SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

AUGUSTA 4070 TOWN COPY

Date Permit Issued: 11/13/98 $ 180.00 ☐ If Double Fee Charged FEE

Local Plumbing Inspector Signature L.P.I. # 1880

PROPERTY LOCATION

Town or Plantation	AUGUSTA
Street Subdivision Lot •	PRIVATE DRIVE OFF RT. 3 No. Belfast Ave.

PROPERTY OWNER'S NAME

Last: BROCHU	First: RICHARD
Applicant's Name	
Mailing Address of Owner	P.O. Box 4633 AUGUSTA ME 04330
Daytime Tel. •	(207) 622-6000

Municipal Tax Map • 8 Lot • 53

Owner 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

Richard Brochu — Signature of Owner/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

Local Plumbing Inspector Signature — Date Approved

PERMIT INFORMATION

TYPE OF APPLICATION:

1. ☒ First Time System
2. ☐ Replacement System
   Type Replaced _____
   Year Installed _____
3. ☐ 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. ☒ Non-Engineered System
2. ☐ Primitive System(graywater & alt toilet)
3. ☐ Alternative Toilet _____
4. ☐ Non-Engineered Treatment Tank
5. ☐ Holding Tank _____ Gallons
6. ☐ Non-Engineered Disposal Area (only)
7. ☐ Separated Laundry System
8. ☐ Engineered System (>2000 gpd)
9. ☐ Engineered Treatment Tank (only)
10. ☐ Engineered Disposal Area (only)
11. ☐ Pretreatment

SIZE OF PROPERTY

3 ± ACRES

SHORELAND ZONING

☐ Yes ☒ No

DISPOSAL SYSTEM TO SERVE:

1. ☒ Single Family Dwelling Unit
2. ☐ Multiple Family Dwelling: Number of Units _____
3. ☐ Other _____

TYPE OF WATER SUPPLY

PROPOSED DRILLED WELL

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

1. ☒ Concrete
   ☒ a. Regular
   OR ☒ b. Low Profile
2. ☐ Plastic
3. ☐ Other _____

SIZE 1000 Gallons

DISPOSAL AREA TYPE / SIZE

1. ☒ Bed 594 Sq. Ft.
2. ☐ Proprietary Device _____ Sq. Ft.
   ☐ Cluster ☐ Linear
   ☐ Regular ☐ H-20
3. ☐ Trench
4. ☐ Other _____

GARBAGE DISPOSAL UNIT

1. ☒ No
2. ☐ Yes
   ☐ Multi-compartment tank
   ☐ Tank in series
   ☐ Increase in tank capacity
   ☐ Filter on tank outlet

CRITERIA USED FOR DESIGN FLOW (Show Calculations)

TWO BEDROOM SINGLE FAMILY DWELLING

2 BR x 90GPD = 180 GPD

DESIGN FLOW: 180 (Gallons/Day)

PROFILE & DESIGN CLASS

PROFILE	DESIGN
3	C

DEPTH TO MOST LIMITING FACTOR 17 "

DISPOSAL AREA SIZING

1. ☐ Small - 2.00
2. ☐ Medium - 2.60
3. ☒ Medium-Large - 3.30
4. ☐ Large - 4.10
5. ☐ Extra-Large - 5.20

PUMPING

1. ☒ Not required
2. ☐ May be required
3. ☐ Required

DOSE _____ Gallons

SITE EVALUATOR'S STATEMENT

On 10/16/98 (date) I completed a site evaluation on this property and state that the data reported is accurate and that the proposed sytem is in compliance with the Subsurface Wastewater Disposal Rules. - DESIGN SUBJECT TO LOCAL, STATE AND FEDERAL ORDINANCES.

John W. Lord Jr — Site Evaluator Signature

168 — SE •

10-26-98 — Date

JOHN W. LORD JR — Site Evaluator Name Printed

10-26-98 — Telephone

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

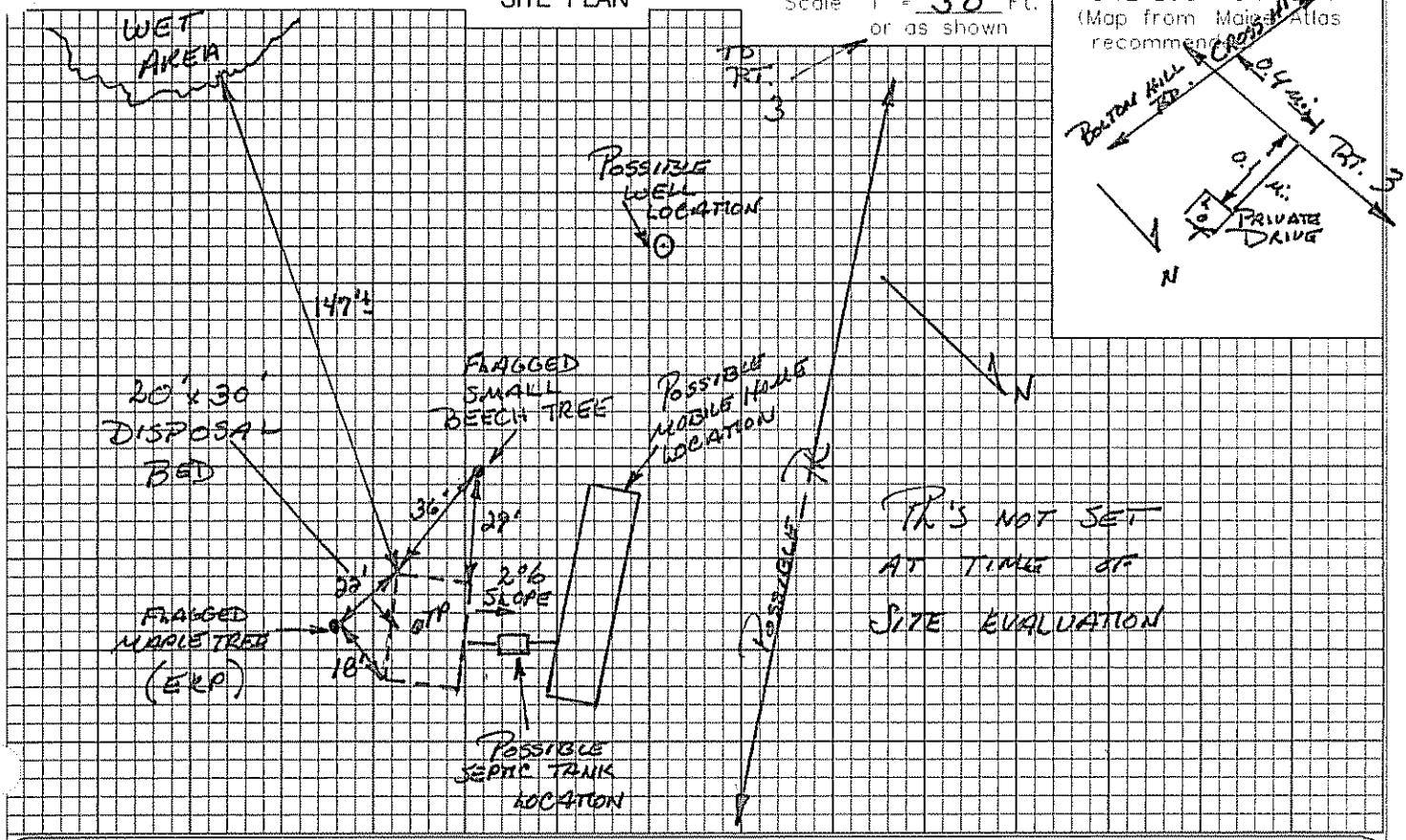
Town, City, Plantation: AUGUSTA

Street, Road Subdivision: PRIVATE DRIVE OFF RT. 3

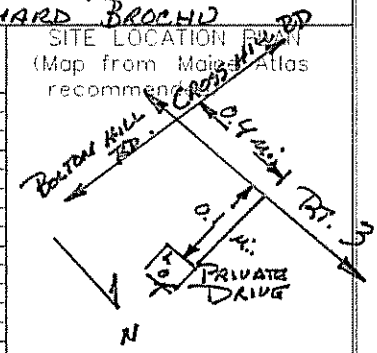
Owner's Name: RICHARD BROCHU

SITE PLAN

Scale 1" = 50 Ft. or as shown



SITE LOCATION PLAN (Map from Maine Atlas recommended)



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

Observation Hole TP 1 ☒ Test Pit ☐ Boring

TWO" Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–10	BOULDERY SANDY LOAM	FRIABLE	BROWN / YELLOW BROWN	
10–20				
20–30	BOULDERY FINE SANDY LOAM	FIRM	OLIVE BROWN	COMMON DISTINCT
30–40				
40–50				

Soil Classification		Slope	Limiting Factor	
3 (Profile)	C (Condition)	2 %	17"	☒ Ground Water ☐ Restrictive Layer ☐ Bedrock ☐ Pit Depth

Observation Hole _____ ☐ Test Pit ☐ Boring

_____" Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–10				
10–20				
20–30				
30–40				
40–50				

Soil Classification		Slope	Limiting Factor	
Profile	Condition	%	"	☐ Ground Water ☐ Restrictive Layer ☐ Bedrock ☐ Pit Depth

John A. [illegible]
Site Evaluator Signature

168
SE #

10-26-98
Date

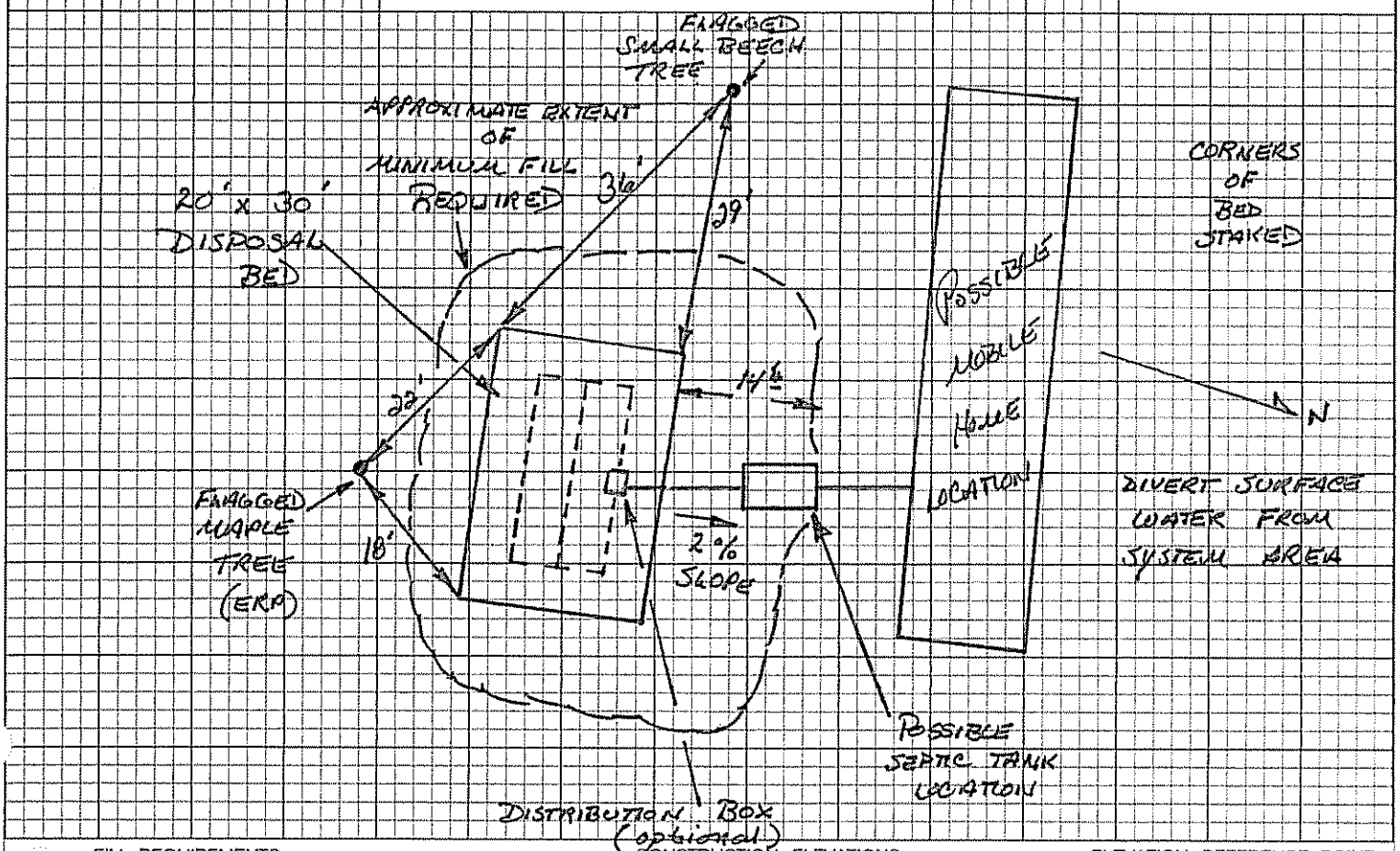
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation	Street, Road, Subdivision	Owner's Name
AUGUSTA	PRIVATE DRIVE OFF RT. 3	RICHARD BROCHU

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT.



FILL REQUIREMENTS

Depth of Fill (Upslope)	19"
Depth of Fill (Downslope)	24"±

CONSTRUCTION ELEVATIONS

Finished Grade Elevation	-24"
Top of Distribution Pipe ~~or Proprietary Device~~	-37"
Bottom of Disposal Area	-48"

ELEVATION REFERENCE POINT

Location & Description: FLAGGED NAIL IN FLAGGED MAPLE TREE 24" ABOVE EXISTING GRADE AT TREE.

Reference Elevation: ERP IS AT 0"

DISPOSAL AREA CROSS SECTION

SCALE:
VERTICAL: 1" =
HORIZONTAL: 1" =

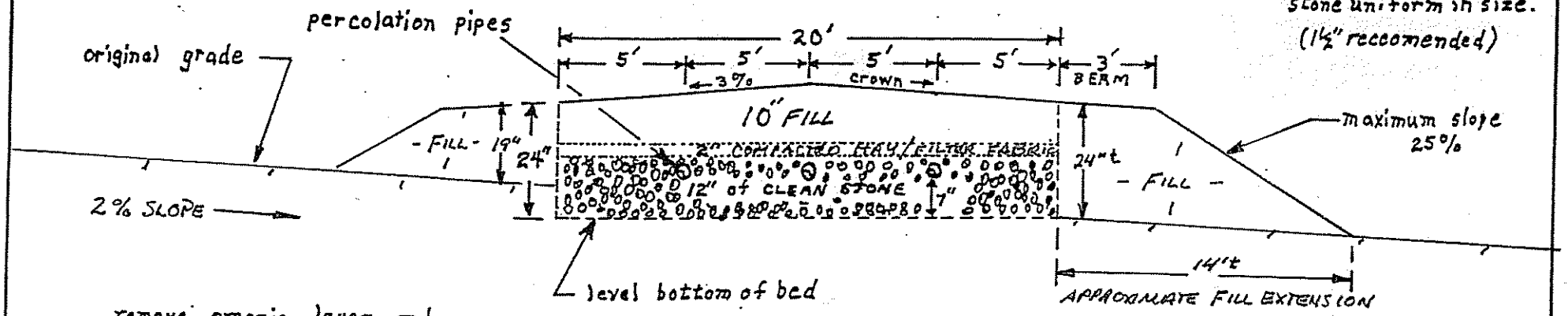
(SEE ATTACHED BED DIAGRAM)

Site Evaluator Signature	SE #	Date
	168	10-26-88

SEWAGE DISPOSAL BED DETAILS

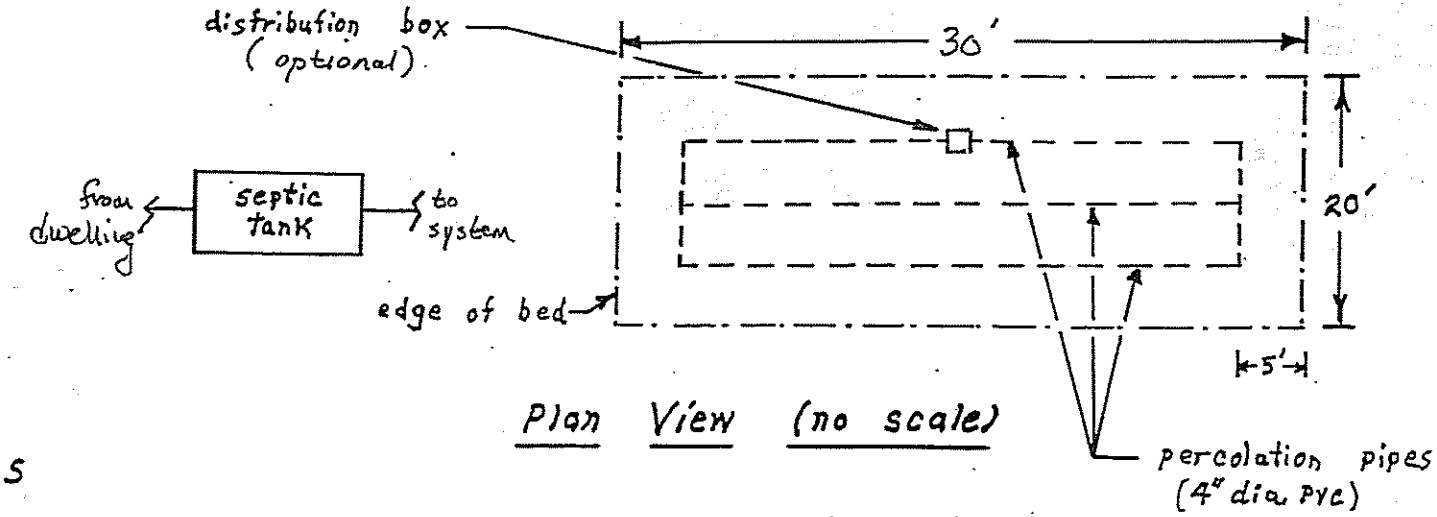
4" Loam + mulch to cover.

bed requires clean stone uniform in size. (1½" reccomended)



remove organic layer and scarify the soil surface before installing fill.

Bed Cross Section (no scale)



Plan View (no scale)

NOTES

1.) 19 inches of fill is required at uphill side of bed.
2.) texture of fill shall be gravelly coarse sand.
3.) refer to the MAINE STATE PLUMBING CODE, PART II (EFFECTIVE DATE: JAN. 1, 1998) for further details regarding installation procedures. (MAINE SUBSURFACE WASTE WATER DISPOSAL RULES)

FOR: RICHARD BROOKS

DATE: 10-26-98

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