AA 8/26/15

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept.Health & Human Services
Div of Environmental Health , 11 SHS
(207) 287-5672 Fax: (207) 287-4172

#250/15

AUGUSTA PERMIT #7081 TOWN COPY

Date Permit Issued: 6/26/15 $ 265 — fee

LPI #1137

## PROPERTY LOCATION

| | |
|---|---|
| City, Town, or Plantation | AUGUSTA |
| Street or Road | 27 KENNETH STREET |
| Subdivision, Lot # | M6/L96 |

## OWNER/APPLICANT INFORMATION

| | |
|---|---|
| Name (last, first, MI) | FIVE COUNTY CREDIT UNION ☐ Owner ☐ Applicant |
| Mailing Address of Owner/Applicant | P.O. BOX 598<br>BATH, ME 04530 |
| Daytime Tel. # | 1(800)750-0959 x214α |

**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.

Stephanie D. Stapley 6/26/15
Signature of Owner or Applicant Date

**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. <25% Expansion
  - ☐ b. ≥25% 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**

20,520 ☒ SQ. FT. ☐ ACRES

**SHORELAND ZONING**

☐ Yes ☒ No

**DISPOSAL SYSTEM TO SERVE**

- ☒ 1. Single Family Dwelling Unit, No. of Bedrooms: 3
- ☐ 2. Multiple Family Dwelling, No. of Units: _____
- ☐ 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.

REPAIR OR REPLACE

**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: 15'x48'

SIZE: 1152 ☒ 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**

270 gallons per day

BASED ON:

- ☒ 1. Table 4A (dwelling unit(s))
- ☐ 2. Table 4C(other facilities)
  SHOW CALCULATIONS for other facilites
- ☐ 3. Section 4G (meter readings)
  ATTACH WATER METER DATA

**SOIL DATA & DESIGN CLASS**

PROFILE CONDITION

8 / C

at Observation Hole # 1

Depth 15"

of Most Limiting Soil Factor

**DISPOSAL FIELD SIZING**

- ☐ 1. Medium---2.6 sq. ft. / gpd
- ☐ 2. Medium---Large 3.3 sq. ft / gpd
- ☒ 3. Large---4.1 sq. ft. / gpd
- ☐ 4. 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 55 s

Lon. 69 d 46 m 55 s

if g.p.s, state margin of error: _____

## SITE EVALUATOR STATEMENT

I certify that on 5/16/15 (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

226
Site Evaluator #

5/20/15
Date

VAUGHN L. SMITH
Site Evaluator Name Printed

441-3887
Telephone Number

SOILTESTMAN@GMAIL.COM
E-mail Address

STATE OF MAINE LICENSED SITE EVALUATOR

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

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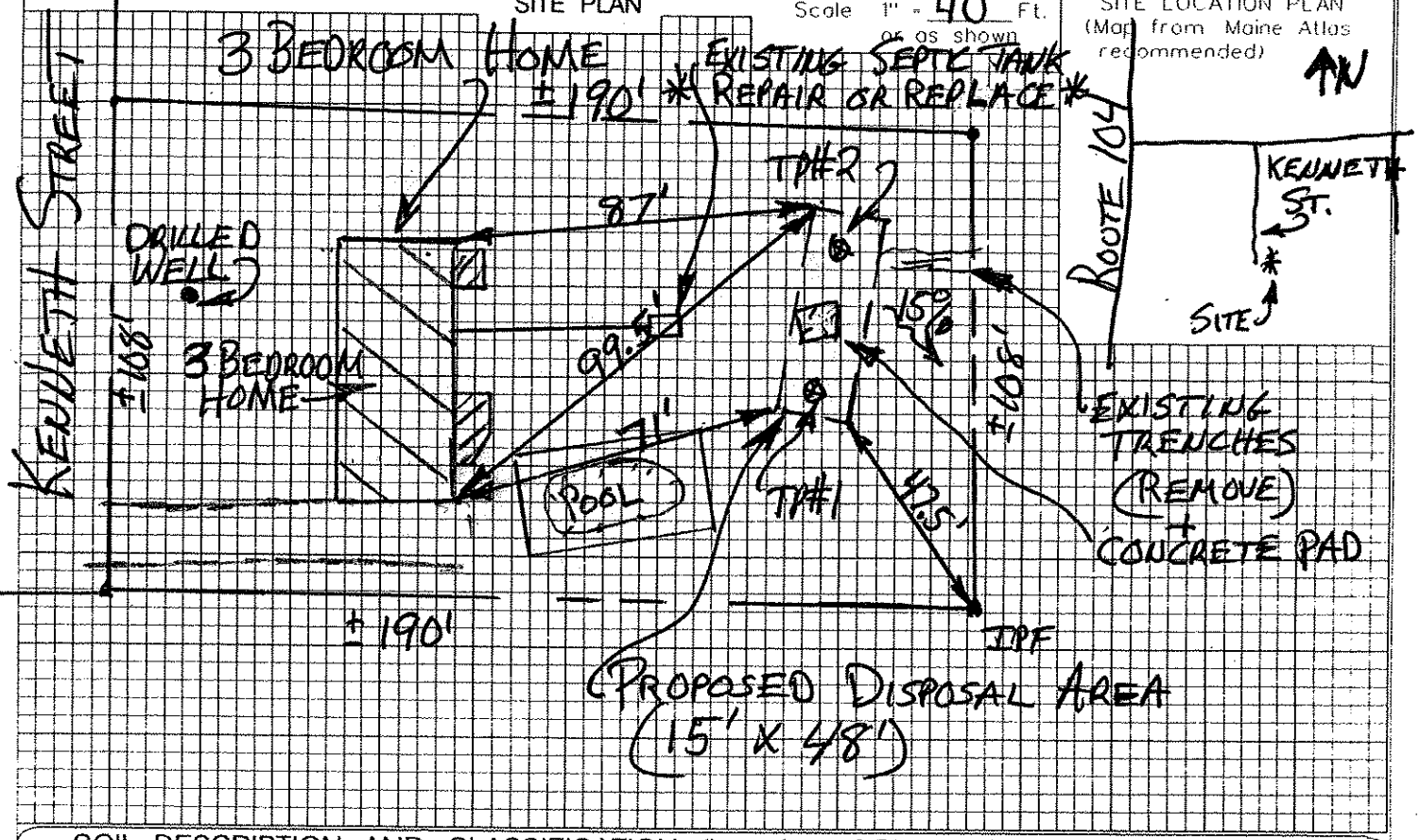
Division of Health Engineering
(207) 287-5672 FAX (207) 287-4172

Town, City, Plantation: AUGUSTA
Street, Road Subdivision: 27 KENNETH STREET
Owner's Name: FIVE COUNTY CREDIT UNION

## SITE PLAN

Scale 1" = 40 Ft. or as shown




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

Observation Hole #1 ☒ Test Pit ☐ Boring
1" Depth of Organic Horizon Above Mineral Soil

| Depth below mineral soil surface (inches) | Texture | Consistency | Color | Mottling |
|---|---|---|---|---|
| 0–10 | SILT LOAM | FRIABLE | BROWN | NONE |
| 10–40 | | FIRM | OLIVE | FEW DISTINCT |

Soil Classification: Profile B, Condition C
Slope: 15%
Limiting Factor: 15"
☒ Ground Water ☒ Restrictive Layer ☐ Bedrock ☐ Pit Depth

Observation Hole #2 ☒ Test Pit ☐ Boring
1" Depth of Organic Horizon Above Mineral Soil

| Depth below mineral soil surface (inches) | Texture | Consistency | Color | Mottling |
|---|---|---|---|---|
| 0–10 | SANDY LOAM FILL | FRIABLE | BROWN / OLIVE BROWN | NONE |
| 10–40 | SILT LOAM | FIRM | OLIVE | FEW DISTINCT |

Soil Classification: Profile B, Condition C
Slope: 14%
Limiting Factor: 15"
☒ Ground Water ☒ Restrictive Layer ☐ Bedrock ☐ Pit Depth

STATE OF MAINE — VAUGHN L. SMITH — 226 — SITE EVALUATOR

Site Evaluator Signature

5/20/15
Date

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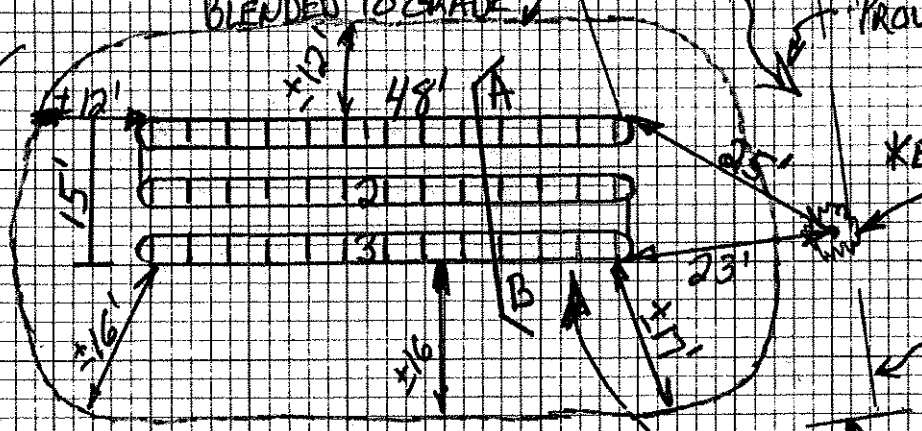
NOTE: ALL TIES, ELEVATIONS & PROPERTY LINES SHALL BE CONFIRMED PRIOR TO CONSTRUCTION

SEE P.2

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT




## Construction Elevations

| | Bottom of Infiltrator | Top of Infiltrator |
|---|---|---|
| Row 1 | -48" | -32" |
| Row 2 | -54" | -38" |
| Row 3 | -60" | -44" |

FILL REQUIREMENTS

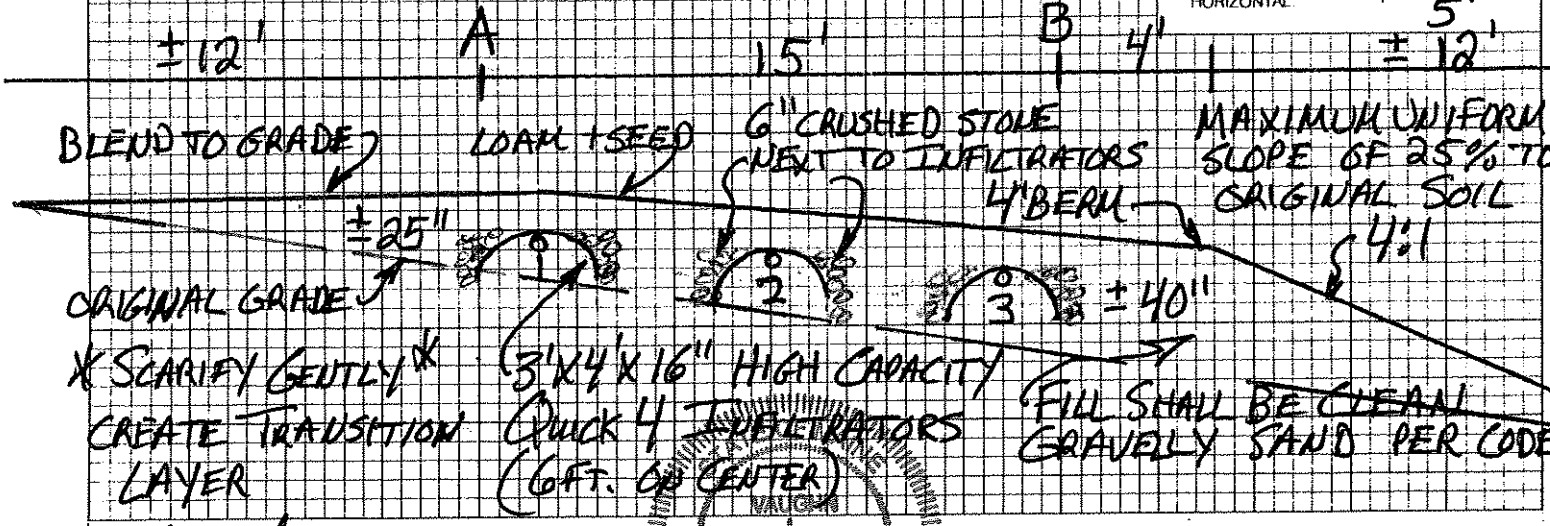
Depth of Fill (Upslope): ±25"
Depth of Fill (Downslope): ±40"
FILL DEPTHS WILL VARY

ELEVATION REFERENCE POINT

Location & Description: 4" POPLAR TREE W/ NAIL 49" ABOVE GROUND
Reference Elevation: 0"

DISPOSAL AREA CROSS SECTION

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




Site Evaluator Signature

VAUGHN L SMITH 226 LICENSED SITE EVALUATOR

5/20/15
Date

mailed

FIVE COUNTY
CREDIT UNION
"True Convenience"

RECEIVED
JUN 24 2015
By

June 22, 2015

City of Augusta

Code Enforcement Office

16 Cony St.

Augusta ME 04330

RE: 27 Kenneth St. Augusta ME

Dear City of Augusta:

Five County Credit Union owns a property at 27 Kenneth Street and we are in the process of replacement the septic system, and we understand that a permit must be obtained in order to proceed. Paul McNaughton Construction is working on the septic system for us and we have already obtained a design from a site evaluator. I have enclosed 3 of the required document pursuant to the instructions I obtained today from calling and speaking with your office.

Our office is here in Bath, so please let us know if the permit will be mailed to us or if someone will have to come and pick it up. If you have any additional questions, please contact me.

Thank you for your assistance.

Sincerely,

Shawna M. Chute

Collections Manager

(800) 750-0959 x2142

FIVE COUNTY
CREDIT UNION

*Banking Solutions You Can Trust*

Shawna Chute
Collections Manager

P.O. Box 598 • Bath, ME 04530 • schute@fivecounty.com
1-800-750-0959 • FAX (207) 443-8176
www.fivecounty.com

FIVE COUNTY
CREDIT UNION
*"True Convenience"*

PO Box 598 · Bath, ME 04530

**Stephanie Staples**
Augusta and Bowdoinham
Branch Manager
NMLS# 506450

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