

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

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

City, Town, or Plantation: AUGUSTA
 Street Road: WEEKS MILLS ROAD
 Subdivision, Lot #:

Date Permit Issued: 6/17/01 \$ 175.00 Double Fee Charged
 Local Plumbing Inspector Signature: [Signature] 4700-P.T. # 10645001

OWNER/APPLICANT INFORMATION

Name (last, first, MI) Owner: GUNNING, ROB
 Applicant Mailing Address of: RR#7, BOX 2738
AUGUSTA, ME 04330
 Daytime Tel. #: 622-7457

Municipal Tax Map # 8 Lot # 40

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.
 Signature of Owner or Applicant: [Signature] Date: 6-20-01

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: _____ Date Approved: _____

PERMIT INFORMATION

TYPE OF APPLICATION 1. <input type="checkbox"/> First Time System 2. <input type="checkbox"/> Replacement System Type Replaced: _____ Year Installed: _____ 3. <input checked="" type="checkbox"/> Expanded System a. <input type="checkbox"/> Minor expansion b. <input type="checkbox"/> Major expansion 4. <input type="checkbox"/> Experimental System 5. <input type="checkbox"/> Seasonal Conversion	THIS APPLICATION REQUIRES 1. <input checked="" type="checkbox"/> No Rule Variance 2. <input type="checkbox"/> First Time System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 3. Replacement System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 4. <input type="checkbox"/> Minimum Lot Size Variance 5. <input type="checkbox"/> Seasonal Conversion Approval	DISPOSAL SYSTEM COMPONENT(S) 1. <input type="checkbox"/> Complete Non-engineered System 2. <input type="checkbox"/> Primitive System (graywater & alt toilet) 3. <input type="checkbox"/> Alternative Toilet, specify: _____ 4. <input type="checkbox"/> Non-Engineered Treatment Tank (only) 5. <input type="checkbox"/> Holding Tank, _____ gallons 6. <input checked="" type="checkbox"/> Non-engineered Disposal Field (only) 7. <input type="checkbox"/> Separated Laundry System 8. <input type="checkbox"/> Complete Engineered System (2000 gpd or more) 9. <input type="checkbox"/> Engineered Treatment Tank (only) 10. <input type="checkbox"/> Engineered Disposal Field (only) 11. <input type="checkbox"/> Pre-treatment, specify: _____
SIZE OF PROPERTY <u>2.2</u> <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres	DISPOSAL SYSTEM TO SERVE 1. <input type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: _____ 2. <input type="checkbox"/> Multiple Family Dwelling, No. of Units: _____ 3. <input checked="" type="checkbox"/> Other: <u>DAY CARE</u> SPECIFY _____	TYPE OF WATER SUPPLY 1. <input checked="" type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input type="checkbox"/> Public 5. <input type="checkbox"/> Other: _____

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK 1. <input checked="" type="checkbox"/> Concrete (EXISTING) a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY <u>4000</u> gallons	DISPOSAL FIELD TYPE & SIZE 1. <input type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench 3. <input checked="" type="checkbox"/> Proprietary Device (EXPANSION) a. <input type="checkbox"/> Cluster array c. <input checked="" type="checkbox"/> Linear b. <input checked="" type="checkbox"/> Regular load d. <input type="checkbox"/> H-20 load 4. <input type="checkbox"/> Other: _____ SIZE <u>600</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT 1. <input checked="" type="checkbox"/> No 2. <input type="checkbox"/> Maybe 2. <input type="checkbox"/> Yes >> Specify one below: a. <input type="checkbox"/> Multi-compartment Tank b. <input type="checkbox"/> Tanks in Series c. <input type="checkbox"/> Increase in Tank Capacity d. <input type="checkbox"/> Filter on Tank Outlet	DESIGN FLOW <u>445</u> gallons per day BASED ON: 1. <input type="checkbox"/> Table 901.1 (dwelling unit(s)) 2. <input checked="" type="checkbox"/> Table 901.2 (other facilities) SHOW CALCULATIONS - for other facilities - <u>40 CHILDREN - NO MEALS</u> <u>3 ADULTS</u>
SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN: <u>3 ID 1 3</u> at Observation Hole # <u>2</u> Depth <u>12</u> - Elevation <u>-67</u> OF MOST LIMITING SOIL FACTOR	DISPOSAL FIELD SIZING 1. <input type="checkbox"/> Small - 2.0 sq. ft./gpd 2. <input type="checkbox"/> Medium - 2.6 sq. ft./gpd 3. <input checked="" type="checkbox"/> Medium-Large - 3.3 sq. ft./gpd 4. <input type="checkbox"/> Large - 4.1 sq. ft./gpd 5. <input type="checkbox"/> Extra Large - 5.0 sq. ft./gpd	PUMPING 1. <input checked="" type="checkbox"/> Not Required 2. <input type="checkbox"/> May Be Required 3. <input type="checkbox"/> Required >> Specify only for engineered or experimental systems: DOSE: _____ gallons	3. <input type="checkbox"/> Section 903.0 (meter readings) ATTACH WATER-METER DATA

SITE EVALUATOR STATEMENT

Certify that on 8 JUNE 01 (date) I completed a site evaluation on this property and state that the data reported are accurate and at the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

[Signature]
STEPHEN P. ROBBINS
 BOX 271
 EAST WINTHROP ME 04343
 Site Evaluator Name Printed

301
 SE #
377-6707
 Telephone #

15 JUNE 01
 Date

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Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX (207) 287-6172

Town, City, Plantation
AUGUSTA

Street, Road, Subdivision
WEEKS MILLS ROAD

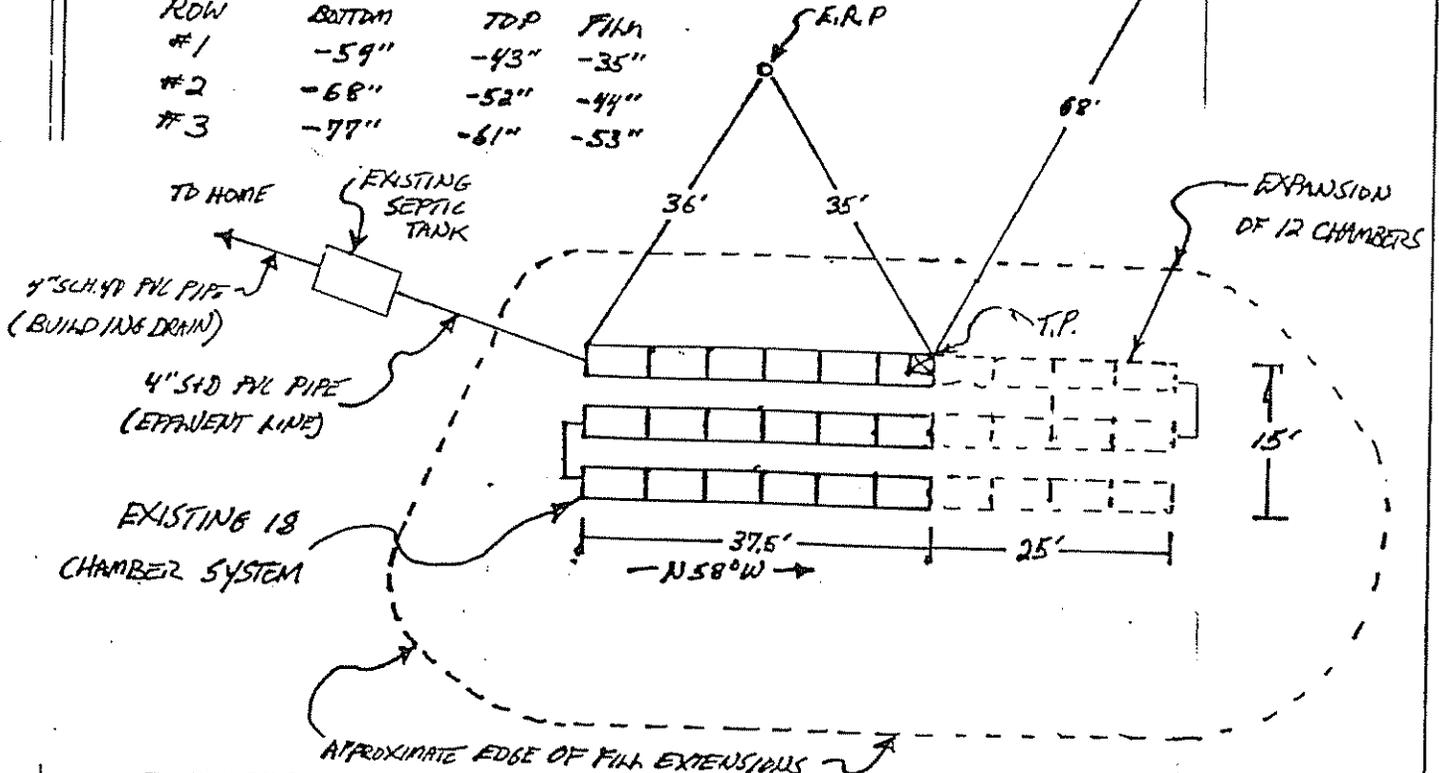
Owner's Name
ROB GUNNING

SUBSURFACE WASTEWATER DISPOSAL PLAN

ASH \rightarrow T.O. SCALE 1" = 20 FT.

ELEVATION NOTES

ROW	CHAMBER	BOTTOM	TDP	FILL
#1		-59"	-43"	-35"
#2		-68"	-52"	-44"
#3		-77"	-61"	-53"



FILL REQUIREMENTS

Depth of Fill (Upslope)	<u>32"</u>
Depth of Fill (Downslope)	<u>32"</u>

CONSTRUCTION ELEVATIONS

Finished Grade Elevation	_____
Top of Distribution Pipe or Proprietary Device	_____
Bottom of Disposal Area	_____

NOTES ABOVE

ELEVATION REFERENCE POINT

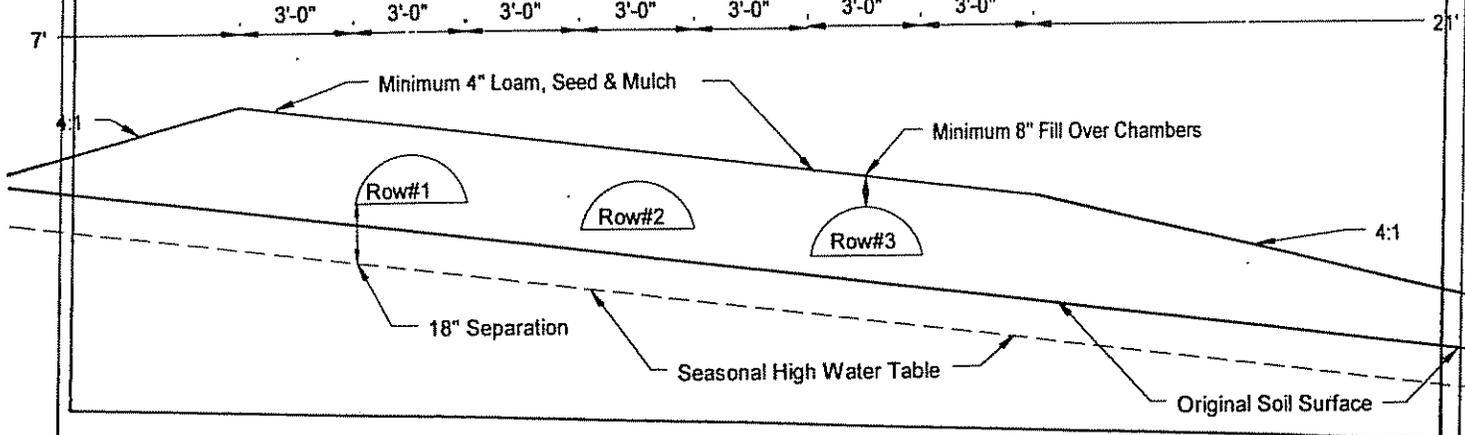
Location & Description MIN IN 20"
PINE TREE 20" FROM GROUND
Reference Elevation _____

DISPOSAL AREA CROSS SECTION

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

Note: Chambers to be Draped With 4' Nonwoven Filter Fabric to Prevent Infiltration of Fill Through Louvers. Use Highest Flow Rate Fabric Available.

Provide Surface Drain Upslope and Around Disposal Area



Stephen P. [Signature]
Site Evaluator Signature

301

SE •

15 JUNE 01

Date

Town

Address

Owner

AUGUSTA

WEEKS MIANS ROAD

ROB GUNNING

ATTACHMENT TO HHE-200

notes:

1. Construction to conform with "State of Maine Subsurface Wastewater Disposal Rules".
2. Property lines shown are as provided by owner, agent, or municipality. No guarantee of accuracy is implied. Actual property lines must be confirmed by survey.
3. Remove organic material and ~~sewage~~ ~~potill~~ ~~furrow~~ area under drainfield and fill extensions.
4. Unless otherwise specified, all fill will be coarse sand to a gravelly coarse sand. See Sec. 804.0 in the Maine State Plumbing Code for further clarification of fill requirements. In 8" lifts, compacted as placed. First lift to be thoroughly mixed with original soil.
5. Septic tanks and pump stations shall be installed watertight to prevent infiltration of ground and surface water.
6. Force mains, pump stations, and or gravity piping subject to freezing shall be adequately insulated.
7. Unless otherwise specified, **septic tank** to be located by contractor; at minimum; 8' to proposed or existing home and or buildings, 10' to property line & water supply line, 100' to all wells and shoreline. Owners well setback can be reduced to 75' if tested for water-tightness in presence of L.P.I. .
8. A septic tank outlet filter is recommended.
9. If replacement system with new tank, existing tank or cesspool to be filled with soil or removed. If existing tank is to be utilized, tank is to be thoroughly inspected for condition.
10. Unless otherwise specified, this plan does not allow the placement of pumps between the wastewater source and the septic tank.
11. Unless otherwise specified, disposal area to existing or proposed buildings setback is 20'.
12. Water from gutters, driveways, walks, and other surface water to be diverted away from system.
13. Loam, seed and mulch all disturbed areas to prevent erosion and facilitate runoff.
14. Unless otherwise specified, keep traffic heavier than lawn tractor away from all components of system.
15. Keep sanitary napkins, cigarette butts, coffee grounds, paper towels, grease, and nonbiodegradables out of system.
16. Many times it is impossible to locate water supplies. Property owner assumes responsibility of proper setback to any unknown water supplies.
17. Discharge from water treatment equipment and residential floor drains is not considered wastewater and **must not** be plumbed into septic system. This flow should be diverted into a separate drywell (Disposal area that does not require design or permit).
18. Plumbing fixtures must be strictly maintained to insure excess water does not enter septic system. Excess water can lead to premature clogging and total failure of disposal area.
19. Venting of disposal area is not required, but can facilitate biological action in disposal area.
20. Pumped systems will be equipped with audible high water alarm, wired to separate circuit as pump.
21. Take 3 copies of the plan to your local plumbing inspector for required permit.

Stephen P. Robbins

S.E.#301

Date 15 JUNE 01

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S. P.