VOID

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept.Health & Human Services
Division of Health Engineering, 10 SHS
Fax (207) 287-3165

PROPERTY LOCATION

City, Town, or Plantation	AUGUSTA
Street or Road	SOUTH BELFAST AVE.
Subdivision, Lot #	

OWNER/APPLICANT INFORMATION

Name (last, first, MI): KILMER, DANIEL — [X] Owner [ ] Applicant

Mailing Address of Owner/Applicant: 185 SOUTH BELFAST AVE, AUGUSTA, ME 04330

Daytime Tel. #: 622-4946

Municipal Tax Map # 10 Lot # 12

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: 6/21/07

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: _____

PERMIT INFORMATION

TYPE OF APPLICATION
- [X] 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
- [X] 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
- [X] 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
±24 [ ] SQ. FT. [X] ACRES

SHORELAND ZONING
[ ] Yes [X] No

DISPOSAL SYSTEM TO SERVE
- [ ] 1. Single Family Dwelling Unit, No. of Bedrooms: ____
- [X] 2. Multiple Family Dwelling, No. of Units: 2
- [ ] 3. Other: 2-BEDROOM UNITS (specify)

Current Use [ ] Seasonal [ ] Year Round [X] Undeveloped

TYPE OF WATER SUPPLY
[ ] 1. Drilled Well [ ] 2. Dug Well [ ] 3. Private
[X] 4. Public [ ] 5. Other

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK
- [X] 1. Concrete
  - [X] a. Regular
  - [ ] b. Low Profile
- [ ] 2. Plastic
- [ ] 3. Other: _____

CAPACITY: 1000 GAL.

DISPOSAL FIELD TYPE & SIZE
- [ ] 1. Stone Bed [ ] 2. Stone Trench
- [X] 3. Proprietary Device
  - [ ] a. cluster array [ ] c. Linear
  - [X] b. regular load [ ] d. H-20 load
- [X] 4. Other: ELJEN IN-DRAINS

SIZE: 1536 [X] sq. ft. [ ] lin. ft.

GARBAGE DISPOSAL UNIT
[X] 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
360 gallons per day

BASED ON:
- [X] 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
8	D	

at Observation Hole # 1

Depth 12"

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
- [X] 4. Large—4.1 sq. ft. / gpd
- [ ] 5. Extra Large—5.0 sq. ft. / gpd

EFFLUENT/EJECTOR PUMP
- [ ] 1. Not Required
- [X] 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 15 s
Lon. 69 d 44 m 40 s
If g.p.s, state margin of error: _____

SITE EVALUATOR STATEMENT

I certify that on 4/11/07 (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: [signature] VAUGHN L. SMITH SE# 226 Date: 4/16/07

Site Evaluator Name Printed: VAUGHN L. SMITH Telephone Number: 724-5635 E-mail Address: SOILTESTMAN@AOL.COM

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

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

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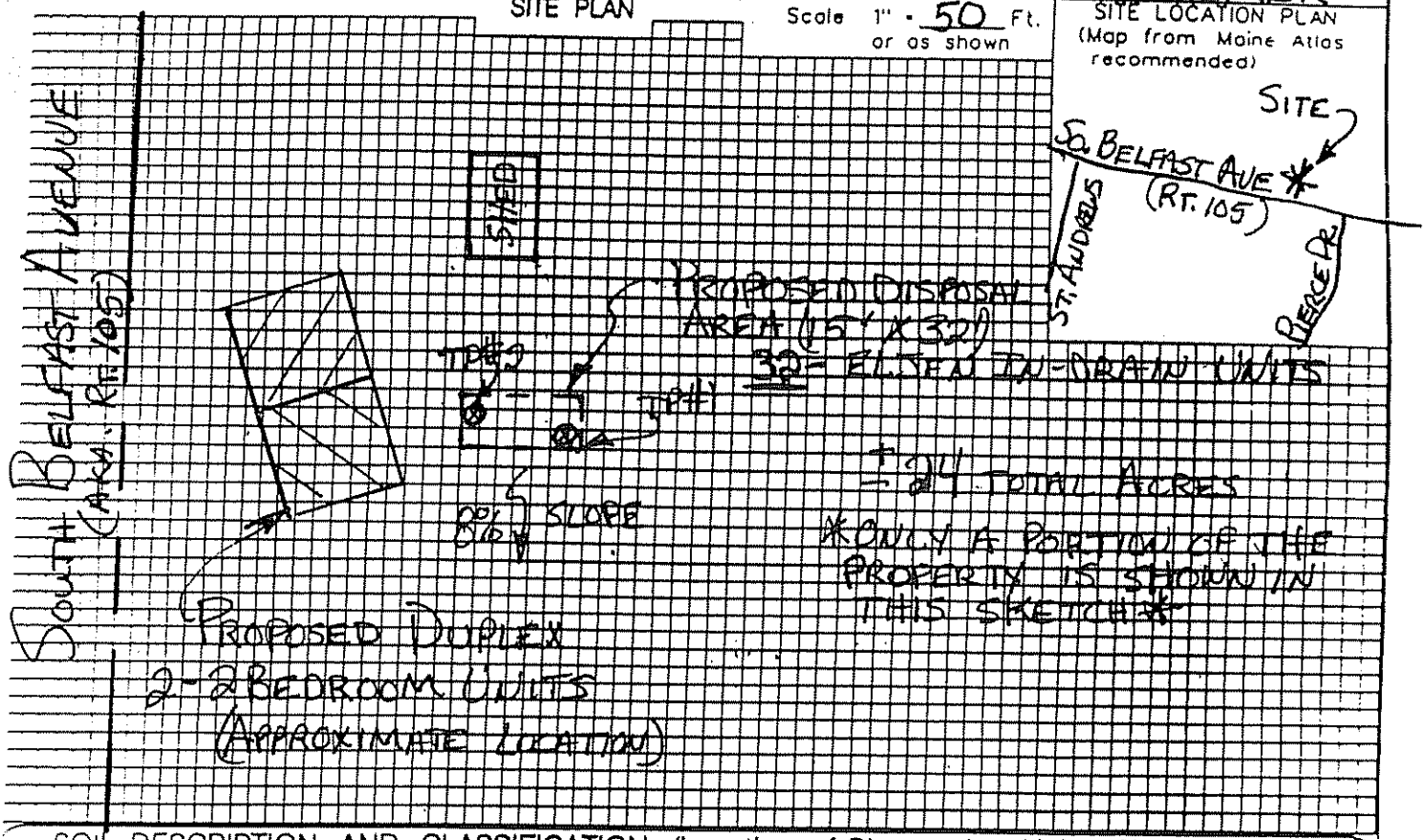
Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX (207) 287-4172

Town, City, Plantation: AUGUSTA
Street, Road, Subdivision: SOUTH BELFAST AVENUE
Owner's Name: DANIEL KILMER

SITE PLAN

Scale 1" = 50 Ft. or as shown



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

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

Texture	Consistency	Color	Mottling
SILT	FRIABLE	OLIVE BROWN	NONE
LOAM			
↓	FIRM	OLIVE	FEW DISTINCT

Soil Classification: Profile 8, Condition D
Slope: 8 %
Limiting Factor: 12" ☒ Ground Water ☒ Restrictive Layer ☐ Bedrock ☐ Pit Depth

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

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

Texture	Consistency	Color	Mottling
SILT	FRIABLE	BROWN	NONE
LOAM			
↓	FIRM	OLIVE	FEW DISTINCT

Soil Classification: Profile 8, Condition D
Slope: 9 %
Limiting Factor: 12" ☒ Ground Water ☒ Restrictive Layer ☐ Bedrock ☐ Pit Depth

Site Evaluator Signature: Vaughn L. Smith
Date: 4/16/07

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

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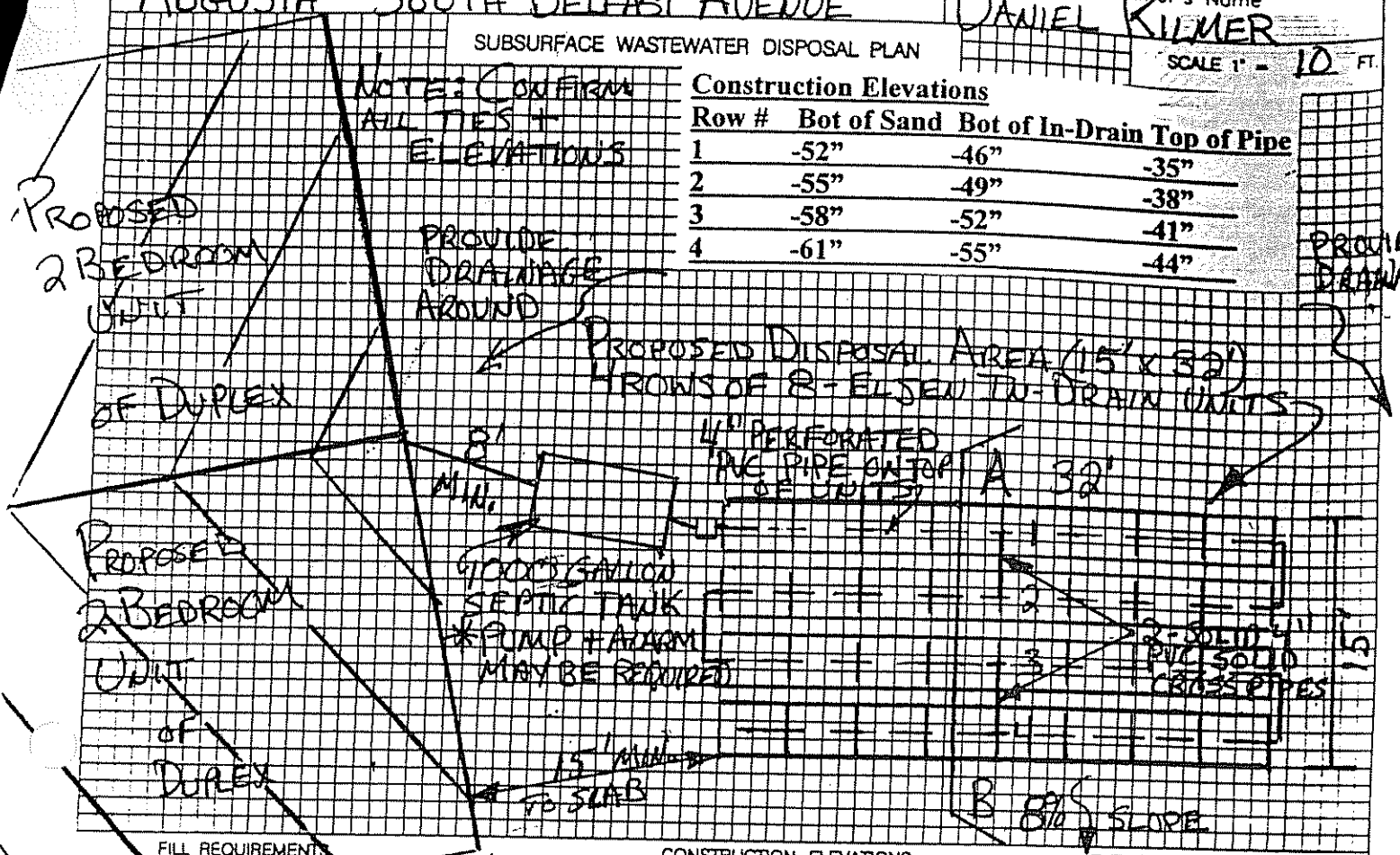
SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 10 FT.

Construction Elevations

Row #	Bot of Sand	Bot of In-Drain	Top of Pipe
1	-52"	-46"	-35"
2	-55"	-49"	-38"
3	-58"	-52"	-41"
4	-61"	-55"	-44"



FILL REQUIREMENTS

Depth of Fill (Upslope): ±35"

Depth of Fill (Downslope): ±40"

FILL DEPTHS WILL VARY

CONSTRUCTION ELEVATIONS

Finished Grade Elevation: SEE ABOVE

Top of Distribution Pipe or Proprietary Device:

Bottom of Disposal Area:

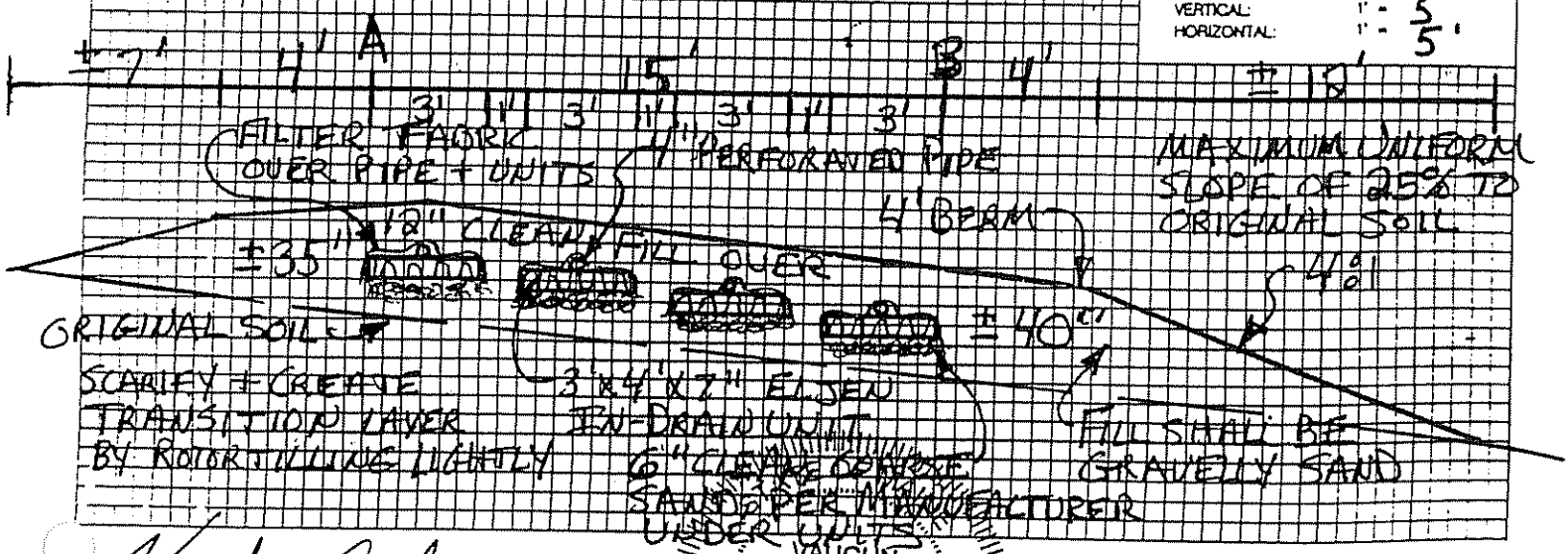
ELEVATION REFERENCE POINT

Location & Description: NAIL IN SHED CORNER 13" ABOVE

Reference Elevation: 0" GROUND

DISPOSAL AREA CROSS SECTION

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



Site Evaluator Signature: Vaughn L. Smith

VAUGHN L. SMITH SE226 LICENSED SITE EVALUATOR

Date: 4/16/07