AF 9/29/15.

SUBSURFACE WASTEWATER DISPOSAL SYSTEM

Maine Dept.Health & Human Services
Div. of Environmental Health - 11 CHS

AUGUSTA PERMIT #7135 TOWN COPY
Date Permit Issued: 9/29/15 $ 250.00 fee
15.00
LPI # 850

PROPERTY LOCATION

City, Town, or Plantation	AUGUSTA
Street or Road	226 WARD ROAD
Subdivision, Lot #	08/L19A

OWNER/APPLICANT INFORMATION

Name (last, first, MI)	COWGER, JUSTIN ☒ Owner ☐ Applicant
Mailing Address of Owner/Applicant	C/O PERRY MCCONTERRY SHAGUA & CURTIS P.A. 77 WESTERN AVE AUGUSTA, ME 04330
Daytime Tel. #	207 620 2327

Municipal Tax Map # 8 Lot # 19A

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: [signature] Date: 8-29-15

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: [signature] (1st) date approved 10/6/15 (2nd) date approved

PERMIT INFORMATION

TYPE OF APPLICATION
- ☐ 1. First Time System
- ☒ 2. Replacement System
  - Type replaced: TRENCH
  - Year Installed: 1992
- ☐ 3. Expanded System
  - ☐ a. <25% Expansion
  - ☐ b. >25% 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
10.45 ☐ SQ. FT. ☒ ACRES

SHORELAND ZONING
☐ Yes ☒ No

DISPOSAL SYSTEM TO SERVE
- ☒ 1. Single Family Dwelling Unit, No. of Bedrooms: 4
- ☐ 2. Multiple Family Dwelling, No. of Units: ____
- ☐ 3. Other: ____ (specify)

Current Use ☐ Seasonal ☒ Year Round ☐ Undeveloped

TYPE OF WATER SUPPLY
EXISTING
☒ 1. Drilled Well ☐ 2. Dug Well ☐ 3. Private
☐ 4. Public ☐ 5. Other

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK
- ☒ 1. Concrete
  - OR ☒ 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: 1188 ☒ 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
360 gallons per day
BASED ON:
- ☒ 1. Table 4A (dwelling unit(s))
- ☐ 2. Table 4C(other facilities)
  SHOW CALCULATIONS for other facilities
- ☐ 3. Section 4G (meter readings)
  ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS
PROFILE CONDITION
3 C
at Observation Hole # TP7
Depth 24"
of Most Limiting Soil Factor

DISPOSAL FIELD SIZING
- ☐ 1. Medium—2.6 sq. ft. / gpd
- ☒ 2. Medium—Large 3.3 sq. ft / gpd
- ☐ 3. Large—4.1 sq. ft. / gpd
- ☐ 4. 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

LATITUDE AND LONGITUDE
at center of disposal area
Lat. N44 d 19 m 31.7 s
Lon. W69 d 35 m 24.0 s
If g.p.s, state margin of error: 9'

SITE EVALUATOR STATEMENT

I certify that on 8/18/15 (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 # 168	Date 8/17/15
Site Evaluator Name Printed: JOHN W. LORD JR.	Telephone Number: 207 445 3402	E-mail Address: JWLORDJR@GMAIL.COM

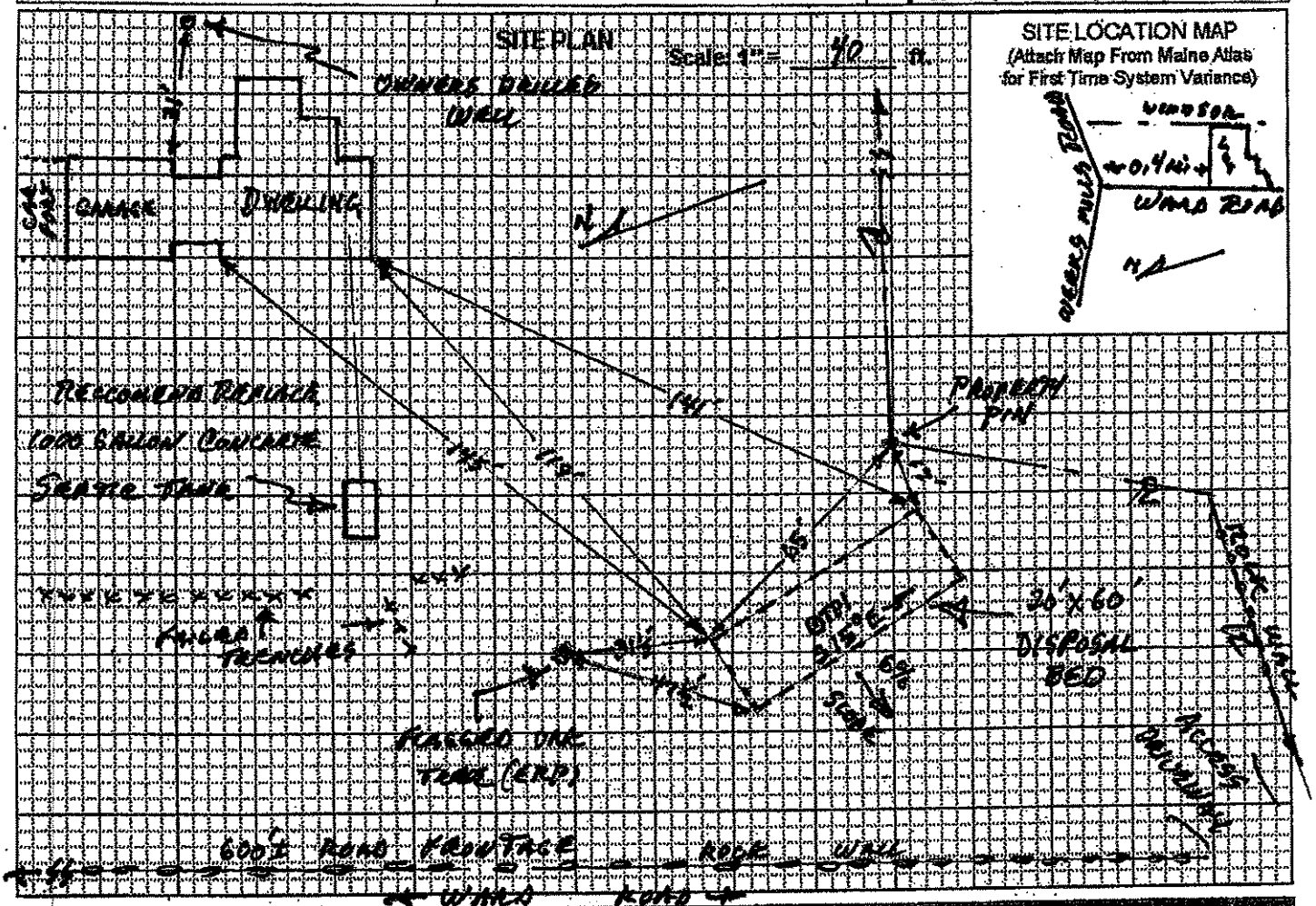
Note : Changes to or deviations from the design should be confirmed with the Site Evaluator.
DESIGN SUBJECT TO LOCAL, STATE + FEDERAL ORDINANCES.

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services
Division of Environmental Health, STS 11
(207) 287-5338 FAX (207) 287-3165

Town, City, Plantation	Street, Road, Subdivision	Owner or Applicant Name
AUGUSTA	226 WARD ROAD	JUSTIN COWGER

SITE PLAN Scale: 1" = 40 ft.



SITE LOCATION MAP
(Attach Map From Maine Atlas for First Time System Variance)

Observation Hole # TP1 ☒ Test Pit ☐ Boring

1" Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–6			10YR 3/3	
6–12	SANDY	FRIABLE	10YR 4/6	
12–24	LOAM			
24–30				COMMON
30–36		FIRM	2.5Y 6/2	DISTINCT
36–42				
42–48				

Soil	Classification	Slope	Limiting Factor	
3	C	6	24	☒ Groundwater ☒ Restrictive Layer ☐ Bedrock
Profile	Condition	Percent	Depth	

Observation Hole # _____ ☐ Test Pit ☐ Boring

_____" Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–6				
6–12				
12–18				
18–24				
24–30				
30–36				
36–42				
42–48				

Soil	Classification	Slope	Limiting Factor	
				☐ Groundwater ☐ Restrictive Layer ☐ Bedrock
Profile	Condition	Percent	Depth	

Site Evaluator Signature

168
SE #

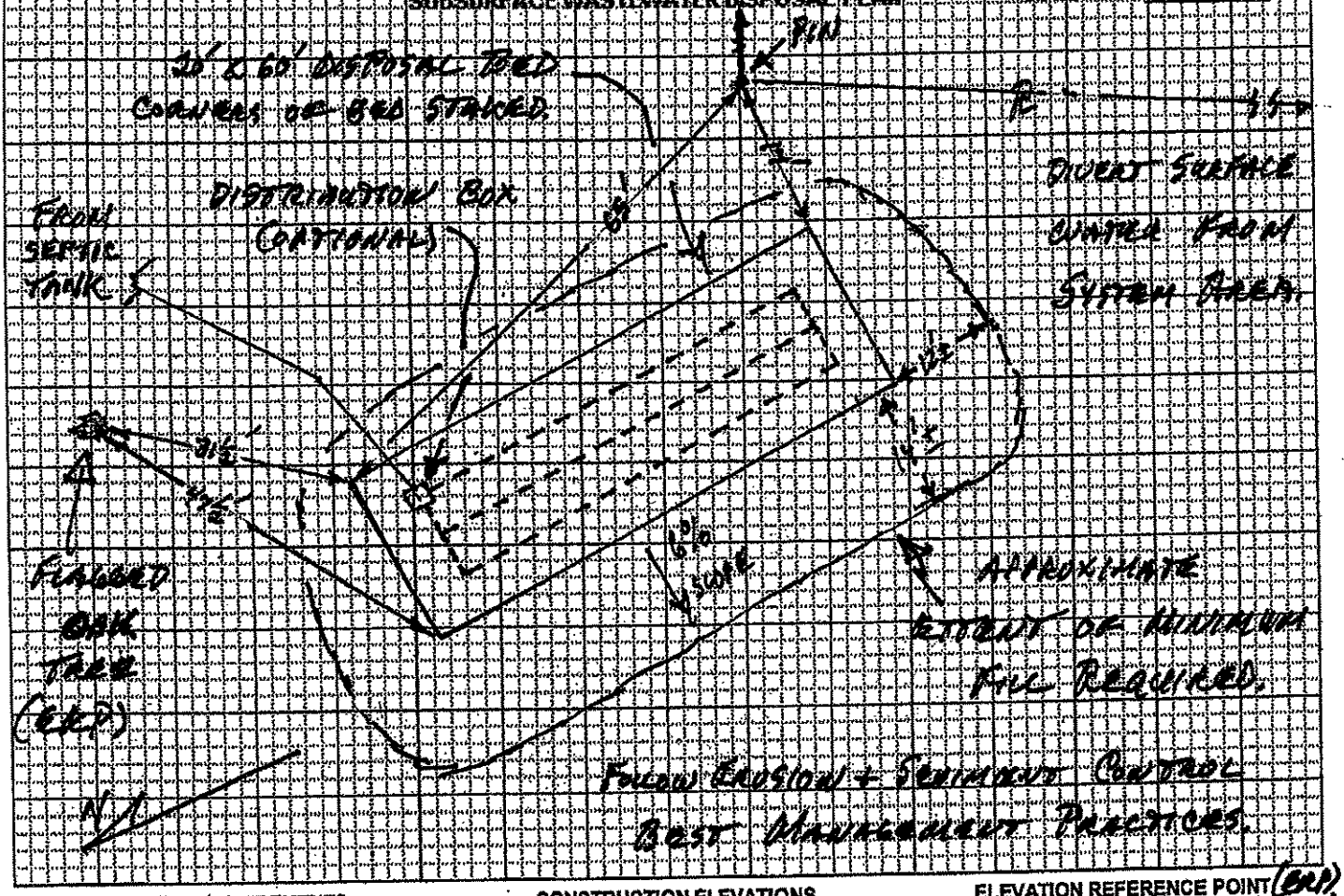
8/17/15
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services
Division of Environmental Health, STS 11
(207) 287-5338 FAX (207) 287-3165

Town, City, Plantation	Street, Road, Subdivision	Owner or Applicant Name
AUGUSTA	226 WARD ROAD	JUSTIN COWGER

SUBSURFACE WASTEWATER DISPOSAL PLAN — Scale: 1" = 20 ft.



BACKFILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT (ERP)
Depth of Backfill (upslope)	12"	Finished Grade Elevation	-36"	Location & Description: FLAGGED NAIL IN OAK TREE 20" ABOVE GRADE AT TREE.
Depth of Backfill (downslope)	26±"	Top of Distribution Pipe	-49"	Reference Elevation is: 0.0"
DEPTHS AT CROSS-SECTION (shown below)		Bottom of Disposal Field	-60"	

DISPOSAL FIELD CROSS SECTION

Scales: Vertical: 1" = N/A ft. Horizontal: 1" = N/A ft.

(SEE ATTACHED BED DIAGRAM)

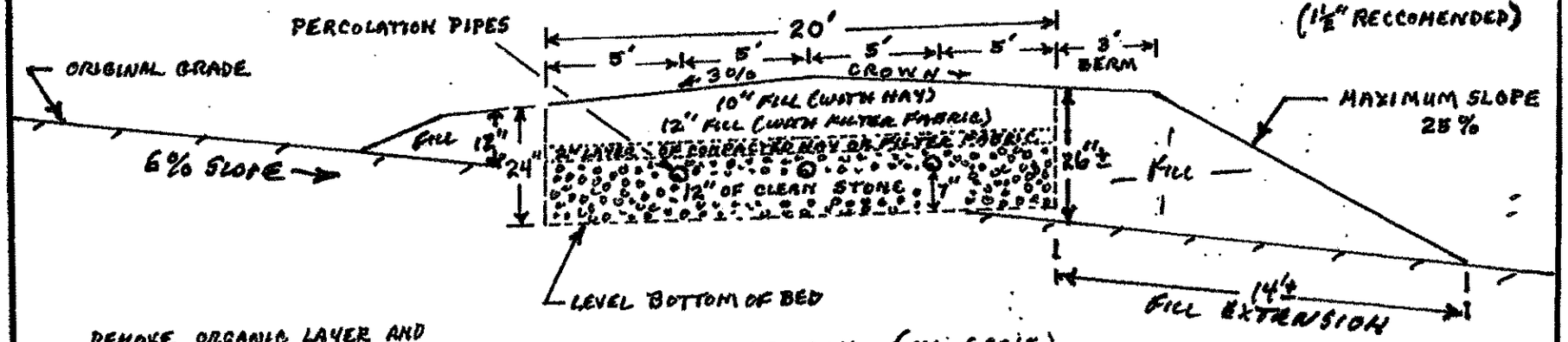
Site Evaluator Signature

168
SE #

8/17/15
Date

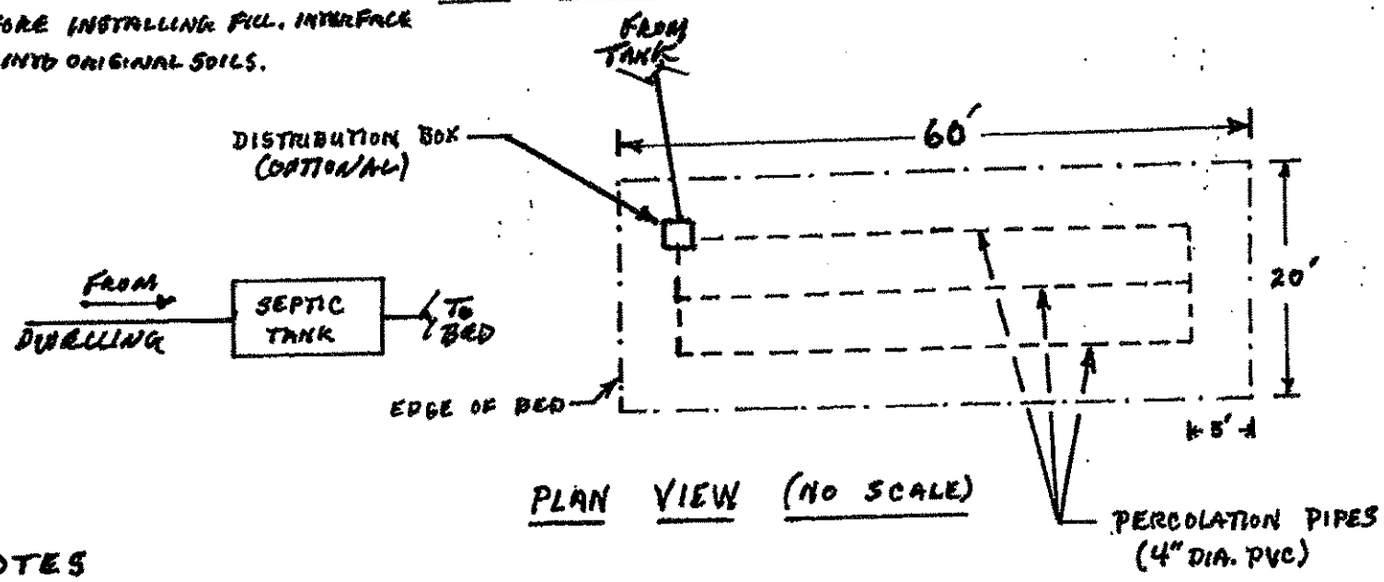
MULCH TO COVER.

STONE UNIFORM IN SIZE. (1½" RECCOMENDED)



REMOVE ORGANIC LAYER AND SCARIFY THE SOIL SURFACE BEFORE INSTALLING FILL. INTERFACE FILL INTO ORIGINAL SOILS.

BED CROSS SECTION (NO SCALE)



PLAN VIEW (NO SCALE)

NOTES

1.) 12 INCHES OF FILL IS REQUIRED AT UPHILL SIDE OF BED.
2.) TEXTURE OF FILL SHALL BE GRAVELLY COARSE SAND.
3.) REFER TO MAINE SUBSURFACE WASTE WATER DISPOSAL RULES FOR FURTHER DETAILS REGARDING INSTALLATION PROCEDURES.

TUSTIN POWER

DATE: 8/17/15

BY: JOHN W. LORD, JR. S.E. #168

PAGE 4 OF 4

3/00