

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

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

City, Town, or Plantation: AUGUSTA ME
 Street or Road: 2591 NO BELFAST AVE
 Subdivision, Lot #: 7/66

\$150 - fee
\$15 state fee

OWNER/APPLICANT INFORMATION

AUGUSTA PERMIT #6715 TOWN COPY
 Date Permit Issued: 10/15/12 \$ 165 fee

Name (last, first, MI) Owner: MALONE PAUL H
 Applicant: MALONE PAUL H
 Mailing Address of: 705 BELFAST AVE
 Owner
 Applicant
AUGUSTA ME 04330
 Daytime Tel. #: 405-7570

[Signature] LPI # 1137

Municipal Tax Map # _____ Lot # _____

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.

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.

Signature of Owner or Applicant: [Signature]

Date: 10/15/12

Local Plumbing Inspector Signature: _____

Date Approved: _____

PERMIT INFORMATION

TYPE OF APPLICATION

- First Time System
- Replacement System
Type Replaced: _____
Year Installed: _____
- Expanded System
 - Minor expansion
 - Major expansion
- Experimental System
- Seasonal Conversion

THIS APPLICATION REQUIRES

- No Rule Variance
- First Time System Variance
 - Local Plumbing Inspector Approval
 - State & Local Plumbing Inspector Approval
- Replacement System Variance
 - Local Plumbing Inspector Approval
 - State & Local Plumbing Inspector Approval
- Minimum Lot Size Variance
- Seasonal Conversion Approval

DISPOSAL SYSTEM COMPONENT(S)

- Complete Non-engineered System
- Primitive System (graywater & alt toilet)
- Alternative Toilet, specify: _____
- Non-Engineered Treatment Tank (only)
- Holding Tank, _____ gallons
- Non-engineered Disposal Field (only)
- Separated Laundry System
- Complete Engineered System (2000 gpd or more)
- Engineered Treatment Tank (only)
- Engineered Disposal Field (only)
- Pre-treatment, specify: _____

SIZE OF PROPERTY

N/A sq. ft.
 acres

DISPOSAL SYSTEM TO SERVE

- Single Family Dwelling Unit, No. of Bedrooms: N/A
- Multiple Family Dwelling, No. of Units: _____
- Other: _____

SHORELAND ZONING

Yes No

SPECIFY _____

TYPE OF WATER SUPPLY

- Drilled Well
- Dug Well
- Private
- Public
- Other: _____

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- Concrete
 - Regular
 - Low Profile
- Plastic
- Other: _____
CAPACITY 1000 gallons

DISPOSAL FIELD TYPE & SIZE

- Stone Bed
- Stone Trench
- Proprietary Device
 - Cluster/array
 - Linear
 - H-20 load
- Other: _____
SIZE _____ sq. ft. lin. ft.

GARBAGE DISPOSAL UNIT

- No
- Maybe
- Yes >> Specify one below:
 - Multi-compartment Tank
 - Tanks in Series
 - Increase in Tank Capacity
 - Filter on Tank Outlet

DESIGN FLOW

_____ gallons per day
 BASED ON:

- Table 901.1 (dwelling unit(s))
- Table 901.2 (other facilities)
SHOW CALCULATIONS -- for other facilities --
- 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

- Small -- 2.0 sq. ft./gpd
- Medium -- 2.6 sq. ft./gpd
- Medium-Large -- 3.3 sq. ft./gpd
- Large -- 4.1 sq. ft./gpd
- Extra Large -- 5.0 sq. ft./gpd

PUMPING

- Not Required
- May Be Required
- 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 # _____

