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 or Road	OFF ROUTE 3 No. Belfast Ave
Subdivision, Lot #	

AUGUSTA 4870 TOWN COPY
Date Permit Issued: 5/14/02
$ 100 FEE ☐ If Double Fee Charged
Local Plumbing Inspector Signature
L.P.I. # 872

OWNER/APPLICANT INFORMATION

Name (last, first, MI): BROCHU RICHARD (Owner / Applicant)

Mailing Address of ☒ Owner ☐ Applicant: P.O. BOX 4633, AUGUSTA, ME 04330

Daytime Tel. #: 622-6000

Municipal Tax Map # 8 Lot # 53

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 — Date 8/2/00

Caution: Inspections 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 — (1st) Date Approved — (2nd) 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. ☒ 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

5± ☐ 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)

PROPOSED 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
   OR 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 891 ☒ 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

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	CONDITION	DESIGN
3	IAII/C	1

at Observation Hole # TP 1
Depth 22" 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 8/1/00 (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). — DESIGN SUBJECT TO LOCAL, STATE & FEDERAL ORDINANCES

Site Evaluator Signature — SE # 168 — Date 8/1/00

Site Evaluator Name Printed: JOHN W LORD JR — Telephone # 445-3402

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

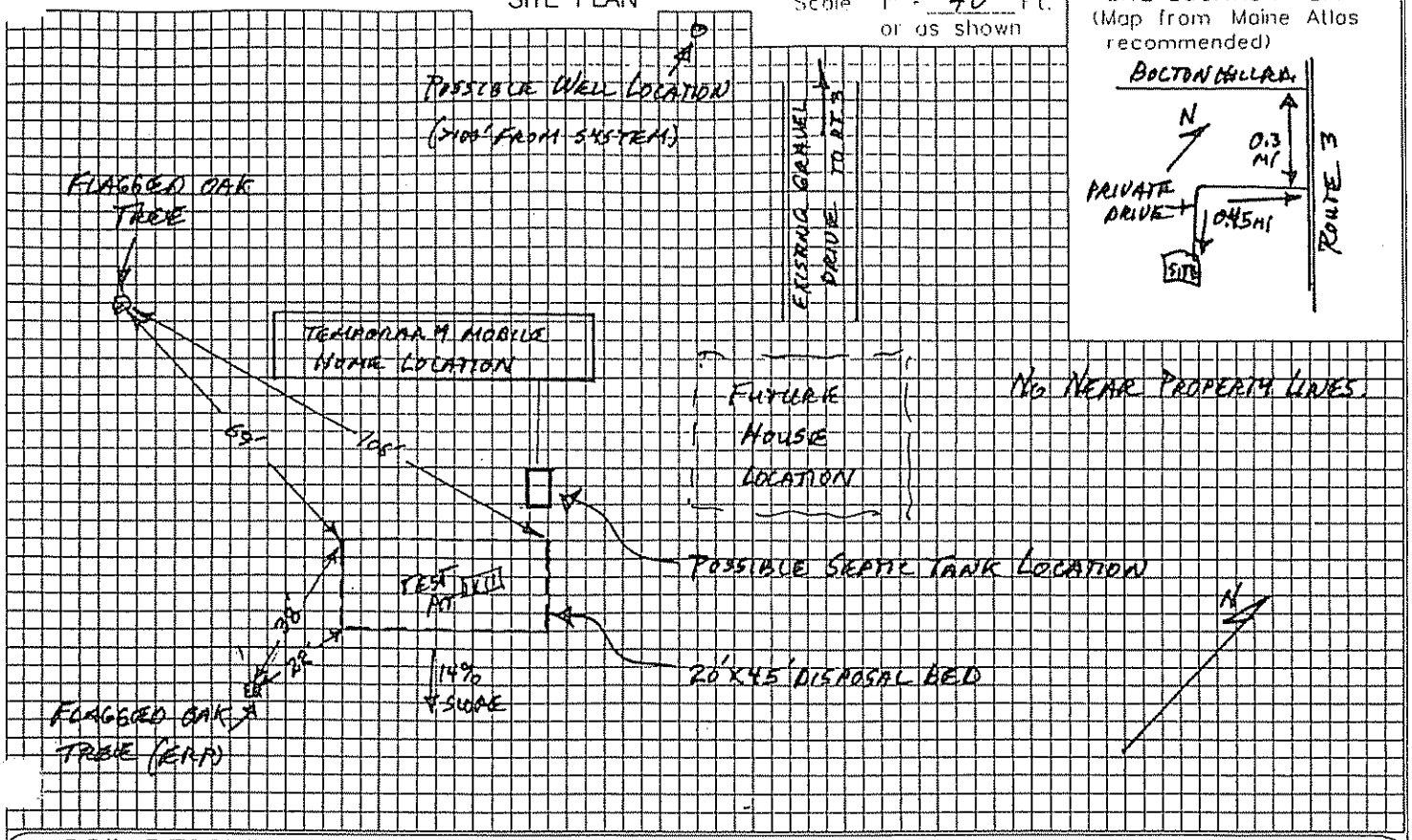
Town, City, Plantation: AUGUSTA

Street, Road Subdivision: OFF ROUTE 3

Owner's Name: RICHARD BROCHU

SITE PLAN

Scale 1" = 40 Ft. or as shown



SITE LOCATION PLAN

(Map from Maine Atlas recommended)

SOIL 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, 10, 20, 30, 40, 50

Texture	Consistency	Color	Mottling
BOULDERY SANDY LOAM	FRIABLE	BROWN	
		YELLOW BROWN	
	FIRM	OLIVE BROWN	COMMON DISTINCT
BED ROCK			

Soil Classification		Slope	Limiting Factor	
3	A III/C	14 %	22"	☐ Ground Water ☐ Restrictive Layer ☒ Bedrock ☐ Pit Depth
Profile	Condition			

Observation Hole _____ ☐ Test Pit ☐ Boring

_____ " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches): 0, 10, 20, 30, 40, 50

Texture	Consistency	Color	Mottling

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

Site Evaluator Signature: [signature] SE 168 Date: 8/1/00

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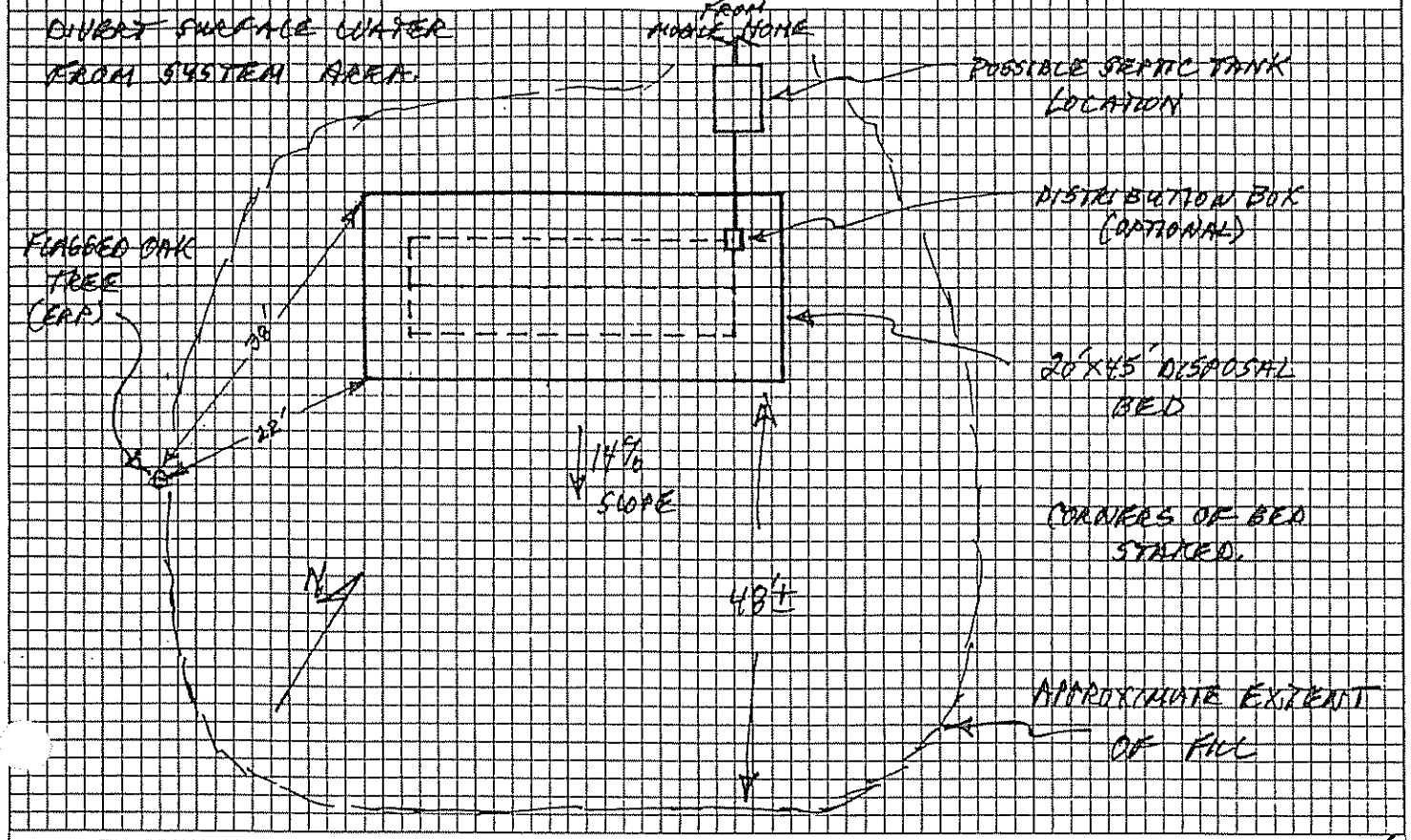
(207) 287-5672 FAX (207) 287-4172

Town, City, Plantation	Street, Road, Subdivision	Owner's Name
AUGUSTA	OFF ROUTE 3	RICHARD BROCHU

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT (ERP)	
Depth of Fill (Upslope)	26"	Finished Grade Elevation	-19"	Location & Description	FLAGGED NAIL IN OAK TREE
Depth of Fill (Downslope)	60"±	Top of Distribution Pipe ~~or Pump/Lift Device~~	-32"		94" ABOVE GRADE AT TREE.
		Bottom of Disposal Area	-43"	Reference Elevation	ERP IS AT 0."

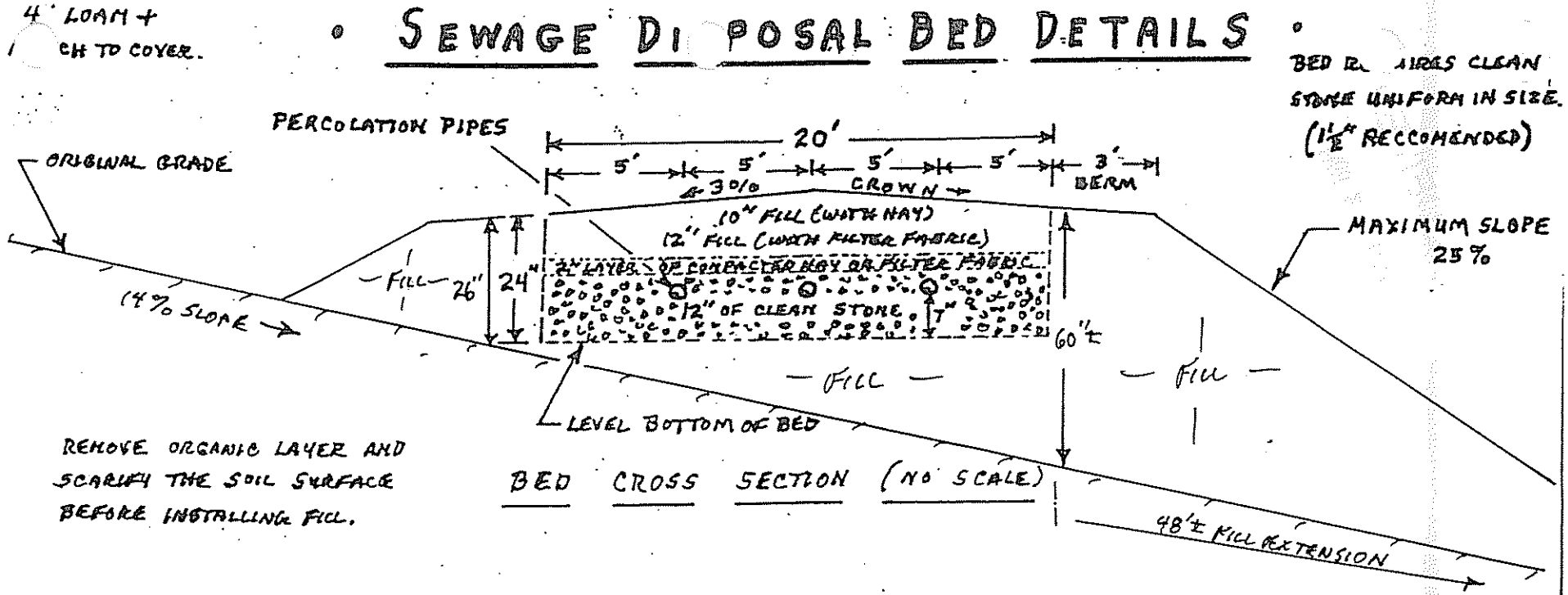
DISPOSAL AREA CROSS SECTION

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

(SEE ATTACHED BED DIAGRAM)

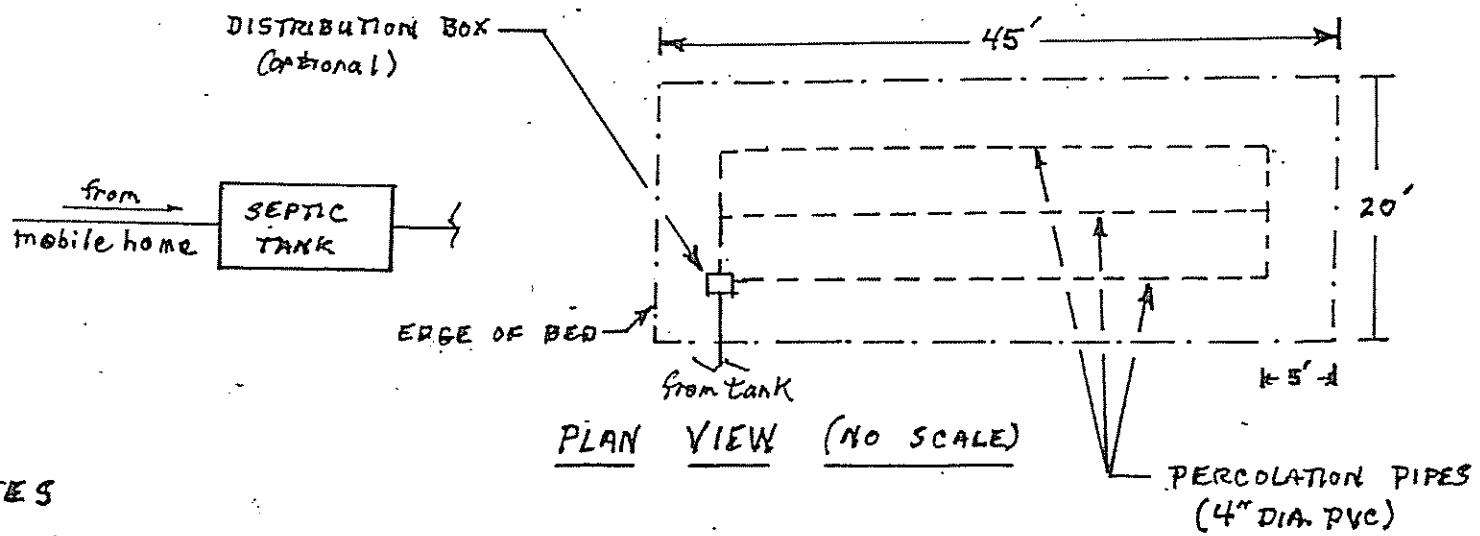
Site Evaluator Signature — 168 SE • — 8/2/00 Date

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.) 26 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.

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

DATE: 8/2/00

PR: RICHARD BOOCHM