86-86

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	204 BOLTON HILL RD
Subdivision, Lot #	MICHAUD SUBDIV. Lot 2

>> Caution: Permit Required – Attach in Space Below <<

AUGUSTA 4464 TOWN COPY
Date Permit Issued: 8/30/00
$ 100.00 ☐ If Double Fee Charged
FEE
L.P.I. # 850
Local Plumbing Inspector Signature

OWNER/APPLICANT INFORMATION

Name (last, first, MI)	Telesis Housing Corp. (Owner / Applicant)
Mailing Address of ☐ Owner ☐ Applicant	P.O. Box 1123 138 ST. JOHN ST. Portland, Me. 04104
Daytime Tel. #	871-1812

Municipal Tax Map # 7 Lot # 99F

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 of Owner or Applicant — Date

Caution: Inspections 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 — (1st) Date Approved 1-11-01 — (2nd) Date Approved

PERMIT INFORMATION

TYPE OF APPLICATION
1. ☒ First Time System
2. ☐ Replacement System
Type Replaced: ____
Year Installed: ____
3. ☐ Expanded System
a. ☐ One-time exempted
b. ☐ Non-exempted
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 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)
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
5± ☐ sq. ft. ☒ acres

SHORELAND ZONING
☐ Yes ☒ No

DISPOSAL SYSTEM TO SERVE
1. ☒ Single Family Dwelling Unit, No. of Bedrooms: 6
2. ☐ Multiple Family Dwelling, No. of Units: ____
3. ☐ Other: ____ SPECIFY

TYPE OF WATER SUPPLY
To be
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 1500 gallons

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 160 ☐ sq. ft. ☒ lin. ft.

GARBAGE DISPOSAL UNIT
1. ☐ No 3. ☐ Maybe
2. ☐ Yes >> Specify one below:
a. ☐ Multi-compartment Tank
b. ☐ Tanks in Series
c. ☐ Increase in Tank Capacity
d. ☒ Filter on Tank Outlet

DESIGN FLOW
540 gallons per day
BASED ON:
1. ☒ Table 501.1 (dwelling unit(s)
2. ☐ Table 501.2 (other facilities)
SHOW CALCULATIONS
– for other facilities –
3. ☐ Section 503.0 (meter readings)
ATTACH WATER-METER DATA

SOIL DATA & DESIGN CLASS
PROFILE CONDITION DESIGN
3 / C / 1
at Observation Hole # TP
Depth 30 " Elevation -46 "
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

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

SITE EVALUATOR STATEMENT

I certify that on 5/22/00 (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 # 046 — Date 5/23/00

Site Evaluator Name Printed: Albert E. Hodsdon — Telephone # 873-5164

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Division of Health Engineering
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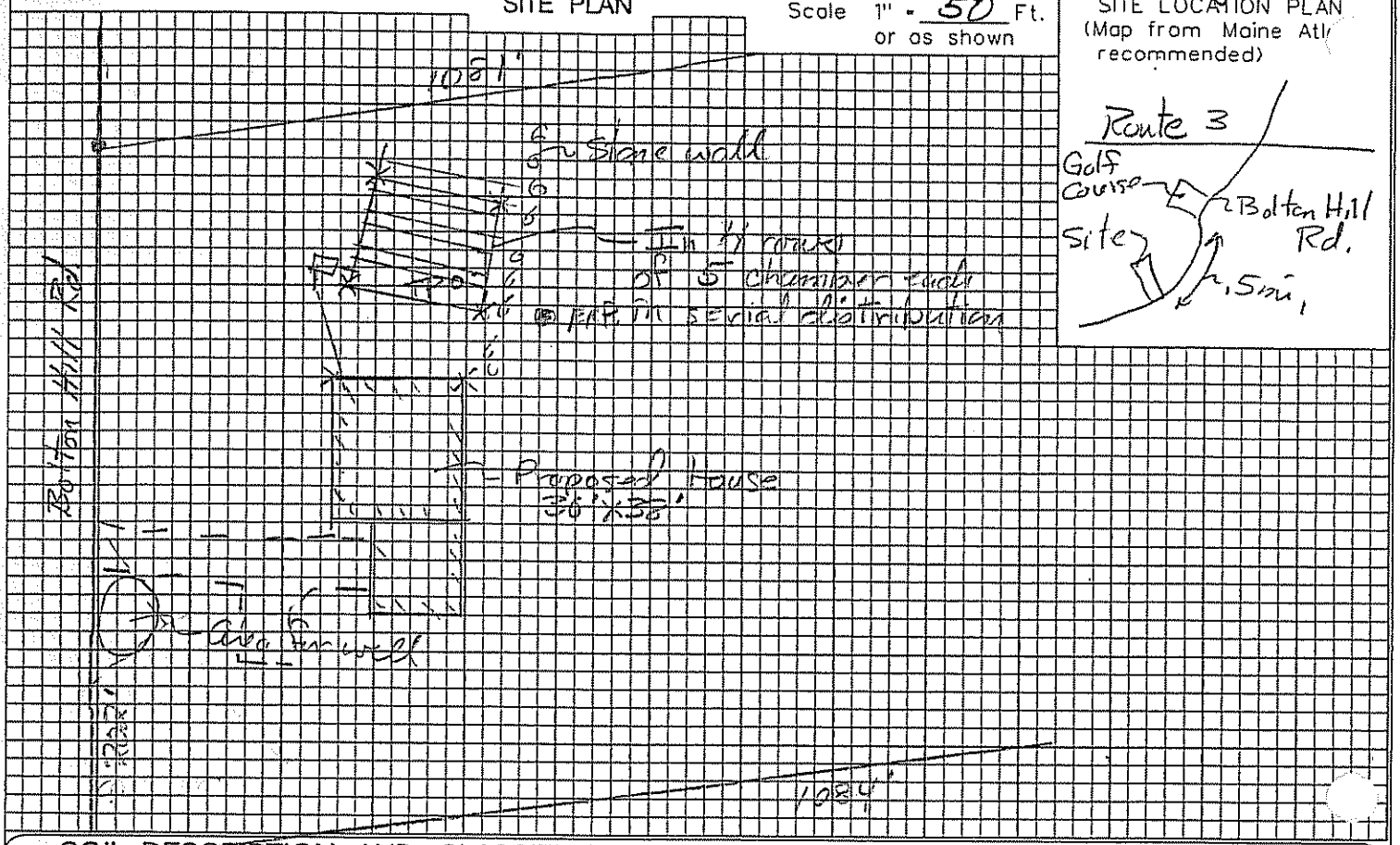
Town, City, Plantation: AUGUSTA

Street, Road Subdivision: BOLTON HILL RD

Owner's Name: Telesis Housing Corp

SITE PLAN

Scale 1" = 50 Ft. or as shown



SITE LOCATION PLAN (Map from Maine Atl recommended)

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

Observation Hole TP-B ☒ Test Pit ☒ Boring

21" Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0	Sandy Loam	Loose	Red Brn	
10			Lt Brn	
20	Stony			
30				Saints 26
40				
50				

Soil Classification		Slope	Limiting Factor	
3	C	15 %	26"	☒ Ground Water ☐ Restrictive Layer ☐ Bedrock ☐ Pit Depth
Profile	Condition			

Observation Hole _____ ☐ Test Pit ☐ Boring

_____" Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0				
10				
20				
30				
40				
50				

Soil Classification		Slope	Limiting Factor	
		%	"	☐ Ground Water ☐ Restrictive Layer ☐ Bedrock ☐ Pit Depth
Profile	Condition			

Albert E. Wadsworth — Site Evaluator Signature

046 — SE #

5/23/00 — Date

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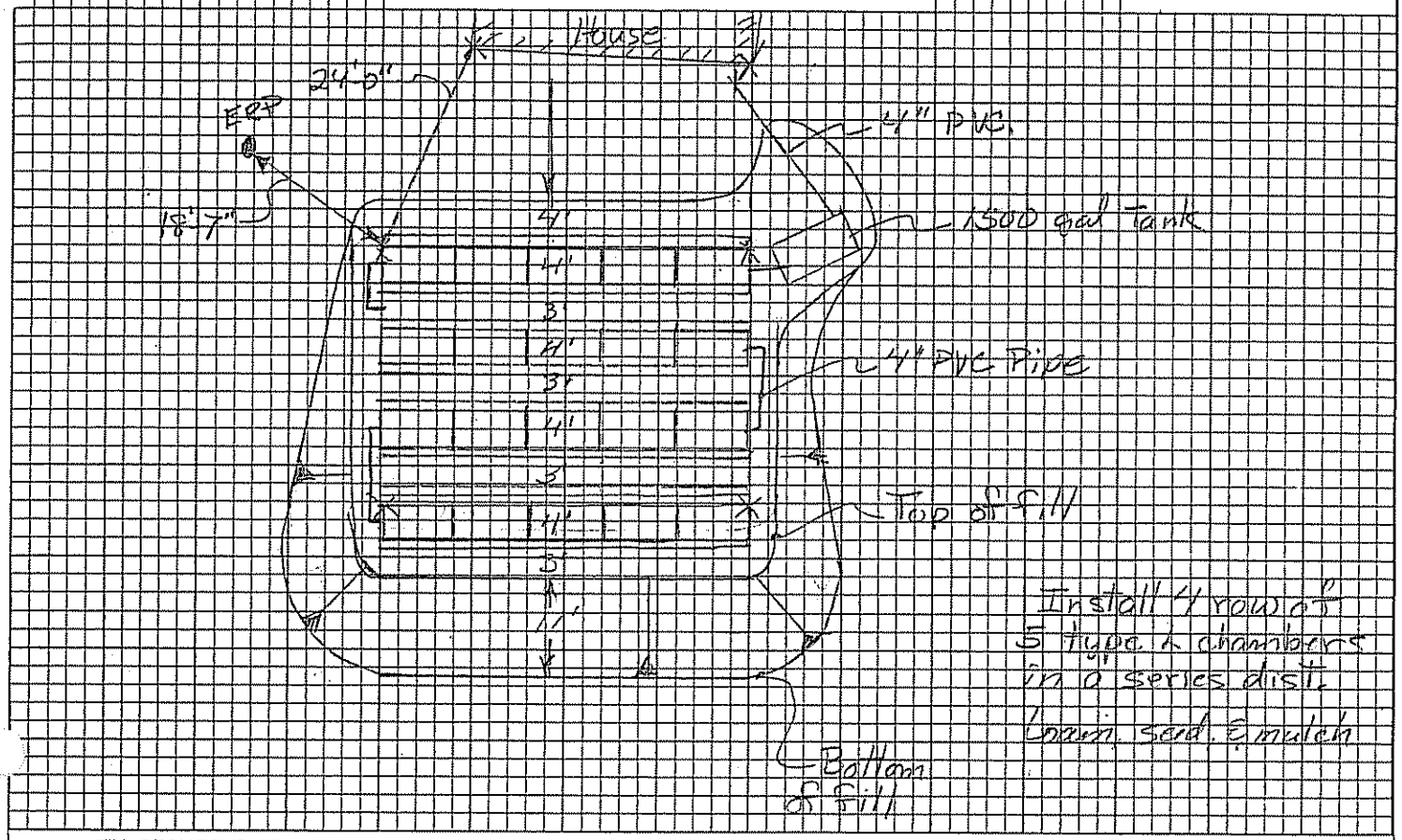
Town, City, Plantation	Street, Road, Subdivision	Owner's Name
AUGUSTA	BOLTON HILL RD.	Telesis Housing Corp

SUBSURFACE WASTEWATER DISPOSAL PLAN

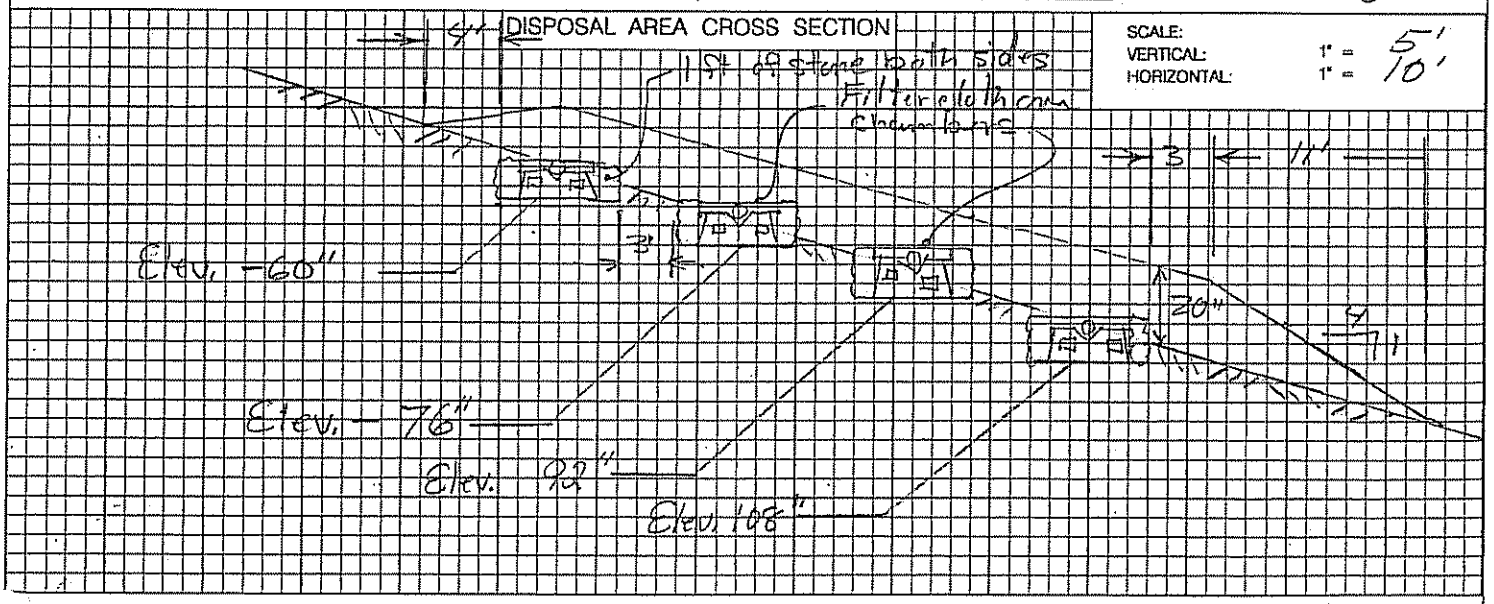
SCALE 1" = 20 FT.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT	
Depth of Fill (Upslope)	9"	Finished Grade Elevation		Location & Description	Nail in 6" maple
Depth of Fill (Downslope)	20"	Top of Distribution Pipe or Proprietary Device			
		Bottom of Disposal Area	as shown	Reference Elevation	0"

DISPOSAL AREA CROSS SECTION

SCALE:
VERTICAL: 1" = 5'
HORIZONTAL: 1" = 10'



Robert E Hodsdon III
Site Evaluator Signature

046
SE #

5/23/00
Date