PIF 6/22/15

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY LOCATION

City, Town, or Plantation	AUGUSTA
Street or Road	377 CHURCH HILL ROAD
Subdivision, Lot #	M7/L85

AUGUSTA PERMIT #7077 TOWN COPY
Date Permit Issued: 6/22/15
$ 265 fee
$250 | $15
LPI # 1137

Municipal Tax Map # ____ Lot # ____

OWNER/APPLICANT INFORMATION

Name (last, first, MI)	ST. ONGE, ROSE M. ☒ Owner ☐ Applicant
Mailing Address of Owner/Applicant	377 CHURCH HILL ROAD AUGUSTA, ME 04330
Daytime Tel. #	207 623 2779

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.
Jean. Brochu
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: BED
  - Year installed: 1987
- ☐ 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
1.15 ☐ SQ. FT. ☒ ACRES

SHORELAND ZONING
☐ Yes ☒ No

DISPOSAL SYSTEM TO SERVE
- ☒ 1. Single Family Dwelling Unit, No. of Bedrooms: 2
- ☐ 2. Multiple Family Dwelling, No. of Units: ____
- ☐ 3. Other: ____ (specify)

Current Use ☐ Seasonal ☒ Year Round ☐ Undeveloped

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

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK
EXISTING
- ☒ 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: 584 ☒ 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
180 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 1
12/3/ S/C
at Observation Hole # TB
Depth >4" in OHF
of Most Limiting Soil Factor
DISTURBED SITE

DISPOSAL FIELD SIZING
- ☐ 1. Medium---2.6 sq. ft. / gpd
- ☒ 2. Medium---Large 3.3 sq. f.t / 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. N44 d 20' m 32.2" s
Lon. W69 d 45' m 30.0" s
if g.p.s, state margin of error: 20'

SITE EVALUATOR STATEMENT

I certify that on 6/15/15 (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 ____ SE # 168 ____ Date 6/15/15

JOHN W. LORD, JR. ____ Site Evaluator Name Printed
207 445 3402 ____ Telephone Number
JWLORDJR@GMAIL.COM ____ E-mail Address

Note : Changes to or deviations from the design should be confirmed with the Site Evaluator.
DESIGN SUBJECT TO LOCAL, STATE + FEDERAL ORDINANCES.

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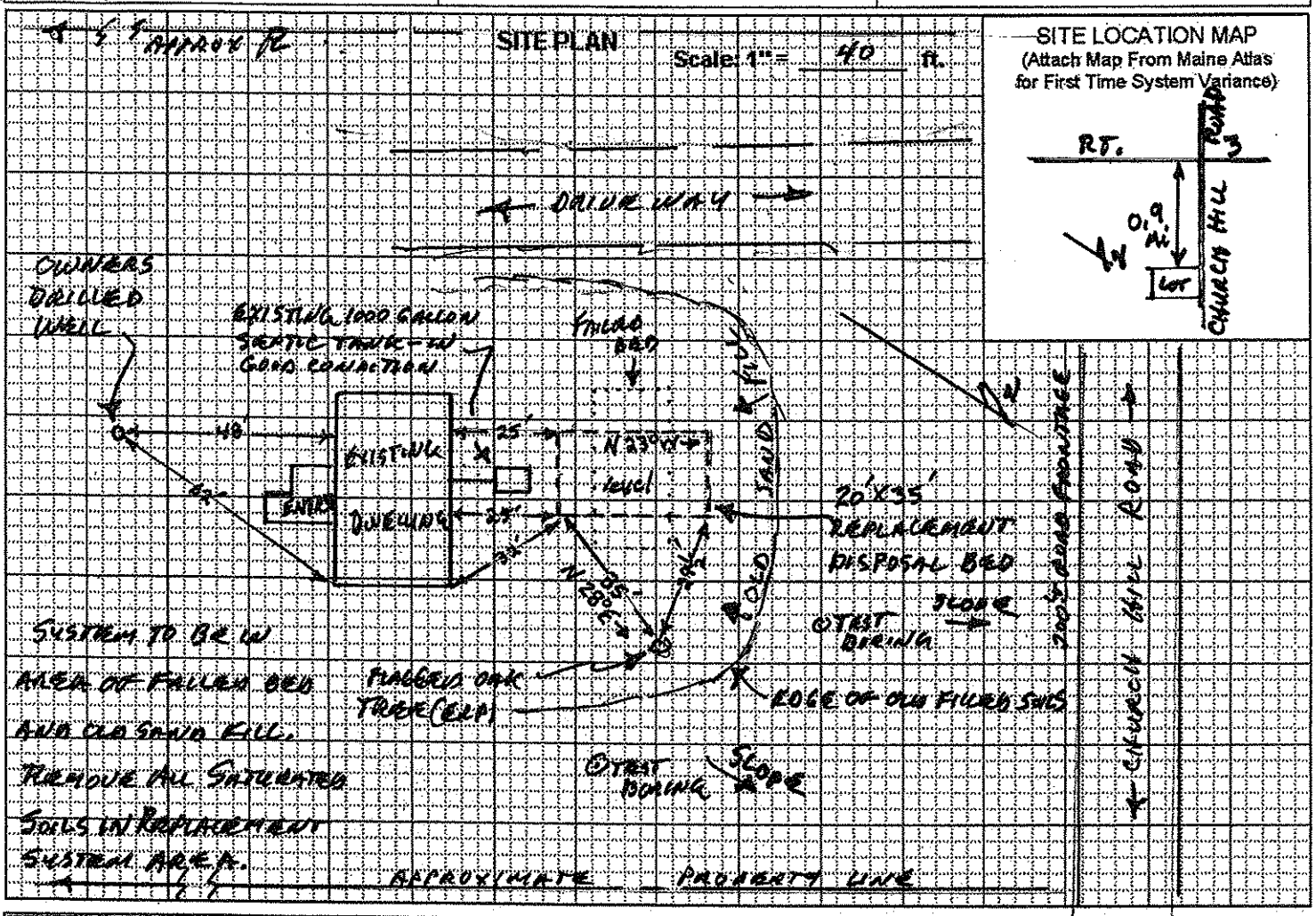
(207) 287-5338 FAX (207) 287-3165

Town, City, Plantation	Street, Road, Subdivision	Owner or Applicant Name
AUGUSTA	377 CHURCH HILL ROAD	ROSE M. ST. ONGE

SITE PLAN

Scale: 1" = 40 ft.



SITE LOCATION MAP

(Attach Map From Maine Atlas for First Time System Variance)

SOIL PROFILE DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole # TB1+2 ☐ Test Pit ☒ Borings

1" Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–48	LOAM TO SANDY LOAM	10YR 4/4 TO 10YR 5/8	VARIOUS FILLED LAND SITE, SYSTEM TO BE IN SOILS FILLED FROM 3' TO 6' DEPTH. IN ORIGINAL SOILS	

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	
3	C	5±	18±	☒ Groundwater ☒ Restrictive Layer ☐ Bedrock

IN ORIGINAL SOILS

Observation Hole # _____ ☐ Test Pit ☐ Boring

_____" Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–48	NOTE: OLD FILL MATERIALS WHICH ARE SATURATED MUST BE REMOVED IN REPLACEMENT SYSTEM AREA.			

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	
12/3	B/C	level	>4'	☐ Groundwater ☐ Restrictive Layer ☐ Bedrock

OLD FILLED LAND

Site Evaluator Signature _____ SE # 168 Date 6/15/15

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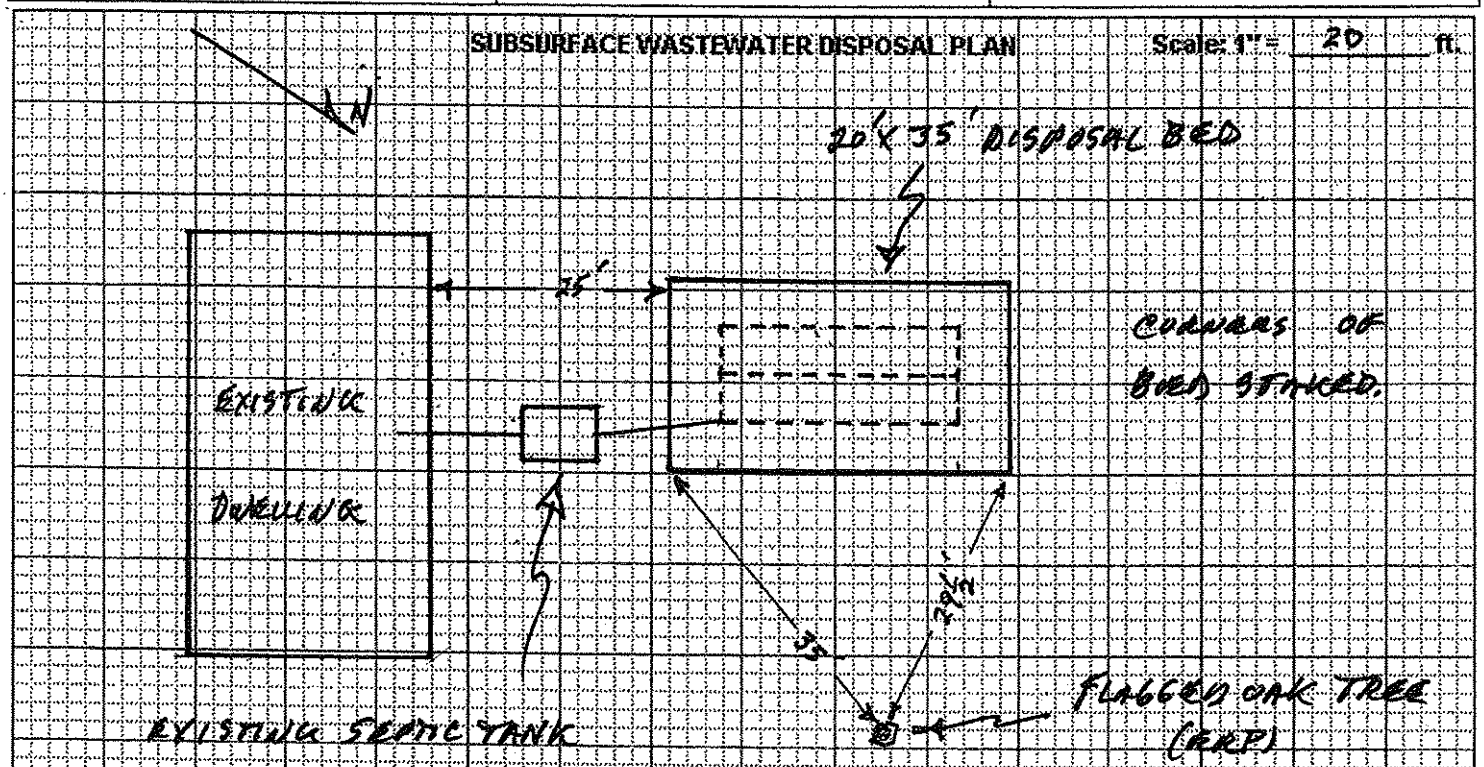
SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 ft.



FOLLOW EROSION AND SEDIMENT CONTROL BEST MANAGEMENT PRACTICES.

BACKFILL REQUIREMENTS

Depth of Backfill (upslope) RHR OLD FILL AS NEEDED "
Depth of Backfill (downslope) SEEPAGE 2 "
DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

Finished Grade Elevation -36 "
Top of Distribution Pipe ~~or Proprietary Device~~ -49 "
Bottom of Disposal Field -60 "

ELEVATION REFERENCE POINT (ERP)

Location & Description: FLAGGED NAIL IN OAK TREE 43" ABOVE GRADE AT TREE.
Reference Elevation is: 0.0" ~~or~~ _____

DISPOSAL FIELD CROSS-SECTION

Scales:
Vertical: 1" = N/A ft.
Horizontal: 1" = _____ ft.

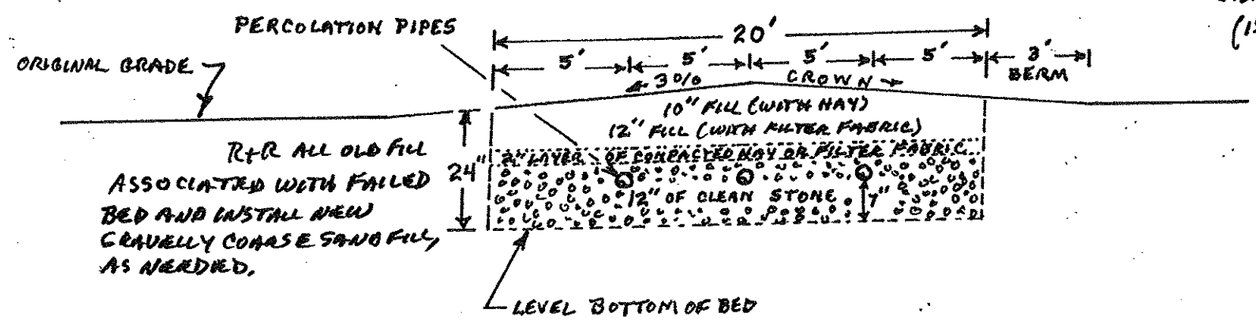
(SEE ATTACHED BED DIAGRAM)

[signature] Site Evaluator Signature | 168 SE # | 6/15/15 Date

• SEWAGE DISPOSAL BED DETAILS •

4" LOAM + MULCH TO COVER.

BED REQUIRES CLEAN STONE UNIFORM IN SIZE ($1\frac{1}{2}$" RECCOMENDED)

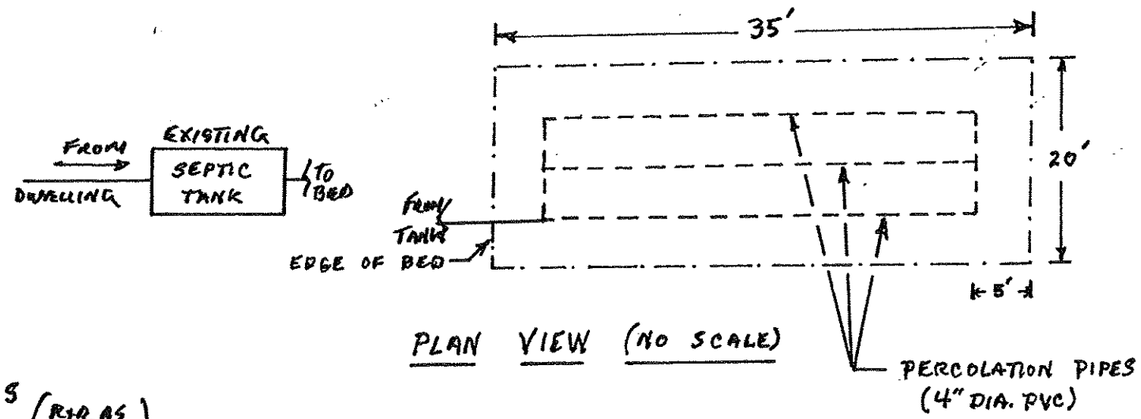


MAXIMUM SLOPE 25%

R+R ALL OLD FILL ASSOCIATED WITH FAILED BED AND INSTALL NEW GRAVELLY COARSE SAND FILL, AS NEEDED.

REMOVE ORGANIC LAYER AND SCARIFY THE SOIL SURFACE BEFORE INSTALLING FILL. INTERFACE FILL INTO ORIGINAL SOILS.

BED CROSS SECTION (NO SCALE)



PLAN VIEW (NO SCALE)

NOTES

1.) (R+R AS / ~~NEEDED~~) INCHES OF FILL IS REQUIRED AT UPHILL SIDE OF BED.

2.) TEXTURE OF FILL SHALL BE GRAVELLY COARSE SAND.

3.) REFER TO MAINE SUBSURFACE WASTE WATER DISPOSAL RULES FOR FURTHER DETAILS REGARDING INSTALLATION PROCEDURES.

FOR: ROSE M. ST. ONGE

DATE: 6/15/5

BY: JOHN W. LORD, JR. S.E. #168

3/00