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
Street or Road	220 WEEKS MILLS ROAD
Subdivision, Lot #	

AUGUSTA 4700 TOWN COPY
Date Permit Issued: 11/15/01 $ 120.00 ☐ If Double Fee Charged
Local Plumbing Inspector Signature L.P.I. # 550

OWNER/APPLICANT INFORMATION

Name (last, first, MI)	JESSE HARDWICK ☒ Owner ☐ Applicant
Mailing Address of Owner/Applicant	C/O WILLIAM GRIFFIN RR1 BOX 7164, AUGUSTA, ME 04330
Daytime Tel. #	622 2591

Municipal Tax Map # 8 Lot # 43D

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.
Jesse Hardwick 10-26-01
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. 11/13/01
(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
2 1/2 ± ☐ 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
PROPOSED
☒ 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
OR ☒ 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: 891 ☒ 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 CONDITION DESIGN
3 / C / 1
at Observation Hole # TP1
Depth 22"
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 10/23/01 (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 # 168 — Date 10/24/01

JOHN W LORD JR
Site Evaluator Name Printed

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

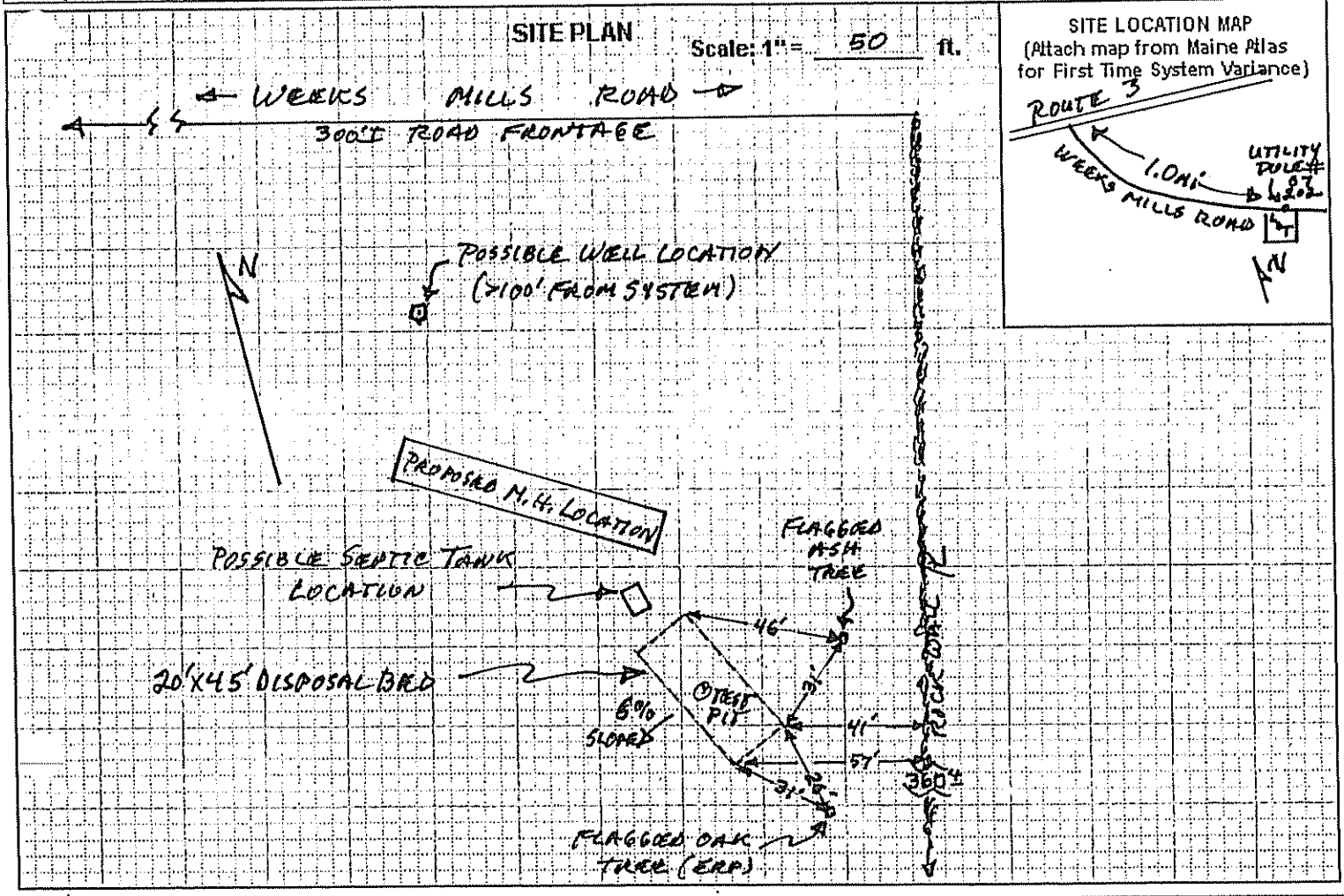
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine 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	WEEKS MILLS ROAD	JESSE HARDING

SITE PLAN

Scale: 1" = 50 ft.



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

Observation Hole # TP1 ☒ Test Pit ☐ Boring

ONE " Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches): 0, 6, 12, 18, 24, 30, 36, 42, 48

Texture	Consistency	Color	Mottling
		BROWN	
		ORANGE BROWN	
	FRIABLE	YELLOW	
SANDY		BROWN	
		OLIVE	COMMON
LOAM	FIRM	BROWN	
			DISTINCT

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	
3	C	6	22	☒ Groundwater ☒ Restrictive Layer ☐ Bedrock

Observation Hole # _____ ☐ Test Pit ☐ Boring

_____ " Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches): 0, 6, 12, 18, 24, 30, 36, 42, 48

Texture	Consistency	Color	Mottling

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

Site Evaluator Signature _____ SE # 168 Date 10/24/01

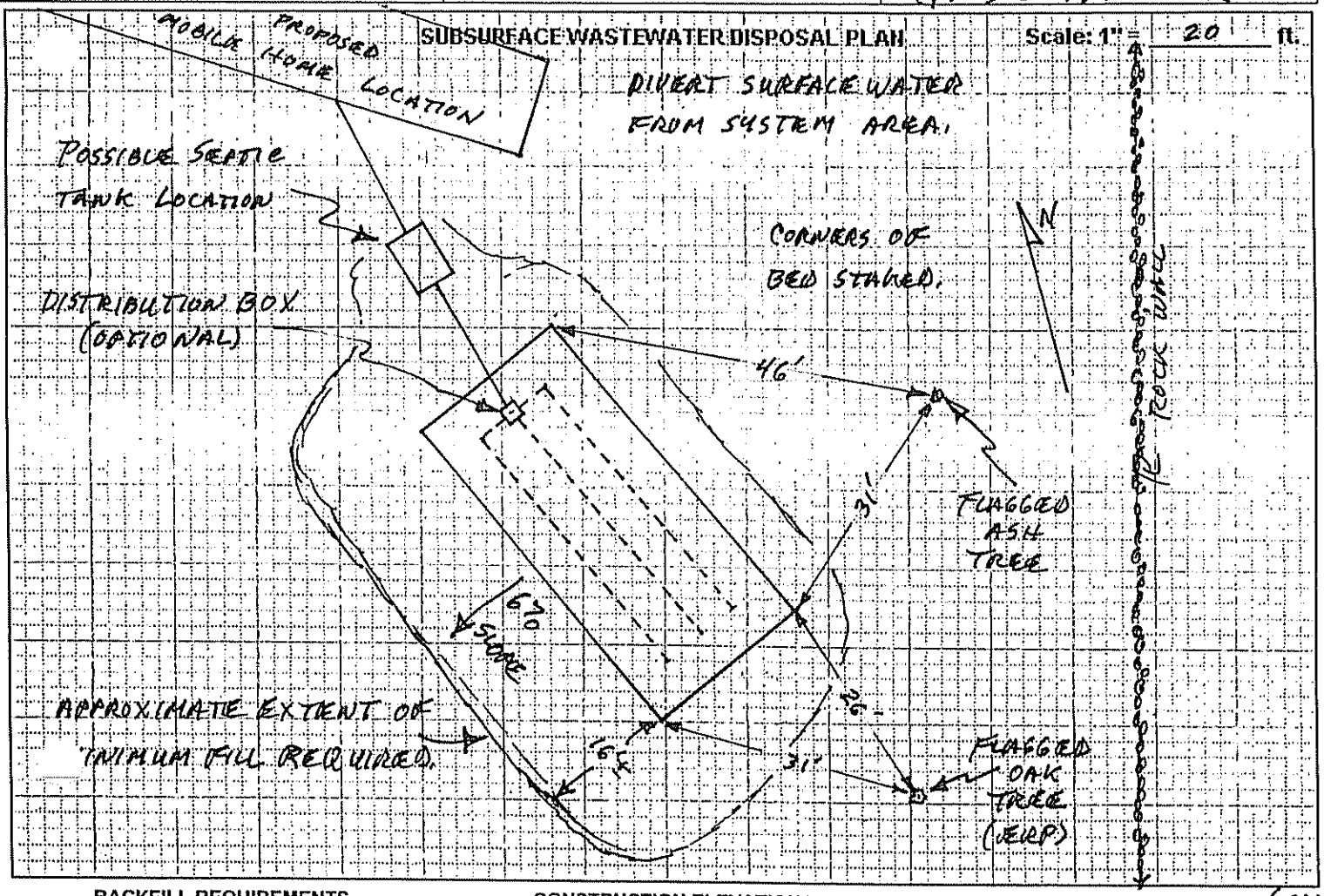
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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	WEEKS MILLS ROAD	JESSE HARDING

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 ft.



BACKFILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT (ERP)
Depth of Backfill (upslope)	14"	Finished Grade Elevation	-34"	Location & Description: FLAGGED NAIL IN FLAGGED OAK TREE 31" ABOVE GRADE AT TREE.
Depth of Backfill (downslope)	29±"	Top of Distribution Pipe ~~of Proprietary Device~~	-47"	
DEPTHS AT CROSS-SECTION (shown below)		Bottom of Disposal Field	-58"	Reference Elevation is: 0.0" or:

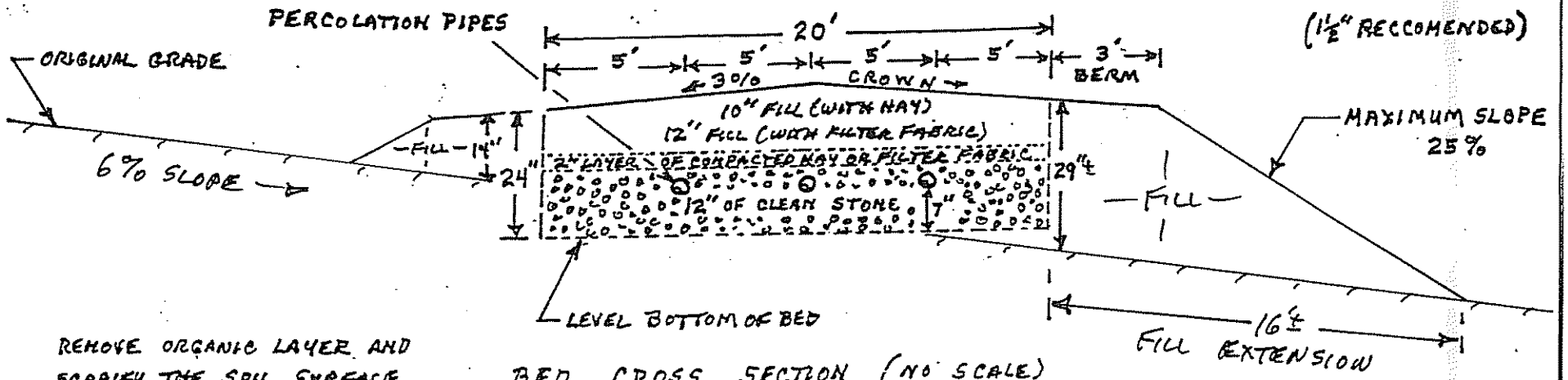
DISPOSAL FIELD CROSS-SECTION

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

(SEE ATTACHED BED DIAGRAM)

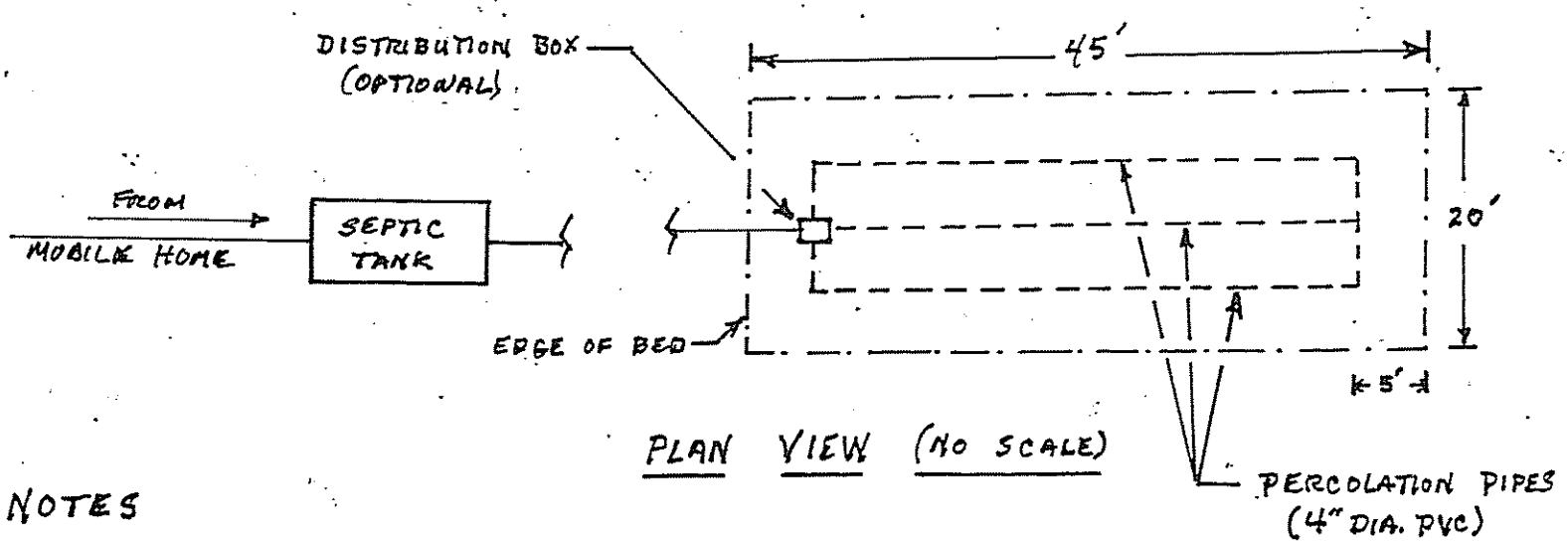
Site Evaluator Signature	SE #	Date
[signature]	168	10/24/01

SEWAGE DISPOSAL BED DETAILS



REMOVE ORGANIC LAYER AND SCARIFY THE SOIL SURFACE BEFORE INSTALLING FILL.

BED CROSS SECTION (NO SCALE)



PLAN VIEW (NO SCALE)

NOTES

1.) 14 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.

FOR: JESSE HARDING

DATE: 10/24/02

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

3/00