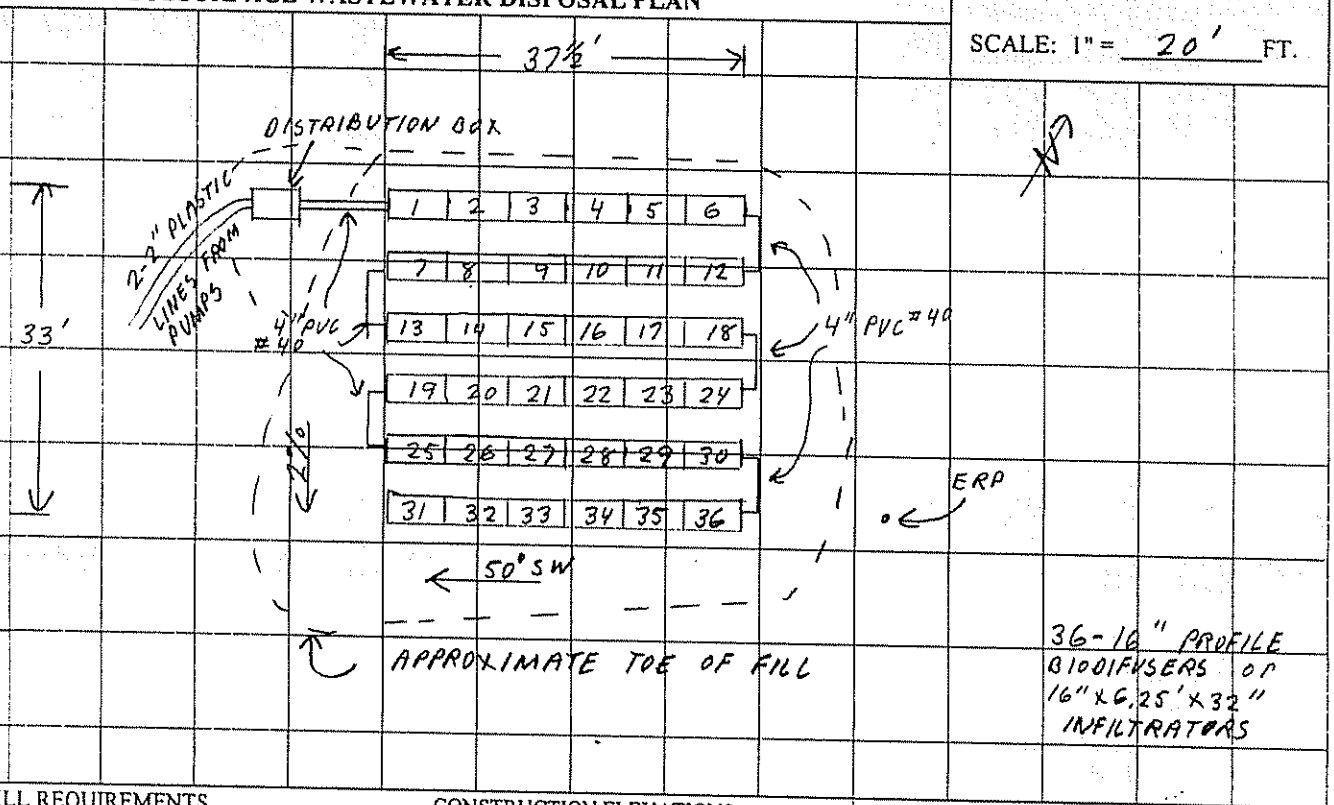
SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 20' FT.

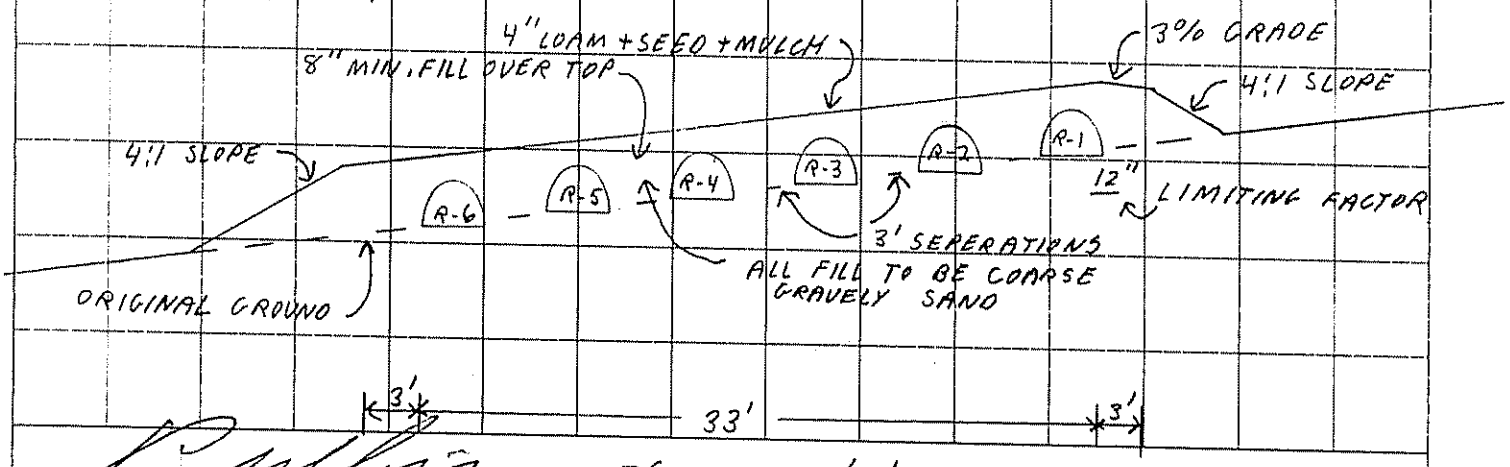


FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT
Depth of Fill (Upslope)	24"	Finished Grade Elevation		Location & Description: E.R.P. IS IN 2' MAPLE, 12' NE OF SYSTEM, 36"
Depth of Fill (Downslope)	34"	Top of Distribution Pipe or Proprietary Device		Reference Elevation: ABOVE GROUND
		Bottom of Disposal Area		

DISPOSAL AREA CROSS SECTION

Scale
Horizontal 1" = 5 ft.
Vertical 1" = 10 ft.

R-1	-26"	-38"	-54"
R-2	-27"	-37"	-55"
R-3	-28"	-36"	-56"
R-4	-29"	-35"	-57"
R-5	-30"	-34"	-58"
R-6	-31"	-33"	-59"



Site Evaluator Signature: [signature] SE #: 256 Date: 4/8/10