622-0183 called 5/9 10:00 left msg

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept Health & 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: RT # 3 N. Belfast

Subdivision, Lot #: QUAIL RIDGE LOT # 1

AUGUSTA PERMIT # 5775 OWN COPY

Date Permit Issued: 5/9/06 $ 100.00 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature: [signature] L.P.I. # 850

OWNER/APPLICANT INFORMATION

Name (last, first, MI): KADER, MARTIN ☑ Owner ☑ Applicant

Mailing Address of Owner/Applicant: 37 S. CHESTNUT ST. AUGUSTA, ME. 04330

Daytime Tel #:

Municipal Tax Map # 8 Lot # 47E RDDS

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: 5-1-06

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: 8/2/06 (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 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

14± ☐ 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

☑ Concrete
☑ a. Regular
☐ b. Low Profile
☐ 2. Plastic
☐ 3. Other ____
CAPACITY 4,000 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: 1,000 ☑ 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 facilities
☐ 3. Section 503.0 (meter readings)
ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS

PROFILE 3, CONDITION C, DESIGN 1
at Observation Hole # 1
Depth 16"
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 20 m 23.5 s
Lon. 69 d 40 m 24.5 s
if g.p.s, state margin of error 15.+'

SITE EVALUATOR STATEMENT

I certify that on 4/27/06 (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)

Site Evaluator Signature: [signature] SE #: 256 Date: 4/28/06

Site Evaluator Name Printed: JOHN PHILBRICK Telephone Number: 547-3732 E-mail Address:

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

01040604

Town, City, Plantation: AUGUSTA

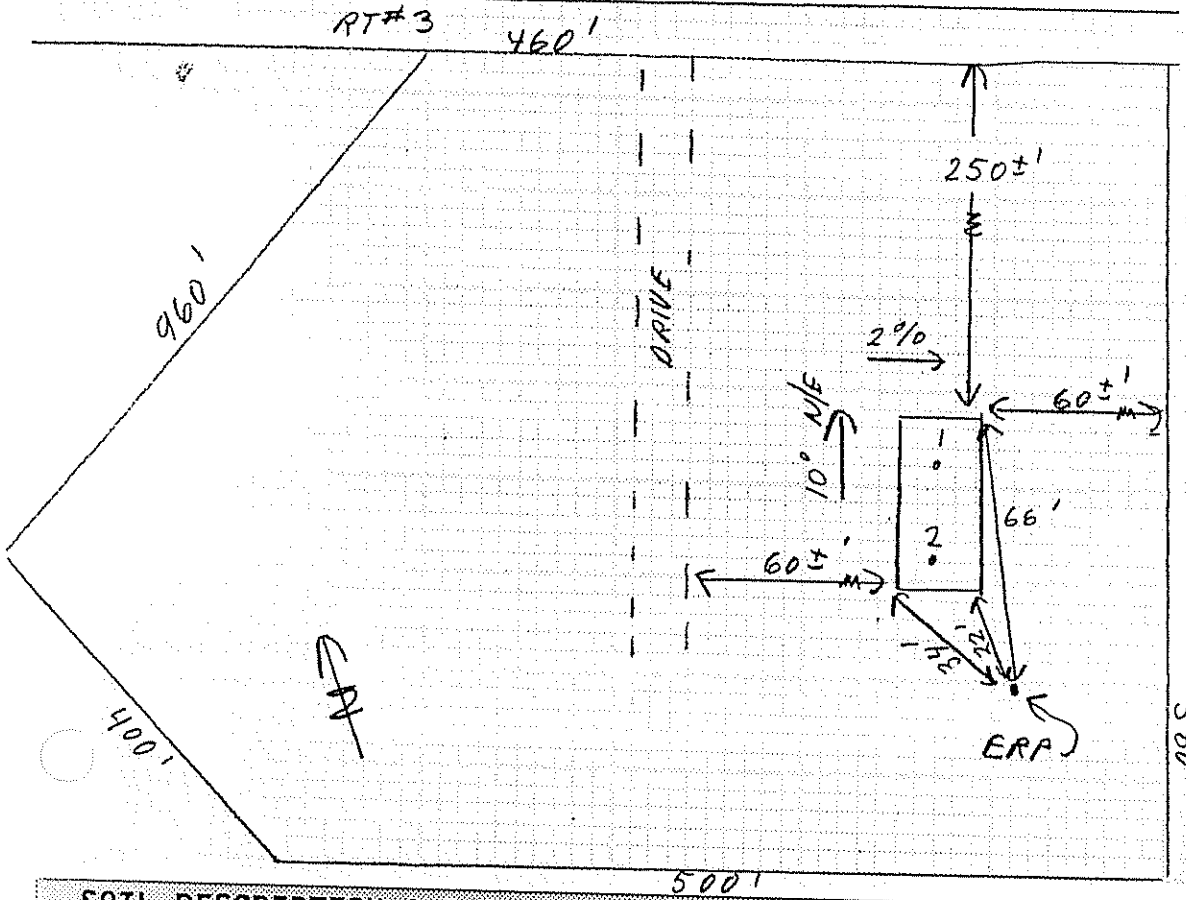
Street, Road, Subdivision: QUAIL RIDGE, LOT #1

Owner's, Name: MARTIN KADER

SITE PLAN

Scale: 1" = 50 Ft. or as shown

SITE LOCATION PLAN (Attach Map from Maine Atlas for New System Variance)



SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole 1 — ☑ Test Pit ☐ Boring

2± " Depth of Organic Horizon Above Mineral Soil

Inches	Texture	Consistency	Color	Mottling
0–6	SANDY LOAM	FRIABLE	DARK BR.	NONE
6–10	LOAMY SAND	↓	YELLOW BR.	↓
10–15				
15–20	FINE LOAMY SAND	FIRM	GRAY	COMMON DISTINCT
20–30	↓	↓	↓	↓
30–40				
40–50				

Soil Profile: 3 — Classification Condition: C — Slope: 2 % — Limiting Factor: 16" — ☑ Ground Water ☑ Restr. Layer ☐ Bedrock

Observation Hole 2 — ☑ Test Pit ☐ Boring

2± " Depth of Organic Horizon Above Mineral Soil

Inches	Texture	Consistency	Color	Mottling
0–6				
6–10				
10–15				
15–20	SAME AS #1			
20–30				
30–40				
40–50				

Soil Profile: 3 — Classification Condition: C — Slope: 2 % — Limiting Factor: 16" — ☑ Ground Water ☑ Restr. Layer ☐ Bedrock

Site Evaluator Signature

SE# 256

Date 4/28/06

Approved for use as HHE 200 by Division of Health Engineering 9/87

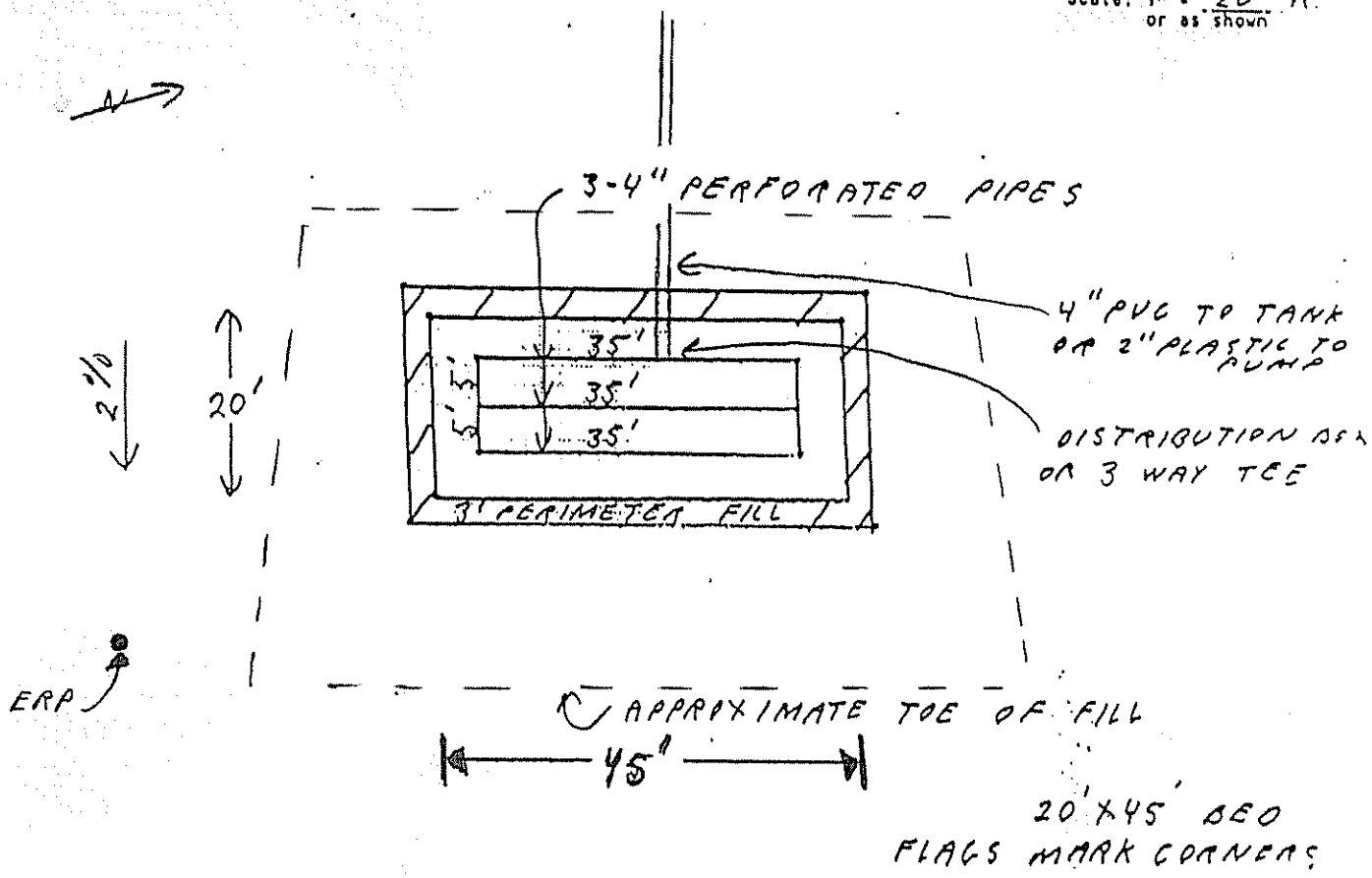
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

08246445

Town, City, Plantation	Street, Road, Subdivision	Owner's Name
AUGUSTA	QUAIL RIDGE LOT #1	MARTIN KAOER

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 ft. or as shown



FILL REQUIREMENTS

Depth of Fill (Upslope)

Depth of Fill (Downslope)

CONSTRUCTION ELEVATION

20 " Reference Elevation is 0"

24 " Bottom of Disposal Area -56"

Top of Distribution Lines or Chambers -45"

ELEVATION REFERENCE POINT

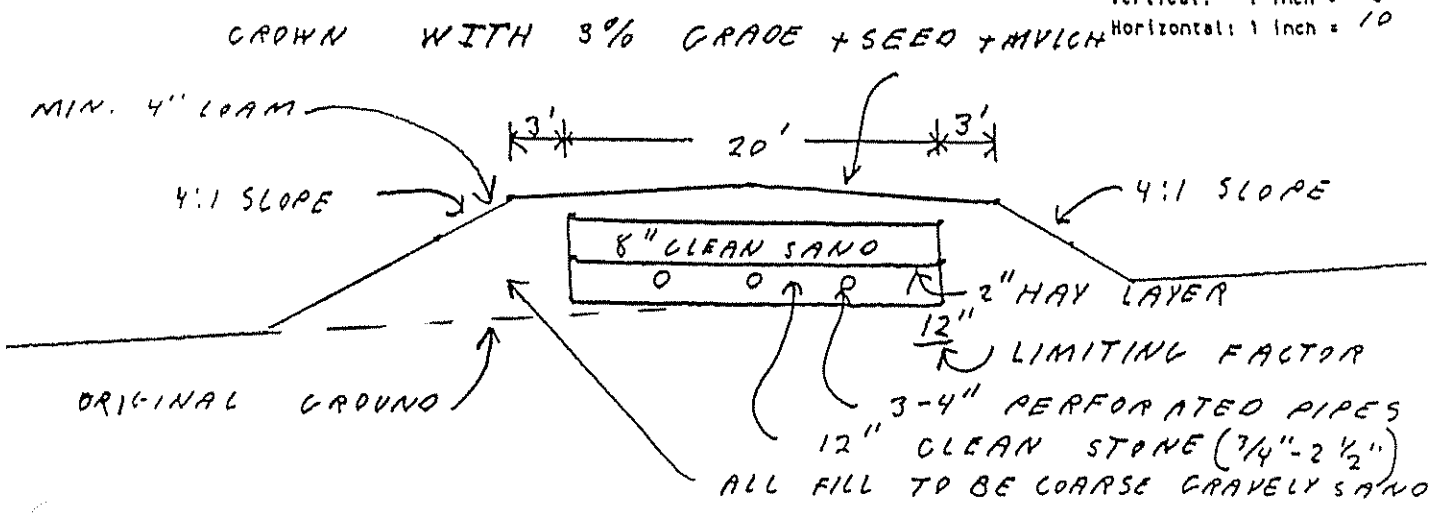
ERP IS IN 15" MAPLE STUMP, 22' SOUTH OF SYSTEM, 56" ABOVE GROUND

DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = 5 ft.

Horizontal: 1 inch = 10 ft.



Site Evaluator Signature

256
SEN

4/28/06
Date

Approved for use as HHE 200 by Division of Health Engineering 9/87