SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5672 FAX (207) 287-4172

PROPERTY LOCATION

City, Town, or Plantation	Augusta
Street or Road	259 No. Belfast Ave
Subdivision, Lot #	7/66

>> Caution: Permit Required -- Attach In Space Below <<

AUGUSTA PERMIT # 6425 STATE COPY
Date Permit Issued: 4/1/10 $ 150.00 FEE Double Fee Charged
Local Plumbing Inspector Signature L.P.I. # [illegible]

OWNER/APPLICANT INFORMATION

Name (last, first, MI) ☑ Owner MARCOTE PAUL H ☐ Applicant

Mailing Address of ☑ Owner ☐ Applicant	705 SO. BELFAST AVE AUGUSTA ME 04330
Daytime Tel. #	485-7578

Municipal Tax Map # 7 Lot # 66

Owner or Applicant Statement

I state 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] 4/1/10
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.

Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

TYPE OF APPLICATION
1. ☐ First Time System
2. ☐ Replacement System
Type Replaced: N/A
Year Installed: N/A
3. ☐ Expanded System
   a. ☐ Minor expansion
   b. ☐ Major expansion
   ☐ 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 Approval

DISPOSAL SYSTEM COMPONENT(S)
1. ☐ Complete Non-engineered System
2. ☐ Primitive System (graywater & alt toilet)
3. ☐ Alternative Toilet, specify:
4. ☒ Non-Engineered Treatment Tank (only) 1000 gal
5. ☐ Holding Tank, _____ gallons 15 Pump stable
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:

SIZE OF PROPERTY
N/A ☐ sq. ft. ☐ acres

SHORELAND ZONING
☐ Yes ☑ No

DISPOSAL SYSTEM TO SERVE
1. ☑ Single Family Dwelling Unit, No. of Bedrooms: N/A
2. ☐ Multiple Family Dwelling, No. of Units:
3. ☐ Other:
SPECIFY

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 gallons

DISPOSAL FIELD TYPE & SIZE
1. ☐ Stone Bed 2. ☐ Stone Trench
3. ☐ Proprietary Device N/A
   a. ☐ Cluster array c. ☐ Linear
   b. ☐ Regular load d. ☐ H-20 load
4. ☐ Other:
SIZE _____ ☐ sq. ft. ☐ lin. ft.

GARBAGE DISPOSAL UNIT
1. ☐ No 2. ☐ Maybe
2. ☐ Yes >> Specify one below: N/A
   a. ☐ Multi-compartment Tank
   b. ☐ Tanks in Series
   c. ☐ Increase in Tank Capacity
   d. ☐ Filter on Tank Outlet

DESIGN FLOW
_____ gallons per day
BASED ON:
1. ☐ Table 901.1 (dwelling unit(s)
2. ☐ Table 901.2 (other facilities)
SHOW CALCULATIONS
-- for other facilities --
3. ☐ Section 903.0 (meter readings)
ATTACH WATER-METER DATA

SOIL DATA & DESIGN CLASS
PROFILE CONDITION
DESIGN
_____/_____/_____
at Observation Hole #_____
Depth _____" Elevation _____"
OF MOST LIMITING SOIL FACTOR

DISPOSAL FIELD SIZING
1. ☐ Small -- 2.0 sq. ft./gpd N/A
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

PUMPING
1. ☐ Not Required N/A
2. ☐ May Be Required
3. ☐ Required >> Specify only for engineered or experimental systems:
DOSE: gallons

SITE EVALUATOR STATEMENT

I Certify that on N/A (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 # Date

Site Evaluator Name Printed Telephone #

Replacement Septic Tank to Pump Station [illegible]

RECEIVED MAY 23 2001