SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, 10 SHS
(207) 287-5672 Fax: (207) 287-3165

PROPERTY LOCATION

>> CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW <<

City, Town, or Plantation	Augusta 86-86
t or Road	246 ~~265~~ Bolton Hill Rd.
Subdivision, Lot #	Bolton Hill Subdiv. Lot 7A

AUGUSTA PERMIT # 5409 OWN COPY
Date Permit Issued: 8/10/05 $ 100.00 FEE ☐ If Double Fee Charged
Local Plumbing Inspector Signature L.P.I. # 180

OWNER/APPLICANT INFORMATION

Name (last, first, MI)	Drummond, Timothy ☒ Owner ☐ Applicant
Mailing Address of Owner/Applicant	20 Carriage Estates Pittsfield, Me 04967
Daytime Tel. #	651-3263

Municipal Tax Map # 7 Lot # 99

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.
Signature of Owner or Applicant 8/1/05 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 (1st) date approved 9/19/05 (2nd) date approved

PERMIT INFORMATION

TYPE OF APPLICATION
☒ 1. First Time System
☐ 2. Replacement System
Type replaced: ____
Year Installed: ____
☐ 3. Expanded System
☐ a. Minor Expansion
☐ b. Major 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
7± ☐ SQ. FT. ☒ ACRES

SHORELAND ZONING
☐ Yes ☒ No

DISPOSAL SYSTEM TO SERVE
☒ 1. Single Family Dwelling Unit, No. of Bedrooms: 3
☐ 2. Multiple Family Dwelling, No. of Units: ____
☐ 3. Other: ____ (specify)
Current Use ☐ Seasonal ☐ Year Round ☒ Undeveloped

TYPE OF WATER SUPPLY
To be a
☒ 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: 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: 900 ☒ 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
270 gallons per day
BASED ON:
☐ 1. Table 501.1 (dwelling unit(s))
☐ 2. Table 501.2 (other facilities)
SHOW CALCULATIONS
— for other facilites —
3 bedrooms @ 90 gpd/bed
☐ 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 28"
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

EFFLUENT/EJECTOR PUMP
☒ 1. Not Required
☐ 2. May Be Required
☐ 3. Required
Specify only for engineered systems:
DOSE: ____ gallons

SITE EVALUATOR STATEMENT

I certify that on 7/19/05 (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 7/20/05
Site Evaluator Name Printed: Albert E. Hodsdon III	Telephone Number: 873-5164	E-mail Address:

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.

HHE-200 Rev. 8/01

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Department of Human Services
Division of Health Engineering
(207) 287-5672 Fax: (207) 287-3165

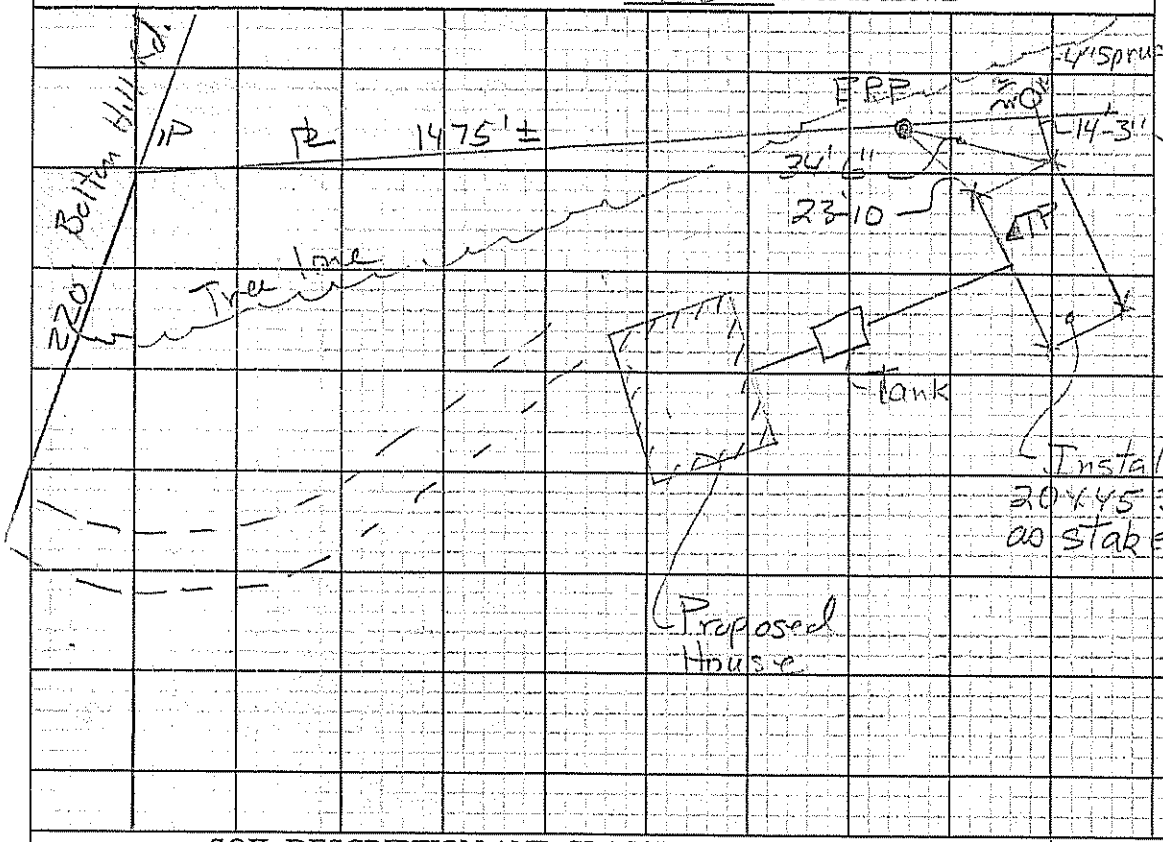
Town, City, Plantation: Augusta

Street, Road, Subdivision: 260 Bolton Hill Rd.

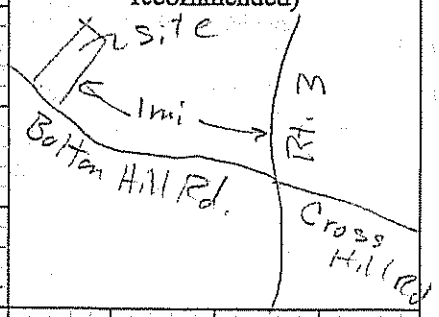
Owner's Name: Timothy Drummond

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 ☒ Test Pit & ☒ Boring

0 " Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0–10	Sandy loam	loose	Dk Bn	
10–20			Red Bn	
20–30			Lt. Bn	
30–40				Present 28"
40–50				

Soil Classification		Slope	Limiting Factor	
3	C	4-6 %	28"	[x] 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				
10–20				
20–30				
30–40				
40–50				

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

Albert S. Hodsdon — Site Evaluator Signature

046 — SE #

7/20/05 — Date

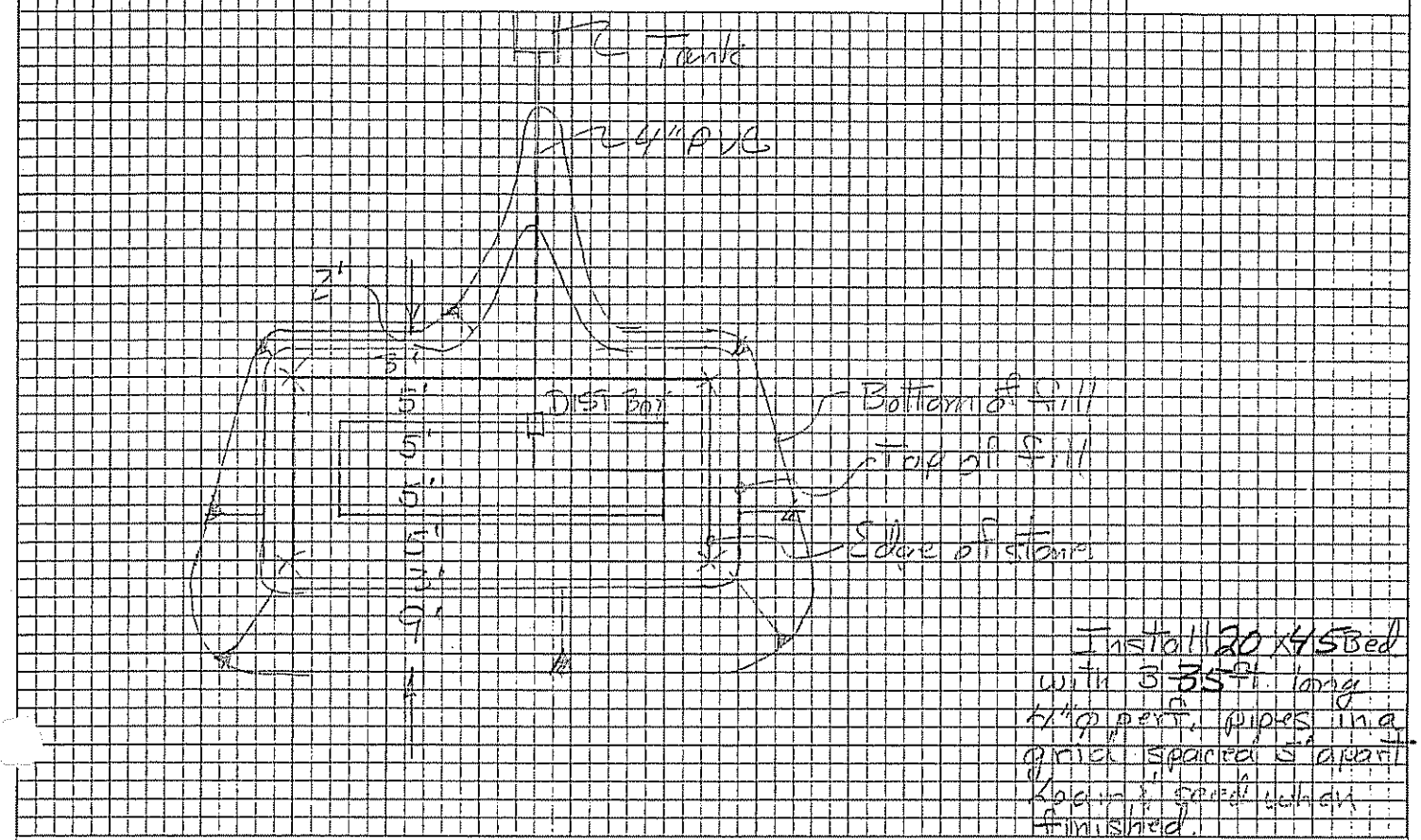
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX (207) 287-4172

Town, City, Plantation	Street, Road, Subdivision	Owner's Name
Augusta	260 Bolton Hill Rd.	Timothy Drummond

SUBSURFACE WASTEWATER DISPOSAL PLAN

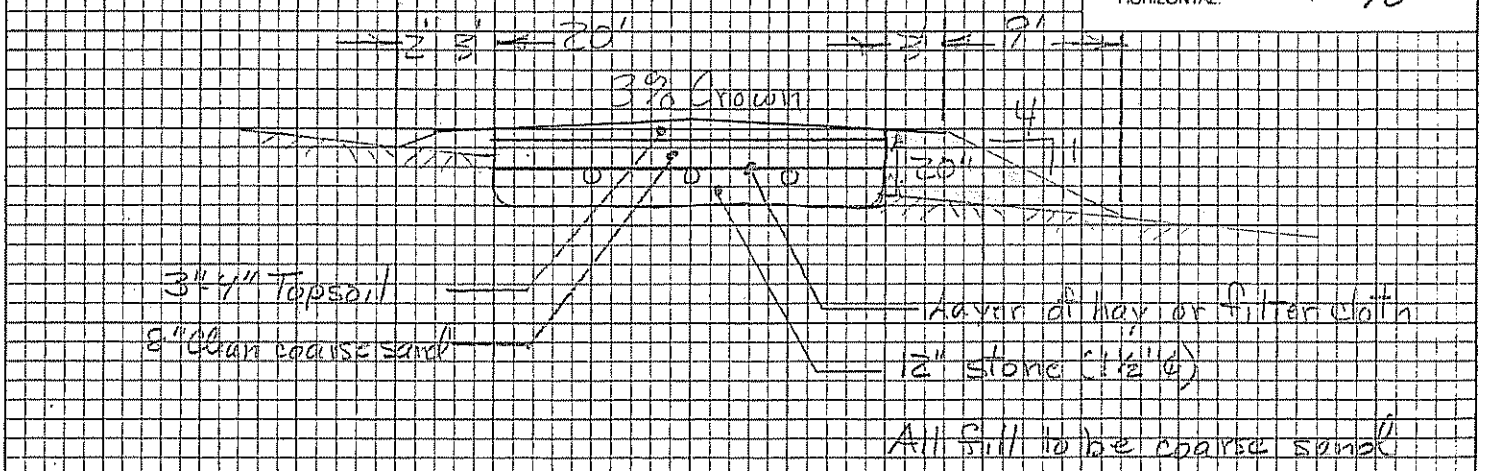
SCALE 1" = 20 FT.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT
Depth of Fill (Upslope)	8"	Finished Grade Elevation	-28"	Location & Description Nail in 12" Pine 26" High
Depth of Fill (Downslope)	20"	Top of Distribution Pipe or Proprietary Device	-40"	Reference Elevation 0"
		Bottom of Disposal Area	-52"	

DISPOSAL AREA CROSS SECTION

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



Albert E. Hodsdon III	046	7/20/05
Site Evaluator Signature	SE #	Date