Called 10-23 10:30 [illegible]

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

t or Road: RT # 3

Subdivision, Lot #:

AUGUSTA 4771 TOWN COPY

Date Permit Issued: 10/22/01 $ 100.00 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature

L.P.I. # 1850

OWNER/APPLICANT INFORMATION

Name (last, first, MI): KAMRAN PARVARESH, KAREN ☑ Owner ☐ Applicant

Mailing Address of Owner/Applicant: R 7 B-1915 AUGUSTA, ME. 04330

Daytime Tel #: 623 9246 Burkel Const. Office

Municipal Tax Map # 8 Lot # 9

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 — Date 10-19-01

CAUTION: INSPECTION REQUIRED

I have inspected the installation authoirzed above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. 12/22/01 (1st) date approved

Local Plumbing Inspector Signature — (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 Disposal Area
- ☐ 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

3 ± ☐ 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

☑ 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 EXISTING
  - b. Low Profile
- 2. Plastic
- 3. Other _____

CAPACITY: 4000 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. Section 503.0 (meter readings)

ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS

PROFILE 3 CONDITION C DESIGN 1

at Observation Hole # 1

Depth 15"

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 10/12/01 (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 # 256 — Date 10/15/01

JOHN PHEARICK

Site Evaluator Name Printed

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

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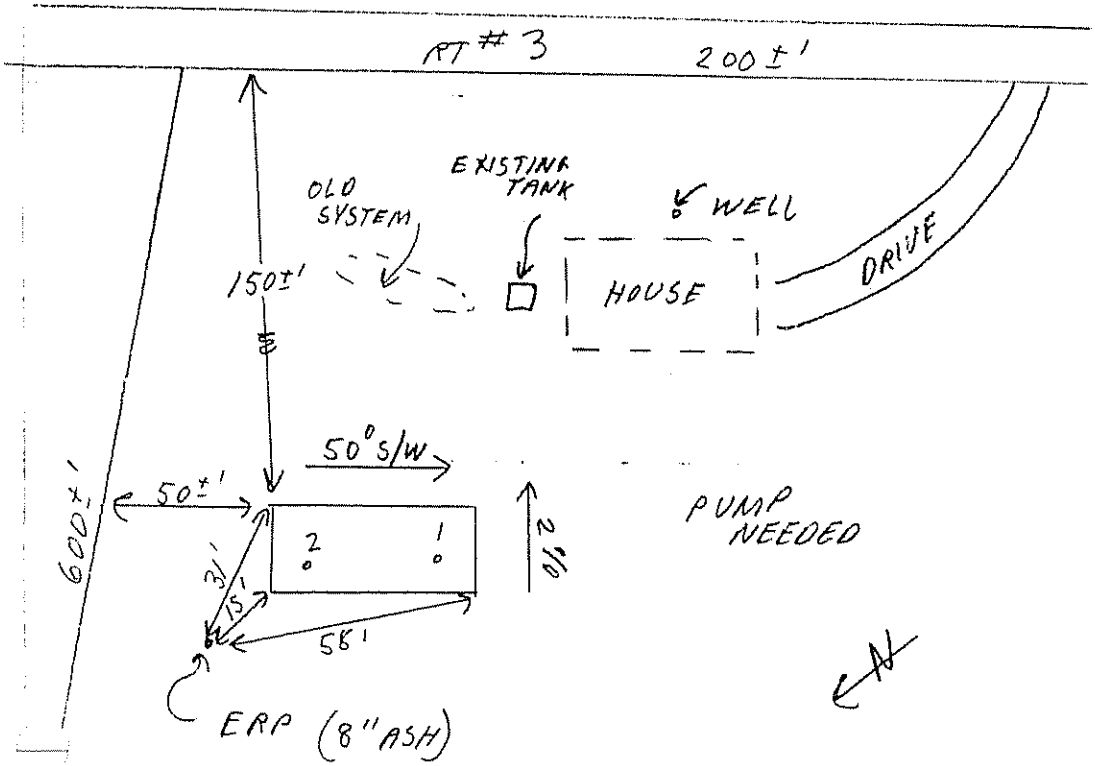
Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5672 FAX (207) 287-4172

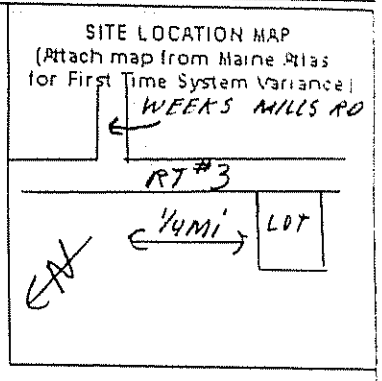
Town, City, Plantation	Street, Road, Subdivision	Owner or Applicant Name
AUGUSTA	RT #3	KAMRAN PARVAREESH

SITE PLAN

Scale: 1" = 50 ft.



SITE LOCATION MAP
(Attach map from Maine Atlas for First Time System Variance)



SOIL PROFILE DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole # 1 ☑ Test Pit ☐ Boring

2± " Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
	SANDY LOAM	FRIABLE	DARK BR.	NONE
			YELLOW BR.	
		FIRM	GRAY	COMMON DISTINCT

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	
3	C	2	15	☑ Groundwater ☑ Restrictive Layer ☐ Bedrock

Observation Hole # 1 ☐ Test Pit ☑ Boring

2± " Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–6	SANDY	FRIABLE	DARK BR.	NONE
6–12	LOAM		REDISH BR.	
12–18			YELLOW BR.	
18–24		FIRM	GRAY	COMMON DISTINCT
30				
36				
42				
48				

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	
3	C	2	18	☑ Groundwater ☑ Restrictive Layer ☐ Bedrock

Site Evaluator Signature — SE # 256 — Date 10/15/01

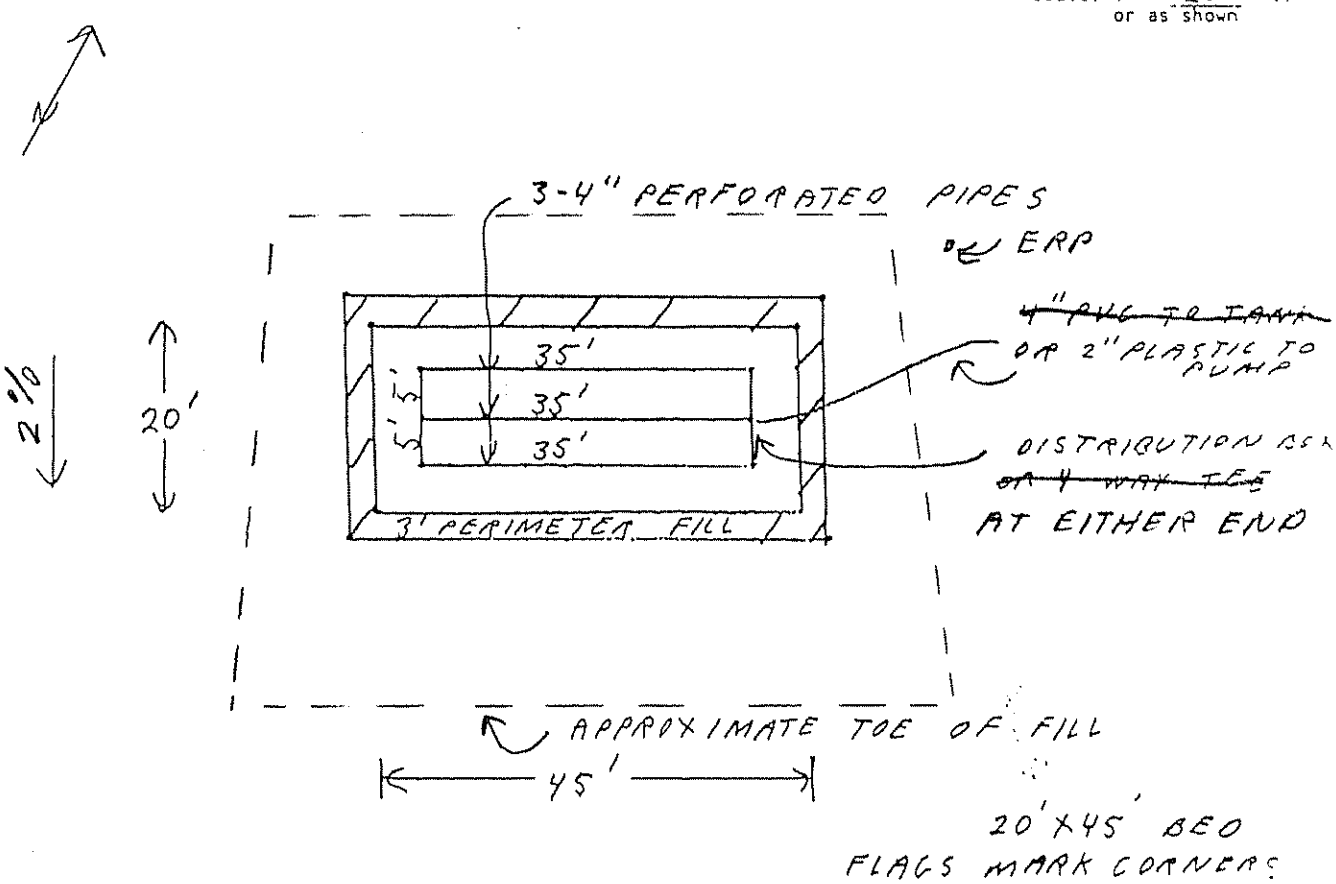
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

08246445

Town, City, Plantation	Street, Road, Subdivision	Owner's Name
AUGUSTA	RT # 3	KAMRAN PARVARESH

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 ft. or as shown



FILL REQUIREMENTS

Depth of Fill (Upslope) 21"

Depth of Fill (Downslope) 26"

CONSTRUCTION ELEVATION

Reference Elevation is 0"

Bottom of Disposal Area -45"

Top of Distribution Lines or Chambers -34"

ELEVATION REFERENCE POINT

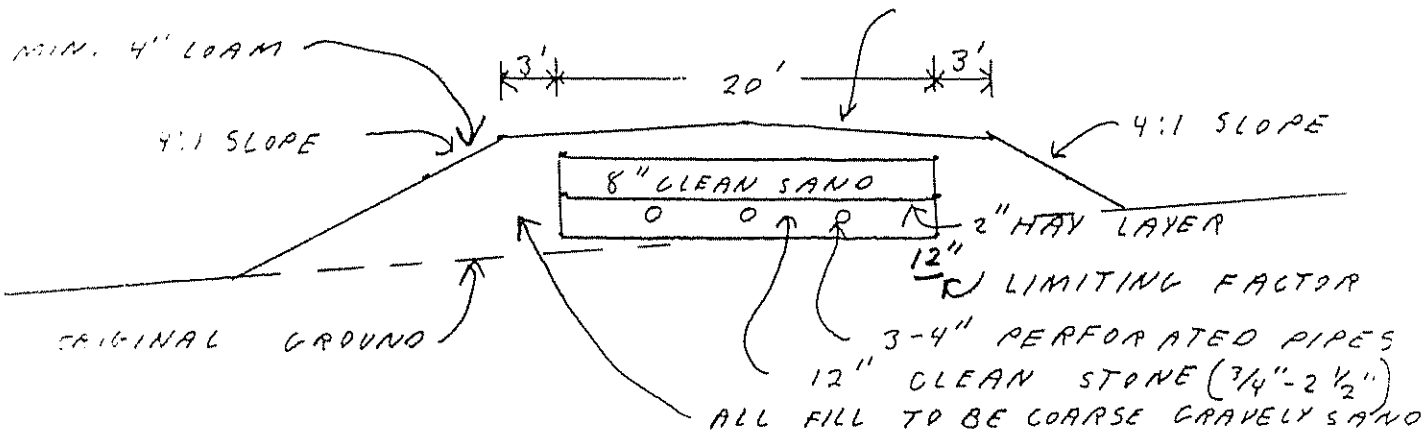
ERP IS IN 8" ASH, 15' NORTH OF SYSTEM, 28" ABOVE GROUND

DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = 5 ft.

Horizontal: 1 inch = 10 ft.



Site Evaluator Signature

256
SE#

10/15/01
Date

Approved for use as HHE 200 by Division of Health Engineering 9/87