Note: Applicant cannot attach floor drains without an approved sand and oil separator. called 9/7 9:30

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	31 Caswell Street
Subdivision, Lot #	

AUGUSTA PERMIT # 6043 TOWN COPY

Date Permit Issued: 9/6/07 $ 100.00 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature L.P.I. # 1896

OWNER/APPLICANT INFORMATION

Name (last, first, MI): O'Connor, George ☑ Owner ☐ Applicant

Mailing Address of Owner/Applicant: 31 Caswell Street, Augusta, Maine 04330

Daytime Tel. #: 621-4933

Municipal Tax Map # 6 Lot # 594

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.

Melissa O'Connor 8/27/07
Signature of Owner or 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 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

18 ☐ 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: ____
☑ 3. Other: Garage Bathroom (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: 750 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: 450 ☑ 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

100 gallons per day
BASED ON:
☐ 1. Table 501.1 (dwelling unit(s))
☑ 2. Table 501.2 (other facilities)
SHOW CALCULATIONS for other facilities
15 X 30 = 4.1
☐ 3. Section 503.0 (meter readings)
ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS

PROFILE CONDITION DESIGN
1 , C , 1
at Observation Hole # 1
Depth 15
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 22 m 30 s
Lon. 69 d 44 m 55 s
if g.p.s, state margin of error: 15M

SITE EVALUATOR STATEMENT

I certify that on 24 Aug 07 (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).

Charles H. King — Site Evaluator Signature
094 — SE #
24 Aug 2007 — Date

Charles H. King — Site Evaluator Name Printed
685-4019 — Telephone Number
_____ — E-mail Address

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

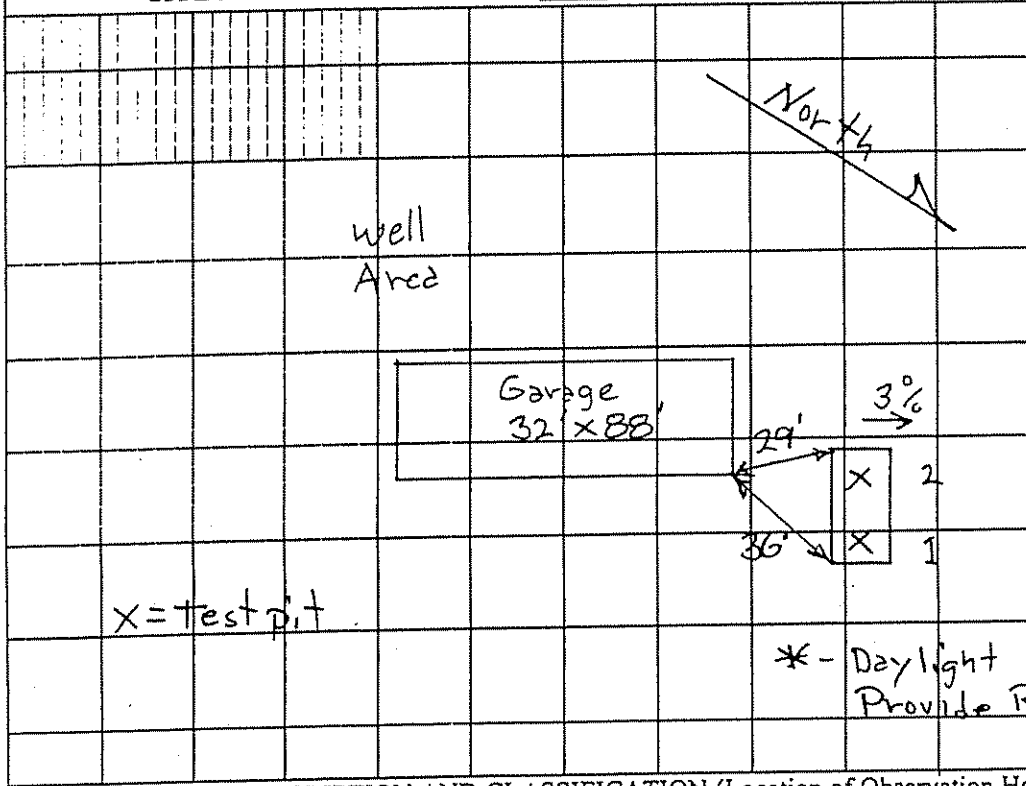
HHE-200 Rev. 4/05

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

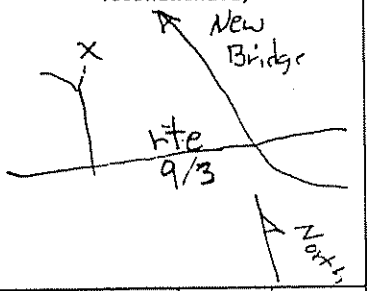
Department of Human Services
Division of Health Engineering
(207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation	Street, Road, Subdivision	Owner's Name
Augusta	Caswell Street	George O'Connor

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
0 " Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0–10	Loam to Silt Loam	Friable	Brown	None
10–20				
20–30		Firm	Grayish Brown	Common Orange Mottles
30–40				
40–50				

Soil Classification	Slope	Limiting Factor	
1 Profile / C Condition	3 %	15"	[✓] 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

Charles H. King — Site Evaluator Signature
094 — SE #
24 Aug. 2007 — Date

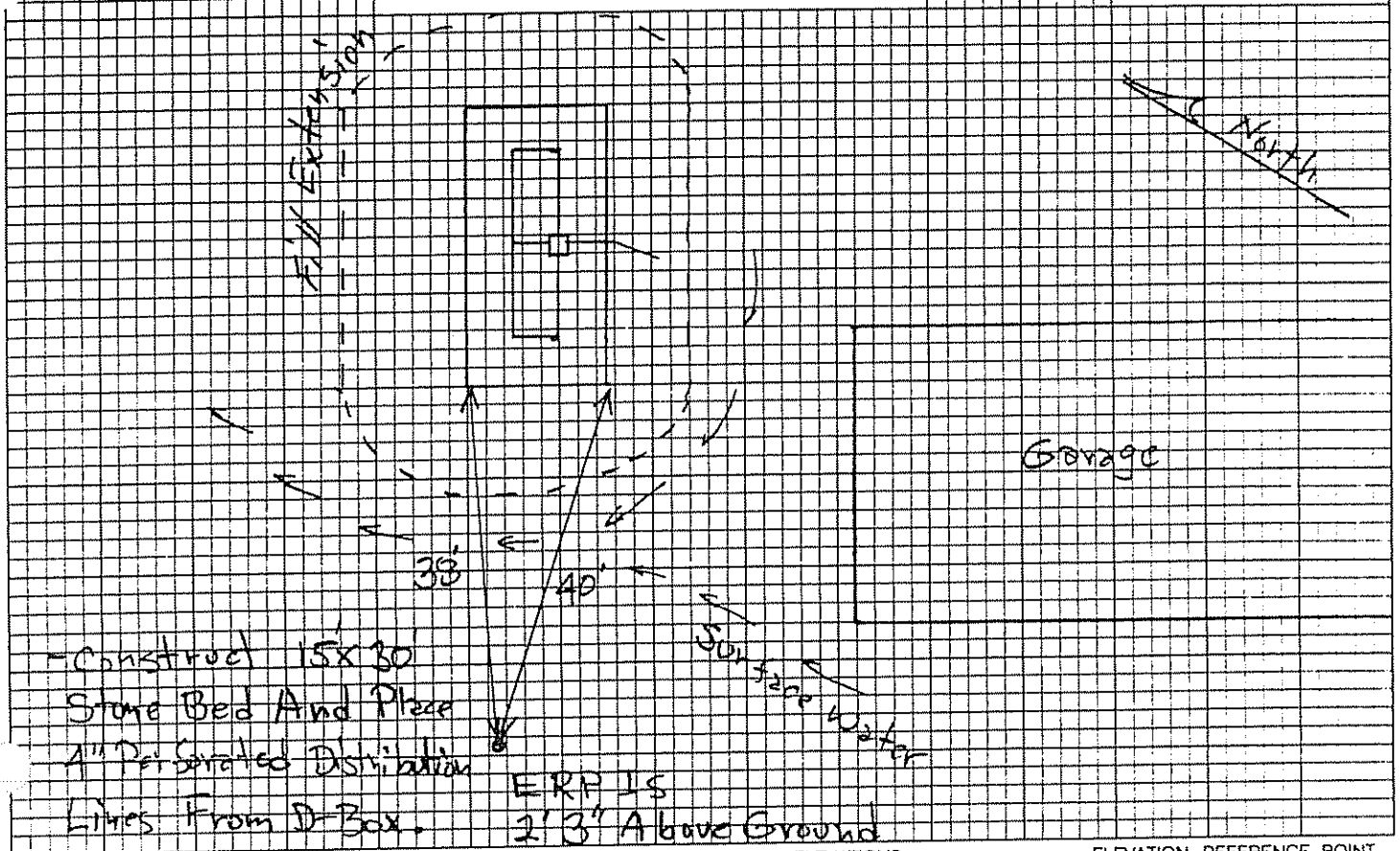
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation	Street, Road, Subdivision	Owner's Name
Augusta	Caswell Street	George O'Connor

SUBSURFACE WASTEWATER DISPOSAL PLAN

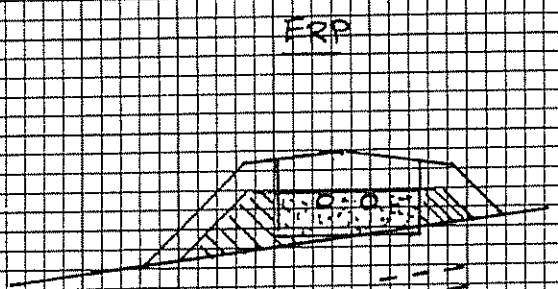
SCALE 1" = 20 FT



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT
Depth of Fill (Upslope)	20"	Finished Grade Elevation	-44"	Location & Description: Flagged Nail In 11" Oak
Depth of Fill (Downslope)	27"	Top of Distribution Pipe or Proprietary Device	-57"	Reference Elevation: 0"
		Bottom of Disposal Area		

DISPOSAL AREA CROSS SECTION

SCALE:
VERTICAL: 1" = 5'
HORIZONTAL: 1" = 20'



- Bed Is 14" (3/4"-2 1/2") Washed Stone Covered With Filter Fabric.
- Place Gravelly Coarse Sand Around Bed.
- Finish With Topsoil.

Charles H. King
Site Evaluator Signature

094
SE #

24 Aug 2007
Date