# 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: 212 Bolton Hill Rd.

Subdivision, Lot #: Michaud Subdiv. Lot #3

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

AUGUSTA 4466 TOWN COPY
Date Permit Issued: 8-12-99 $ 120 ☐ If Double Fee Charged
Local Plumbing Inspector Signature: [signature] L.P.I. # 85P

**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. #:

Municipal Tax Map # 7 Lot # 996

**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: [signature] 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: [signature] (1st) Date Approved: 1-17-01

(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**
5.06± ☐ 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 6 Bedrooms
   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 784 ☒ 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 –
6 bedrooms @ 90 gpd ea.
540 gpd.
3. ☐ Section 503.0 (meter readings)
ATTACH WATER-METER DATA

**SOIL DATA & DESIGN CLASS**
PROFILE CONDITION DESIGN
3 1 C 1 1
at Observation Hole # TP-13
Depth 26" Elevation -67"
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 11/19/99 (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: [signature] SE #: 046 Date: 11/18/99

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

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Division of Health Engineering
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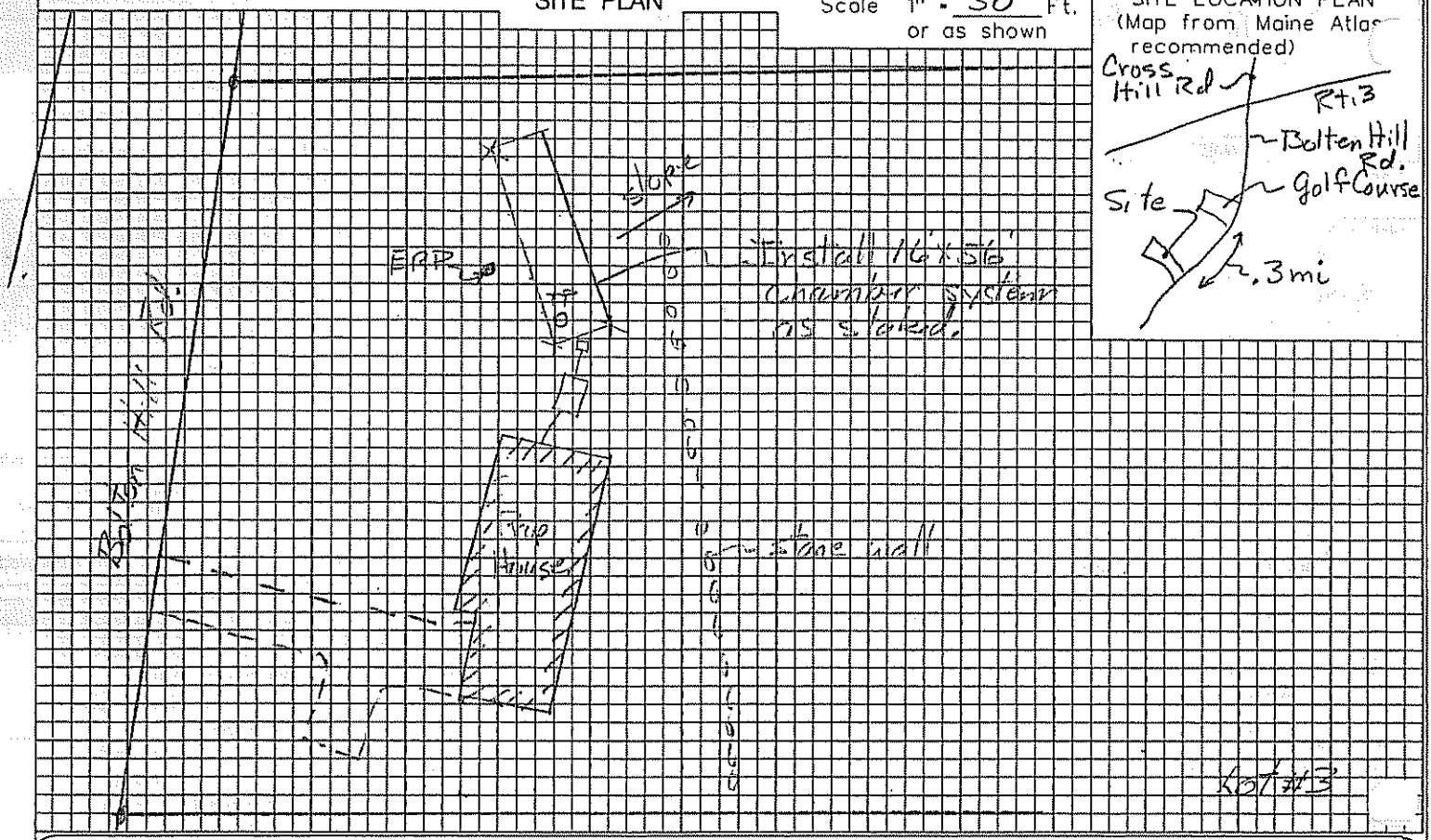
Town, City, Plantation: Augusta

Street, Road Subdivision: Bolton Hill Road

Owner's Name: Telesis Housing Corp.

## SITE PLAN

Scale 1" = 50 Ft. or as shown




SITE LOCATION PLAN
(Map from Maine Atlas recommended)




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

Observation Hole TP-B ☒ Test Pit ☐ ☒ Boring

0 " Depth of Organic Horizon Above Mineral Soil

| Depth below mineral soil surface (inches) | Texture | Consistency | Color | Mottling |
|---|---|---|---|---|
| 0 | Sandy Loam | Loose | Red Brn | |
| 10 | | | Brn | |
| 20 | | | Lt Brn | |
| 30 | Stones | | Olive Brn | Faint @ 26" |
| 40 | | | | |
| 50 | | | | |

| Soil Classification | | Slope | Limiting Factor | |
|---|---|---|---|---|
| 3 | C | 6-7 % | 26" | ☒ Ground Water |
| Profile | Condition | | | ☐ Restrictive Layer |
| | | | | ☐ Bedrock |
| | | | | ☐ Pit Depth |

Observation Hole _____ ☐ Test Pit ☐ Boring

_____ " Depth of Organic Horizon Above Mineral Soil

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

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| | | | | ☐ Bedrock |
| | | | | ☐ Pit Depth |

Allen E. Hochadel — Site Evaluator Signature

046 — SE #

11/19/99 — Date



HHE-200 Rev. 7/97

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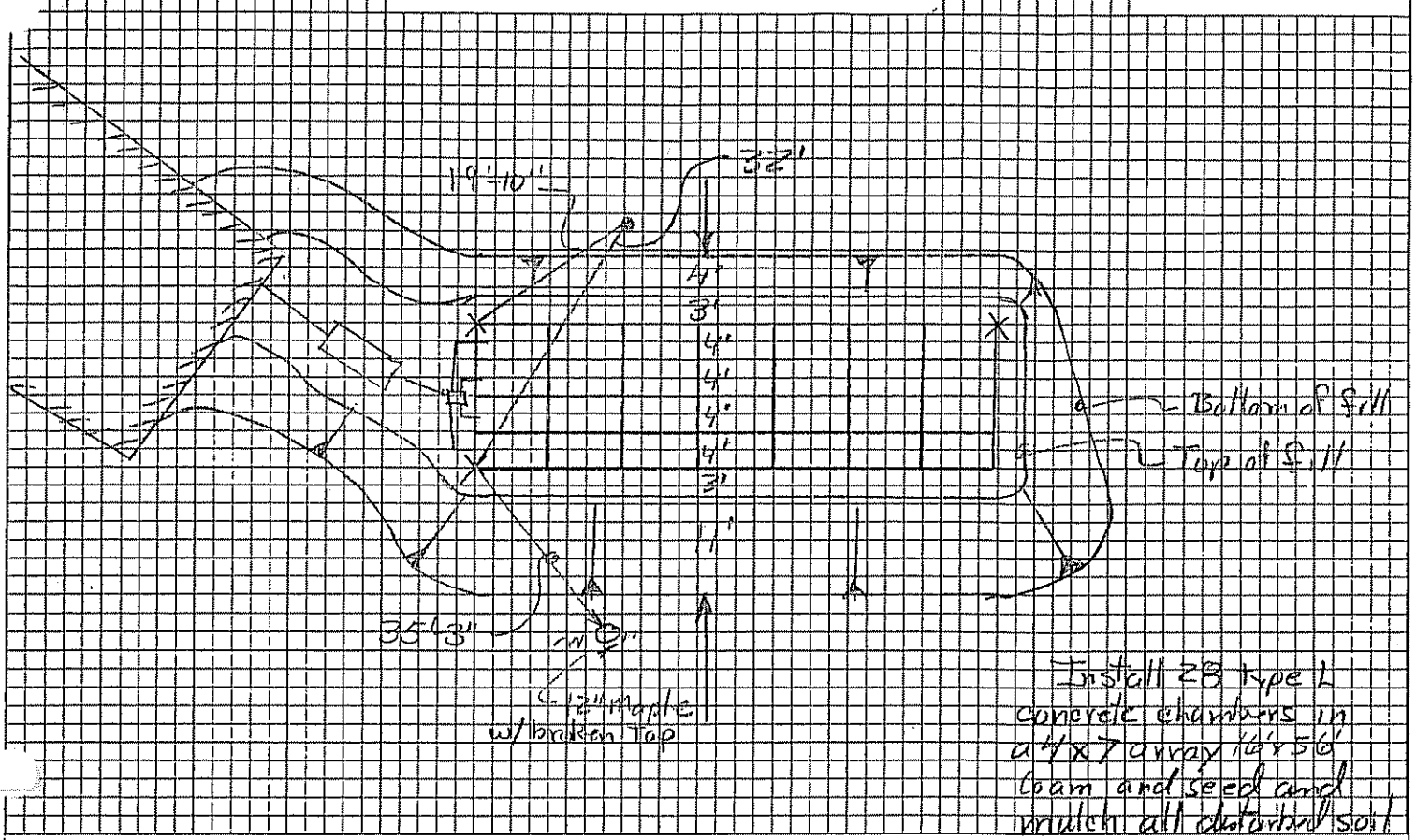
| Town, City, Plantation | Street, Road, Subdivision | Owner's Name |
|---|---|---|
| Augusta | Bolton Hill Rd. | Telesis Housing Corp. |

## SUBSURFACE WASTEWATER DISPOSAL PLAN

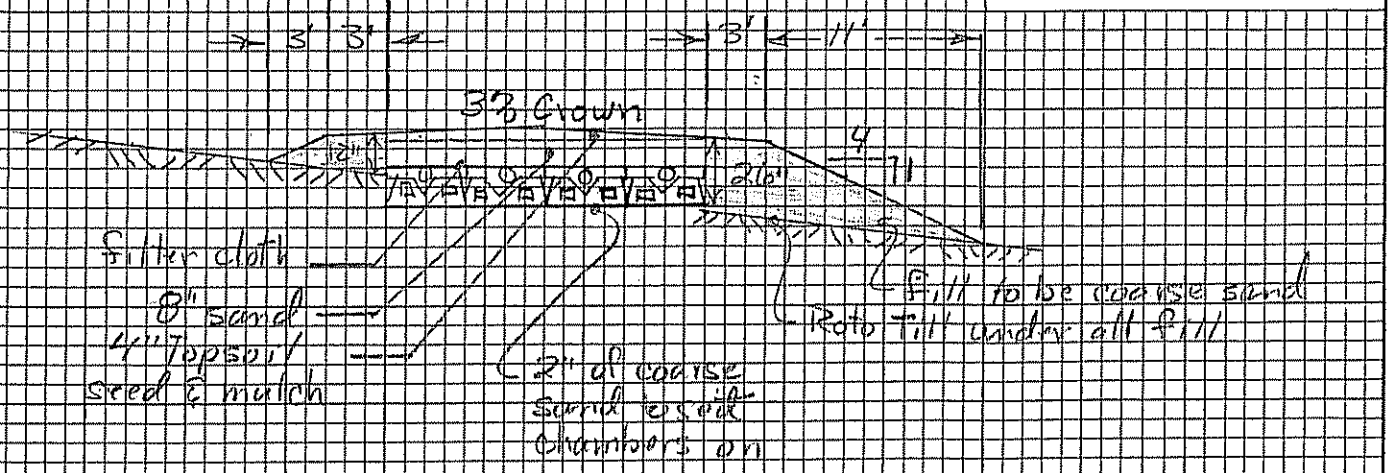
SCALE 1" = 20 FT




| FILL REQUIREMENTS | | CONSTRUCTION ELEVATIONS | | ELEVATION REFERENCE POINT | |
|---|---|---|---|---|---|
| Depth of Fill (Upslope) | 14" | Finished Grade Elevation | -32" | Location & Description | Nail in Birch Tree |
| Depth of Fill (Downslope) | 26" | Top of Distribution Pipe or Proprietary Device | -44" | | |
| | | Bottom of Disposal Area | -55 | Reference Elevation | 0" |

## DISPOSAL AREA CROSS SECTION

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




Albert E. Hodsdon III
Site Evaluator Signature

046
SE #

11/19/99
Date