# 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, Plantation | AUGUSTA |
| Street or Road | So. Bel. ROAD |
| Subdivision, Lot # | |

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

AUGUSTA 4552 TOWN COPY
Date Permit Issued: 11-29-00 $ 100.00 ☐ If Double Fee Charged
FEE
Mary R. Tuttle
Local Plumbing Inspector Signature
L.P.I. # 850

| OWNER/APPLICANT INFORMATION | |
|---|---|
| Name (last, first, MI) | Venus Beaulieu Owner / ETHERIDGE DAN Applicant |
| Mailing Address of ☒ Owner ☐ Applicant | 605 RIVERSIDE DRIVE<br>AUGUSTA, MAINE 04330 |
| Daytime Tel. # | 623-6116 |

Municipal Tax Map # 8 Lot # 29

**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.

Venus Beaulieu 11-24-00
Signature of Owner or Applicant 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.

Mary R. Tuttle
Local Plumbing Inspector Signature

12-26-00 (1st) Date Approved

(2nd) Date Approved

## PERMIT INFORMATION

**TYPE OF APPLICATION**
1. ☒ First Time System
2. ☐ Replacement System
Type Replaced: _____
Year Installed: _____
☐ 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**
±3.38 ☐ sq. ft. ☒ acres

**SHORELAND ZONING**
☐ Yes ☒ No

**DISPOSAL SYSTEM TO SERVE**
1. ☒ Single Family Dwelling Unit, No. of Bedrooms: 2
2. ☐ Multiple Family Dwelling, No. of Units: _____
3. ☐ Other: _____ SPECIFY

**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 800 ☒ 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**
180 gallons per day
BASED ON:
1. ☒ Table 501.1 (dwelling unit(s)
2. ☐ Table 501.2 (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 / _____
at Observation Hole # 1
Depth 19" Elevation _____"
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 10/12/00 (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).

Vaughn L. Smith
Site Evaluator Signature

226
SE #

10/30/00
Date

VAUGHN L. SMITH
Site Evaluator Name Printed

784-5635
Telephone #

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

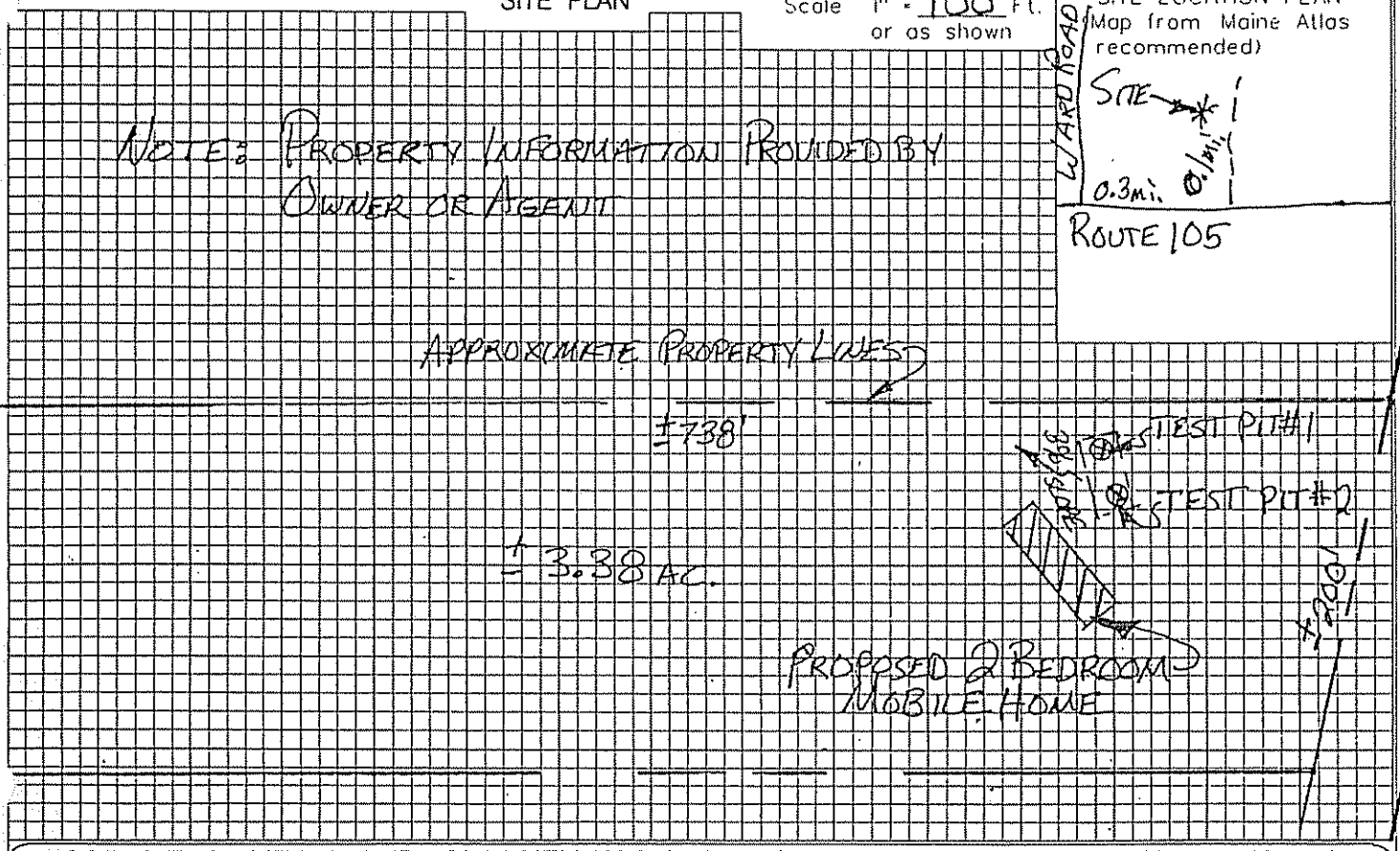
Town, City, Plantation: AUGUSTA

Street, Road Subdivision: ROAD

Owner's Name: DAN ETHERIDGE

SITE PLAN

Scale 1" = 100 Ft. or as shown




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

Observation Hole #1 ☒ Test Pit ☐ Boring

3" Depth of Organic Horizon Above Mineral Soil

| Depth below mineral soil surface (inches) | Texture | Consistency | Color | Mottling |
|---|---|---|---|---|
| 0–10 | COBBLY | FRIABLE | YELLOWISH BROWN | NONE |
| 10–20 | SANDY | | | |
| 20–30 | LOAM | | | |
| 30–40 | | FIRM | PALE OLIVE | FEW FAINT |
| 40–50 | | | | |

| Soil Classification: Profile | Condition | Slope | Limiting Factor | |
|---|---|---|---|---|
| 3 | C | 2 % | 19" | ☒ Ground Water ☐ Restrictive Layer ☐ Bedrock ☐ Pit Depth 226 |

Observation Hole #2 ☒ Test Pit ☐ Boring

2" Depth of Organic Horizon Above Mineral Soil

| Depth below mineral soil surface (inches) | Texture | Consistency | Color | Mottling |
|---|---|---|---|---|
| 0–10 | GRAVELLY | FRIABLE | BROWNISH YELLOW | NONE |
| 10–20 | SANDY | | | |
| 20–30 | LOAM | | | |
| 30–40 | | FIRM | PALE OLIVE | FEW FAINT |
| 40–50 | | | | |

| Soil Classification: Profile | Condition | Slope | Limiting Factor | |
|---|---|---|---|---|
| 3 | C | 4 % | 21" | ☒ Ground Water ☐ Restrictive Layer ☐ Bedrock ☐ Pit Depth |

STATE OF MAINE VAUGHN LICENSED SITE EVALUATOR 226

Site Evaluator Signature

10/30/00
Date

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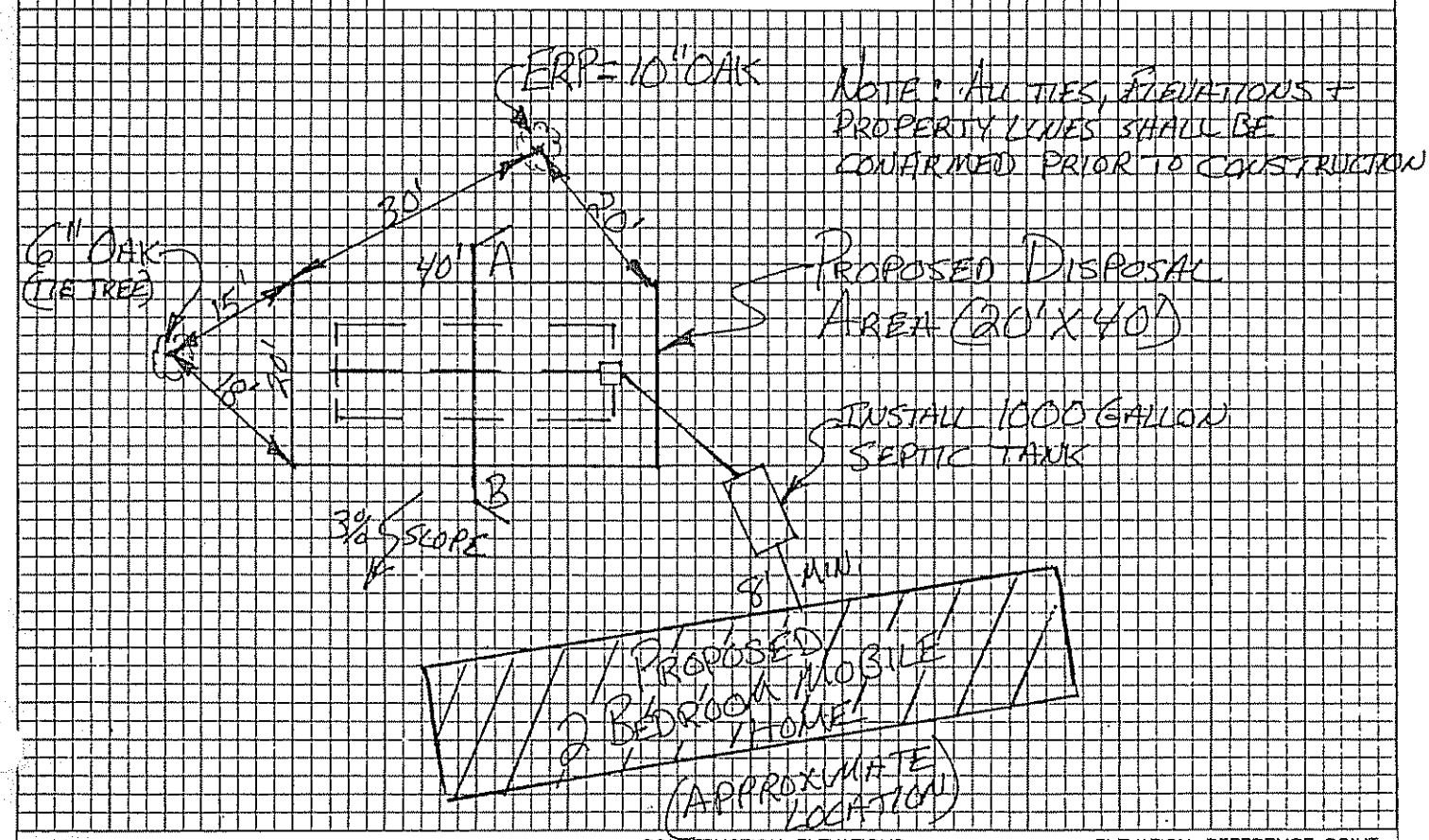
Street, Road, Subdivision:

Owner's Name: DAN ETHERIDGE

## SUBSURFACE WASTEWATER DISPOSAL PLAN

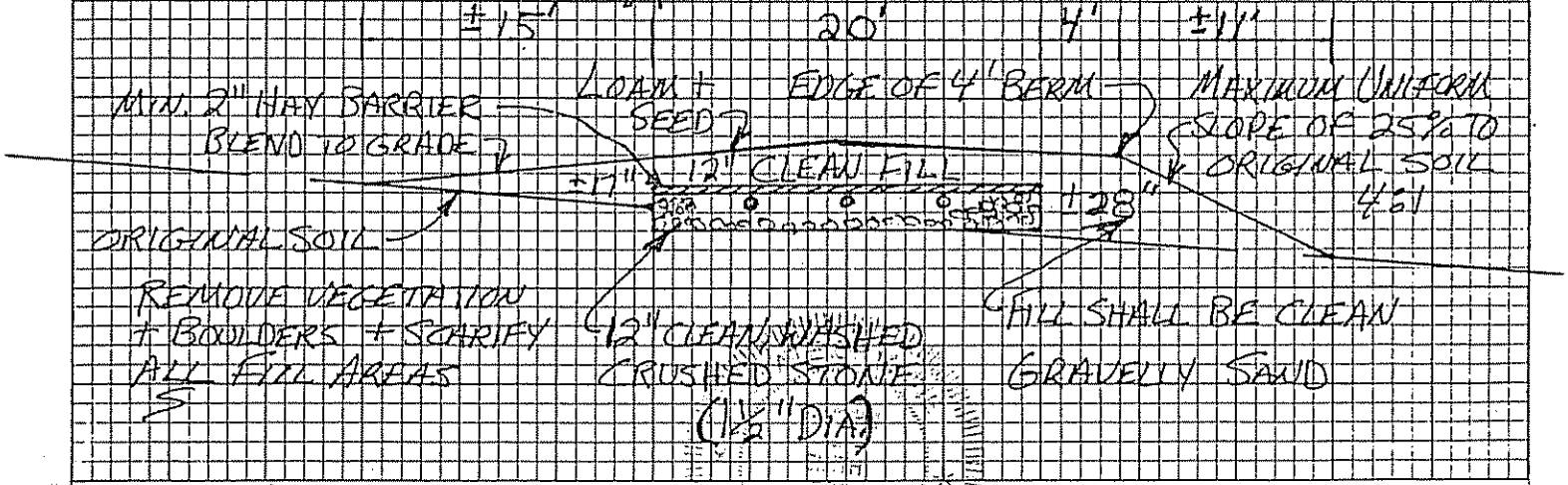
SCALE 1" = 20 FT.




| FILL REQUIREMENTS | | CONSTRUCTION ELEVATIONS | | ELEVATION REFERENCE POINT | |
|---|---|---|---|---|---|
| Depth of Fill (Upslope) | ±17" | Finished Grade Elevation | -44" | Location & Description | 10" OAK WITH NAIL |
| Depth of Fill (Downslope) | ±28" | Top of Distribution Pipe or Proprietary Device | -56" | Reference Elevation | 0" |
| FILL DEPTHS WILL VARY | | Bottom of Disposal Area | -68" | | |

## DISPOSAL AREA CROSS SECTION

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




Site Evaluator Signature

LICENSED SITE EVALUATOR 226

10/30/00
Date