RPDS

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services
Division of Health Engineering, Station 11
(207) 287-5689 Fax (207) 287-3165

PROPERTY LOCATION

City, Town, Plantation	Augusta
Street or Road	off Ward Road
Subdivision, Lot #	

>> Caution Permit Required -- Attach in Space Below <<

AUGUSTA PERMIT # 5841 TOWN COPY
Date Permit Issued: 5/1/06 $ 100.00 FEE ☐ If Double Fee Charged
L.P.I. # 850
Local Plumbing Inspector Signature

OWNER/APPLICANT INFORMATION

Name (last, first, MI)	Cormier, Sheri N. ☒ Owner ☒ Applicant
Mailing Address of Owner/Applicant	194 Ward Road Augusta, Maine 04330
Daytime Tel. #	(207) 622-5036

Municipal Tax Map # 8 Lot # 22A

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.

Edgar J. Cormier 7-24-06
Signature of Owner or Applicant 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.

9/7/06 (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 Approval

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

25 ± ☐ 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
  - ☐ b. Low profile
- ☐ 2. Plastic
- ☐ 3. Other: _____

CAPACITY 1000 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 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 502.2 (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 # 1
Depth 20 " Elevation -82 "
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

LATITUDE AND LONGITUDE
at Center of Disposal Area

Lat. 44 d 19 m 23.5 s
Lon. 69 d 38 m 20.4 s
If GPS, state margin of error: 30' ±.

SITE EVALUATOR STATEMENT

I certify that on 5-5-06 (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).

William T. Noble — Site Evaluator Signature
75 — SE #
5-13-06 — Date
William T. Noble — Site Evaluator Name Printed
(207) 547-3252 — Telephone #

STATE OF MAINE — WILLIAM T. NOBLE No. 75 — LICENSED SITE EVALUATOR

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

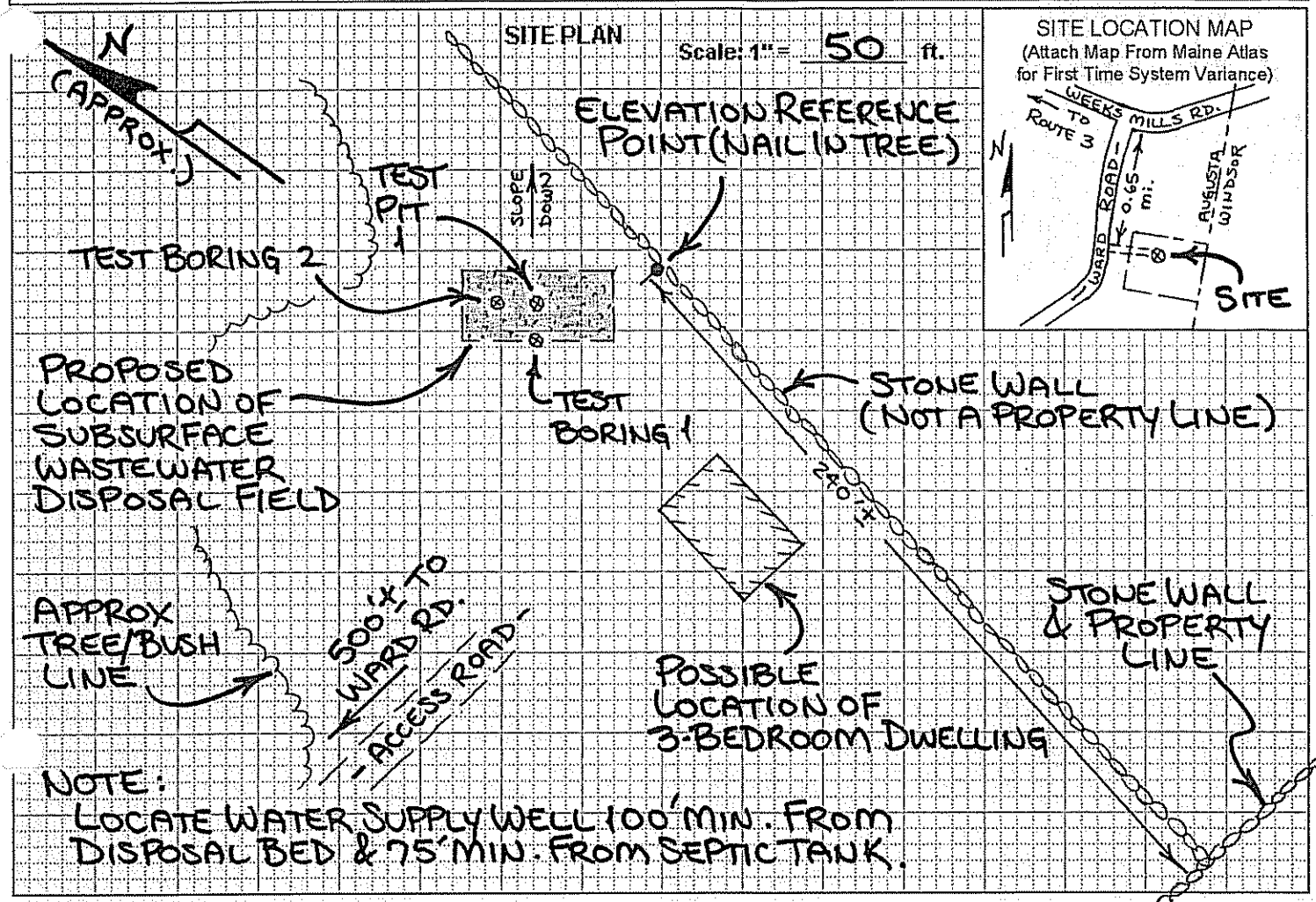
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services
Division of Health Engineering, Station 11
(207) 287-5672 FAX (207) 287-3165

Town, City, Plantation	Street, Road, Subdivision	Owner or Applicant Name
AUGUSTA	WARD ROAD	SHERI N. CORMIER

SITE PLAN

Scale: 1" = 50 ft.



NOTE:
LOCATE WATER SUPPLY WELL 100' MIN. FROM DISPOSAL BED & 75' MIN. FROM SEPTIC TANK.

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

Observation Hole # 1 ☒ Test Pit ☐ Boring

½ ± " Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–6	FINE SANDY LOAM	FRIABLE	DARK BROWN	
6–12			DK. YELL. BROWN	
12–18			LIGHT OLIVE BROWN	
24–30		SOMEWHAT FIRM	OLIVE	COMMON DISTINCT

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	
3	C	5±	20	☒ Groundwater ☐ Restrictive Layer ☐ Bedrock

Observation Hole # _____ ☐ Test Pit ☐ Boring

_____ " Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
	TEST BORINGS 1 & 2 REVEALED SIMILAR SOIL CONDITIONS AS SEEN IN TEST PIT 1.			

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

William J. Noble
Site Evaluator Signature

75
SE #

5-13-06
Date

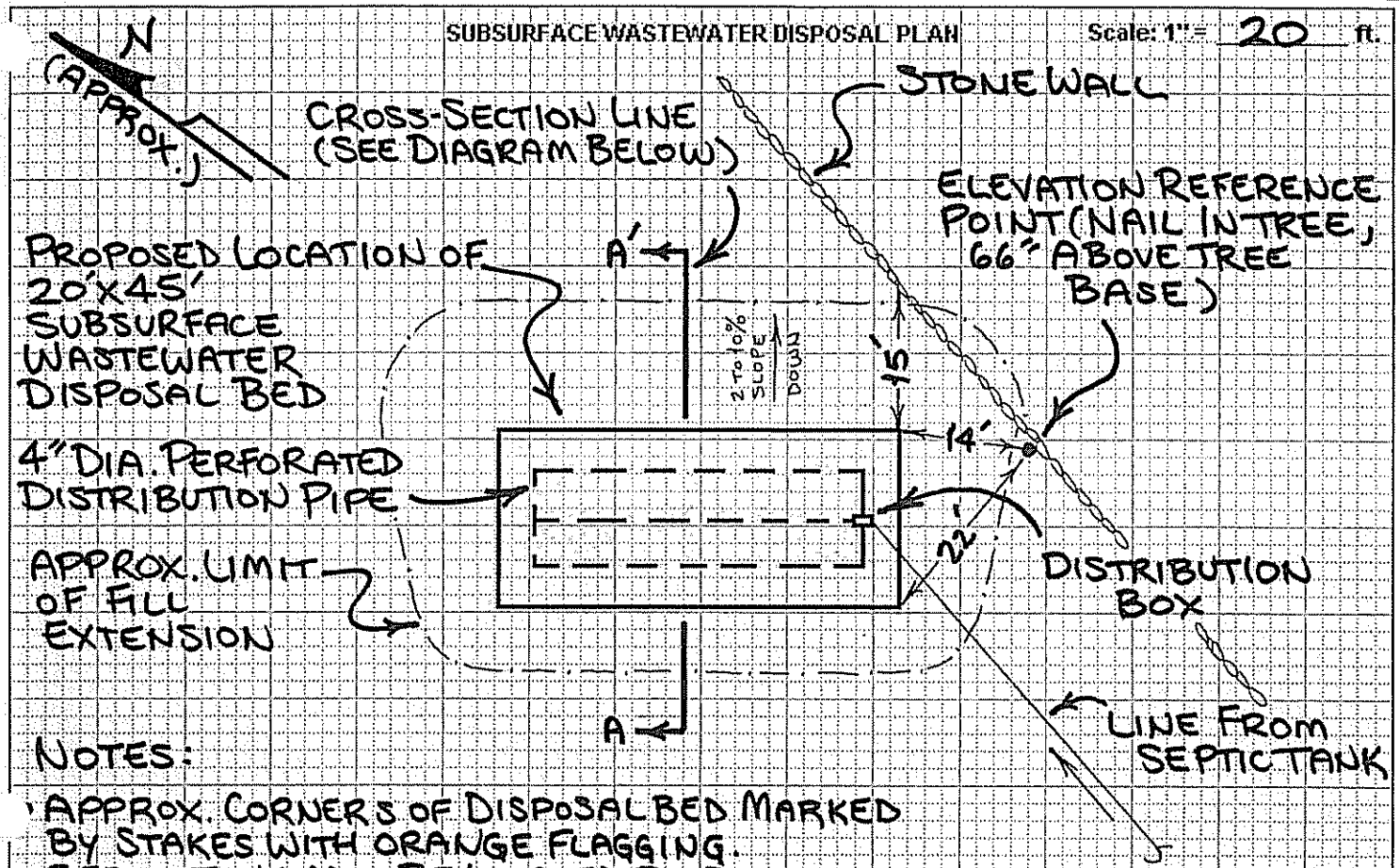
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services
Division of Health Engineering, Station 11
(207) 287-5672 FAX (207) 287-3165

Town, City, Plantation	Street, Road, Subdivision	Owner or Applicant Name
AUGUSTA	WARD ROAD	SHERI N. CORMIER

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 ft.



NOTES:

- APPROX. CORNERS OF DISPOSAL BED MARKED BY STAKES WITH ORANGE FLAGGING.
- SEPTIC TANK MAY BE LOCATED BY SYSTEM INSTALLER IN ACCORDANCE WITH THE SSWD RULES.

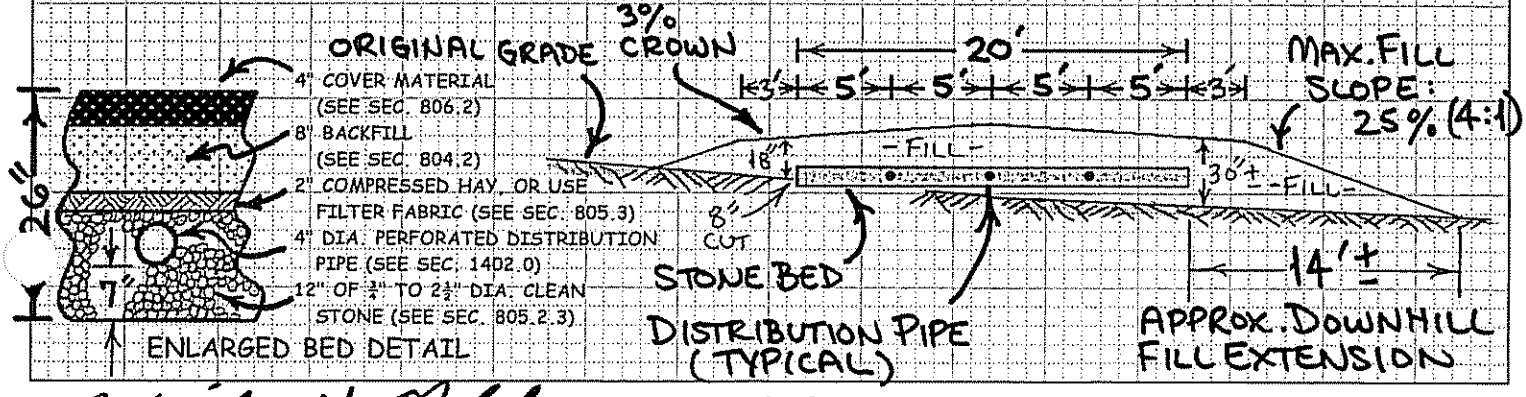
BACKFILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT
Depth of Backfill (upslope)	18"	Finished Grade Elevation	-30"	Location & Description: NAIL WITH ORANGE FLAGGING IN 9" DIA. TREE.
Depth of Backfill (downslope)	30±"	Top of Distribution Pipe or Proprietary Device	-49"	
DEPTHS AT CROSS-SECTION (shown below)		Bottom of Disposal Field	-60"	Reference Elevation is: 0.0" or: _____

NOTES:

1. FILL & BACKFILL EXTENSIONS TO BE COARSE SAND TO GRAVELLY COARSE SAND WITH 4 TO 8 % FINES. SEE SECTION 804.2 OF THE RULES.
2. GRADE LAND AROUND DISPOSAL FIELD TO DIVERT ANY WATER AWAY FROM THE DISPOSAL AREA.
3. REMOVE ORGANIC LAYER & RAKE OR HARROW THE SOIL SURFACE BEFORE INSTALLING BACKFILL.
4. BACKFILL DEPTHS MAY VARY FROM THOSE SHOWN DUE TO IRREGULARITIES IN SOIL SURFACE.
5. DEPTH OF ☒ CUT ☐ FILL TO BE 8± INCHES AT UPHILL SIDE OF DISPOSAL FIELD OR ROWS.
6. REFER TO THE SUBSURFACE WASTEWATER DISPOSAL RULES FOR FURTHER CONSTRUCTION DETAILS.

DISPOSAL FIELD CROSS-SECTION A-A'

Scales: Vertical: 1" = 10 ft. Horizontal: 1" = 10 ft.



Site Evaluator Signature	SE #	Date
[signature]	75	5-13-06