# 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: 201 SOUTH BELFAST AVE.

Subdivision, Lot #:

AUGUSTA PERMIT # 6040 TOWN COPY

Date Permit Issued: 9/5/07 $ 100.00 ☐ If Double Fee Charged FEE

L.P.I. # 050

Local Plumbing Inspector Signature

## OWNER/APPLICANT INFORMATION

Name (last, first, MI): LOVELL, PETER ☒ Owner ☐ Applicant

Mailing Address of Owner/Applicant: 225 SOUTH BELFAST AVENUE AUGUSTA, ME 04330

Daytime Tel. #: 622-5282

.83 ACRE
.40 ACRE

Municipal Tax Map # 10 Lot # 12-A

### 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 — 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.

(1st) date approved

Local Plumbing Inspector Signature — (2nd) date approved 9/14/07

## 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

±0.9 ☐ SQ. FT. ☒ ACRES

### SHORELAND ZONING

☐ Yes ☒ No

### DISPOSAL SYSTEM TO SERVE

☒ 1. Single Family Dwelling Unit, No. of Bedrooms: 2
☐ 2. Multiple Family Dwelling, No. of Units: _____
☒ 3. Other: GARAGE/APARTMENT (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
☒ b. Low Profile IF NECESSARY
☐ 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: GEOFLOWS
SIZE: 900 ☒ 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

180 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
T / D / _____
at Observation Hole # 1
Depth 13"
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 19 m 25 s
Lon. 69 d 44 m 30 s
If g.p.s, state margin of error: _____

## SITE EVALUATOR STATEMENT

I certify that on 8/15/07 (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 — VAUGHN L. SMITH SE # 026 — Date 8/26/07

Site Evaluator Name Printed — Telephone Number 724 5635 — E-mail Address SOILTESTMAN@AOL.COM

STATE OF MAINE LICENSED SITE EVALUATOR

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

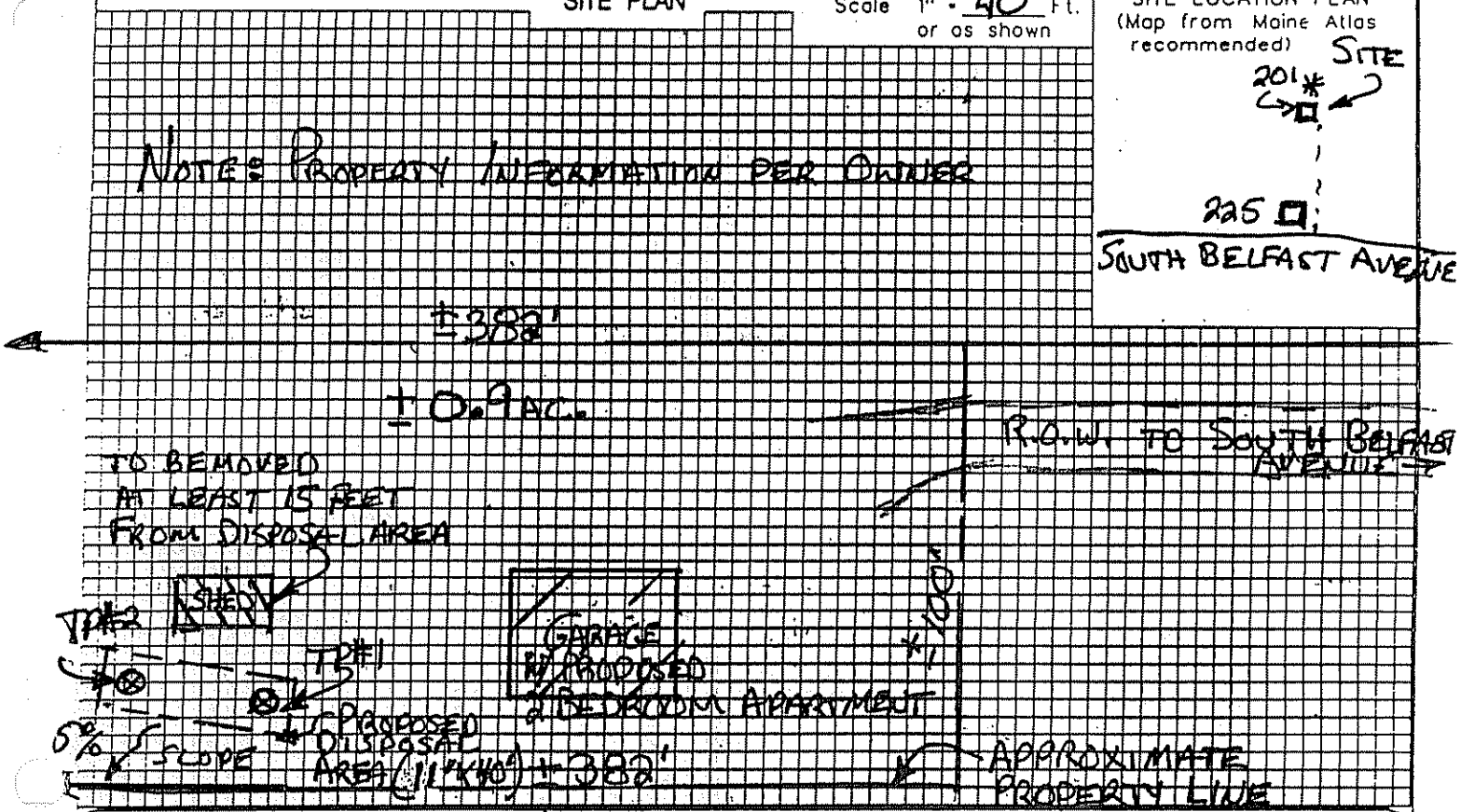
HHE-200 Rev. 4/05

# 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: 201 SOUTH BELFAST AVENUE
Owner's Name: PETER LOVELL

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 #1 ☒ Test Pit ☐ Boring
1 " Depth of Organic Horizon Above Mineral Soil

| Depth below mineral soil surface (inches) | Texture | Consistency | Color | Mottling |
|---|---|---|---|---|
| 0–10 | SILT | FRIABLE | OLIVE BROWN | NONE |
| 10–20 | LOAM | | | |
| 20–30 | | FIRM | OLIVE | FEW FAINT |
| 30–40 | | | | |
| 40–50 | | | | |

Soil Classification: Profile 1, Condition D; Slope 5 %; Limiting Factor 13 "; ☒ Ground Water ☒ Restrictive Layer ☐ Bedrock ☐ Pit Depth

Observation Hole #2 ☒ Test Pit ☐ Boring
2 " Depth of Organic Horizon Above Mineral Soil

| Depth below mineral soil surface (inches) | Texture | Consistency | Color | Mottling |
|---|---|---|---|---|
| 0–10 | SILT | FRIABLE | OLIVE BROWN | NONE |
| 10–20 | LOAM | | | |
| 20–30 | | FIRM | OLIVE | FEW FAINT |
| 30–40 | | | | |
| 40–50 | | | | |

Soil Classification: Profile 1, Condition C; Slope 5 %; Limiting Factor 15 "; ☒ Ground Water ☒ Restrictive Layer ☐ Bedrock ☐ Pit Depth

STATE OF MAINE — VAUGHN L. SMITH — 226 — LICENSED SITE EVALUATOR

Vaughn L. Smith
Site Evaluator Signature

SE

8/27/07
Date

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

| Town, City, Plantation | Street, Road, Subdivision | Owner's Name |
|---|---|---|
| AUGUSTA | 201 SOUTH BELFAST AVENUE | PETER LOVELL |

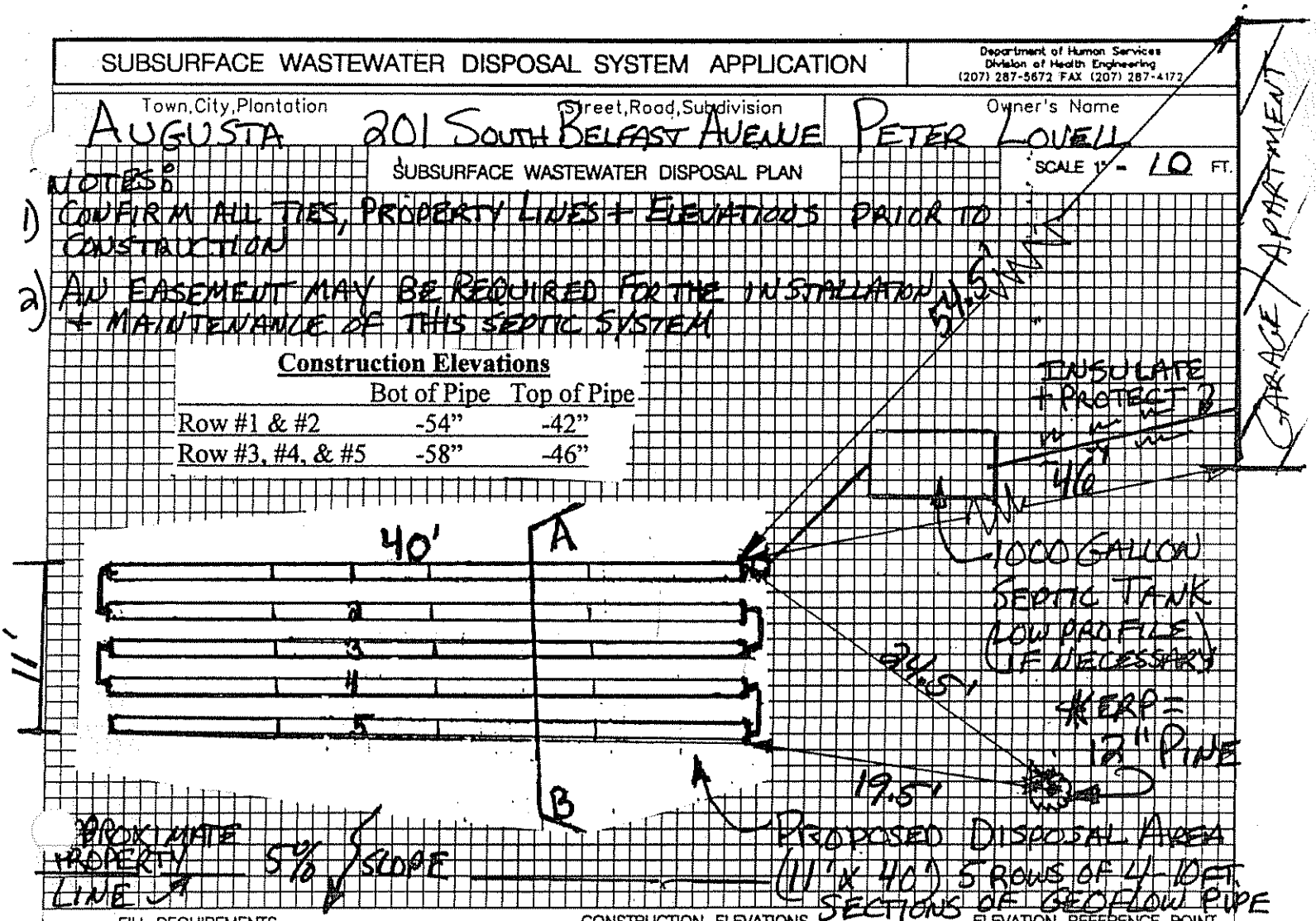
## SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 10 FT.

NOTES:
1) CONFIRM ALL TIES, PROPERTY LINES + ELEVATIONS PRIOR TO CONSTRUCTION
2) AN EASEMENT MAY BE REQUIRED FOR THE INSTALLATION + MAINTENANCE OF THIS SEPTIC SYSTEM

**Construction Elevations**

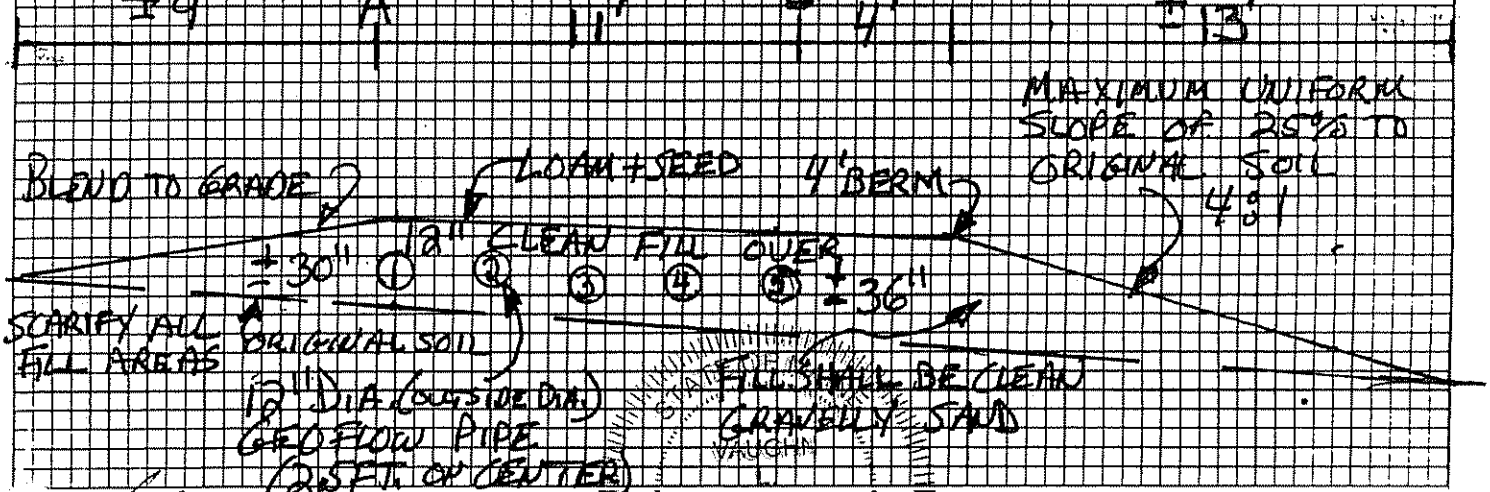
| | Bot of Pipe | Top of Pipe |
|---|---|---|
| Row #1 & #2 | -54" | -42" |
| Row #3, #4, & #5 | -58" | -46" |




| FILL REQUIREMENTS | | CONSTRUCTION ELEVATIONS | | ELEVATION REFERENCE POINT | |
|---|---|---|---|---|---|
| Depth of Fill (Upslope) | ±30" | Finished Grade Elevation | SEE ABOVE | Location & Description | 12" PINE W/NAIL 43" ABOVE |
| Depth of Fill (Downslope) | ±36" | Top of Distribution Pipe or Proprietary Device | | Reference Elevation | 0" GROUND |
| | | Bottom of Disposal Area | | | |

## DISPOSAL AREA CROSS SECTION

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




Vaughn L. Smith
Site Evaluator Signature

STATE OF MAINE VAUGHN SMITH 226 LICENSED SITE EVALUATOR

8/27/07
Date