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

City, Town, or Plantation: AUGUSTA

Street or Road: CIDER COURT

Subdivision, Lot #:

OWNER/APPLICANT INFORMATION

Name (last, first, MI): LINSCOTT, JOSEPH [ ] Owner [ ] Applicant

Mailing Address of [X] Owner [ ] Applicant: 46 HIGHLAND AVE. AUGUSTA, ME 04330

Daytime Tel. #: 622-6509

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.

Joseph G. Linscott — Signature of Owner or Applicant — Date: 3/17/03

>> Caution: Permit Required – Attach in Space Below <<

AUGUSTA 5038 TOWN COPY

Date Permit Issued: 3/17/03 $ 100.00 [ ] If Double Fee Charged

Local Plumbing Inspector Signature — L.P.I. # 1850

Municipal Tax Map # 12 Lot # 16A

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 — (1st) Date Approved 3/31/03 — (2nd) Date Approved 4/3/03

PERMIT INFORMATION

TYPE OF APPLICATION

1. [X] 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. [X] 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. [ ] Experimental System
5. [ ] Seasonal Conversion Approval

DISPOSAL SYSTEM COMPONENT(S)

1. [X] Complete Non-engineered System
2. [ ] Primitive System (graywater & alternative toilet)
3. [ ] Alternative Toilet, specify: ____
4. [ ] Non-engineered Treatment Tank (only)
5. [ ] Holding Tank, capacity: ____ 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

± 1 AC. [ ] sq. ft. [X] acres

SHORELAND ZONING

[ ] Yes [X] No

DISPOSAL SYSTEM TO SERVE

1. [X] Single Family Dwelling Unit, No. of Bedrooms: 3
2. [ ] Multiple Family Dwelling, No. of Units: ____
3. [ ] Other: ____ SPECIFY

TYPE OF WATER SUPPLY

1. [X] Drilled Well 2. [ ] Dug Well 3. [ ] Private
4. [ ] Public 5. [ ] Other:

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

1. [X] Concrete
   a. [X] Regular
   b. [ ] Low Profile
2. [ ] Plastic
3. [ ] Other: ____

CAPACITY: 1000 gallons

SOIL DATA & DESIGN CLASS

PROFILE	CONDITION	DESIGN
8	D	

at Observation Hole # 2

Depth 12" Elevation ____"

OF MOST LIMITING SOIL FACTOR

DISPOSAL FIELD TYPE & SIZE

1. [X] Stone Bed 2. [ ] Stone Trench
3. [ ] Proprietary Device
   a. [ ] Cluster array c. [ ] Linear
   b. [ ] Regular load d. [ ] H-20 Load
4. [ ] Other: ____

SIZE: 1400 [X] sq. ft. [ ] lin. ft.

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

GARBAGE DISPOSAL UNIT

1. [X] No 2. [ ] Yes 3. [ ] Maybe

>> If yes/maybe, specify one below:

a. [ ] Multi-Compartment Tank
b. [ ] Tanks in Series
c. [ ] Increase InTank Capacity
d. [ ] Filter on Tank Outlet

EFFLUENT/EJECTOR PUMP

1. [ ] Not Required
2. [X] May Be Required
3. [ ] Required >> Specify dose for engineered & experimental systems

DOSE: ____ gallons

DESIGN FLOW

270 gallons-per-day (gpd)

BASED ON:

1. [X] 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

SITE EVALUATOR STATEMENT

I certify that on 3/7/03 (date) I completed a site evaluation on this property and state that the data reported herein are accurate and that the proposed system is in compliance with the Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

Site Evaluator Signature — SE # 226 — Date 3/10/03

VAUGHN L. SMITH — Site Evaluator Name Printed — Telephone # 724-5635 — E-Mail Address

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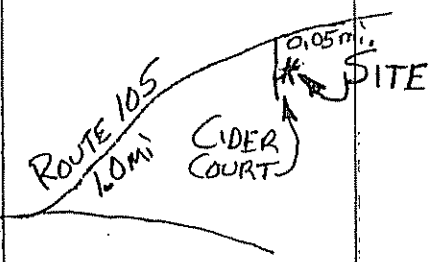
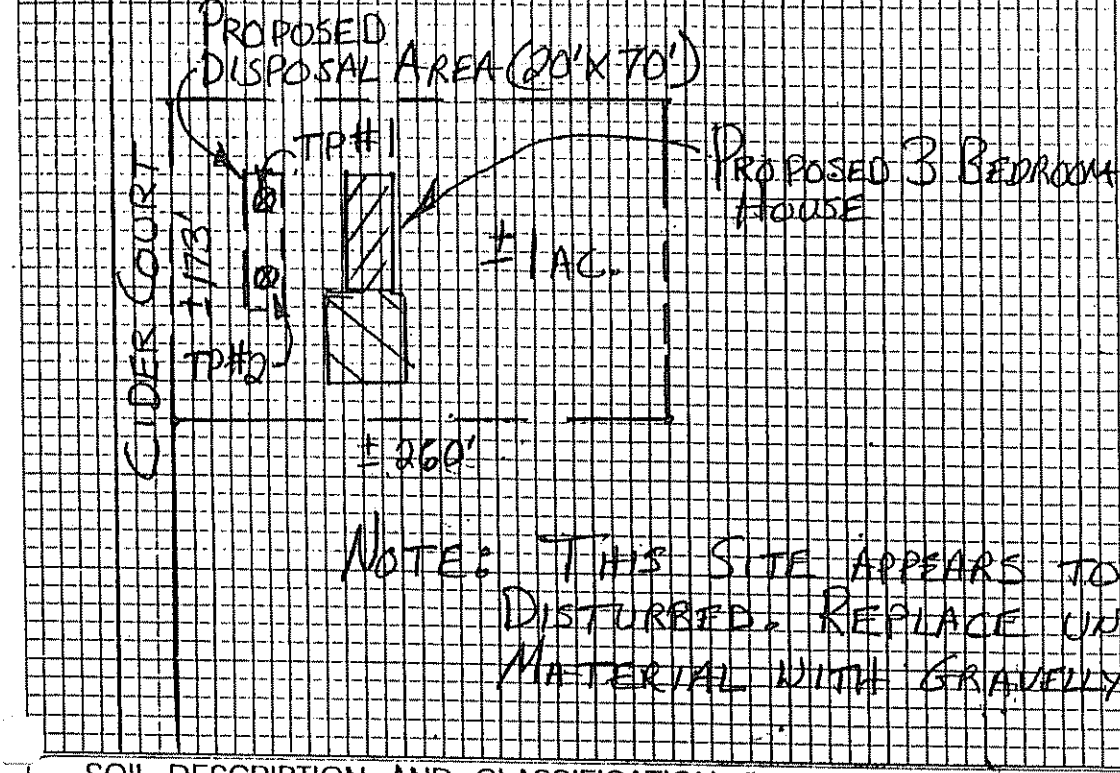
Owner's Name: JOSEPH LINSCOTT

SITE PLAN

Scale 1" = 100 ft or as shown

SITE LOCATION MAP (Map from Maine Atlas recommended)





NOTE: THIS SITE APPEARS TO HAVE BEEN DISTURBED. REPLACE UNSUITABLE MATERIAL WITH GRAVELLY SAND.

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 LOAM	FRIABLE	DARK BROWN	NONE
10–50	TO LOAM	FIRM	OLIVE	FEW DISTINCT

Soil Classification: Profile	Condition	Slope	Limiting Factor	
8	D	2%	13"	☒ Ground Water ☒ Restrictive Layer ☐ Bedrock ☐ Pit Depth

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

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–10		FRIABLE	DARK BROWN	NONE
10–50	SILT LOAM	FIRM	OLIVE	FEW DISTINCT

Soil Classification: Profile	Condition	Slope	Limiting Factor	
8	D	2%	12"	☒ Ground Water ☒ Restrictive Layer ☐ Bedrock ☐ Pit Depth

Vaughn [illegible] — Site Evaluator Signature
226 — SE #
3/10/03 — Date

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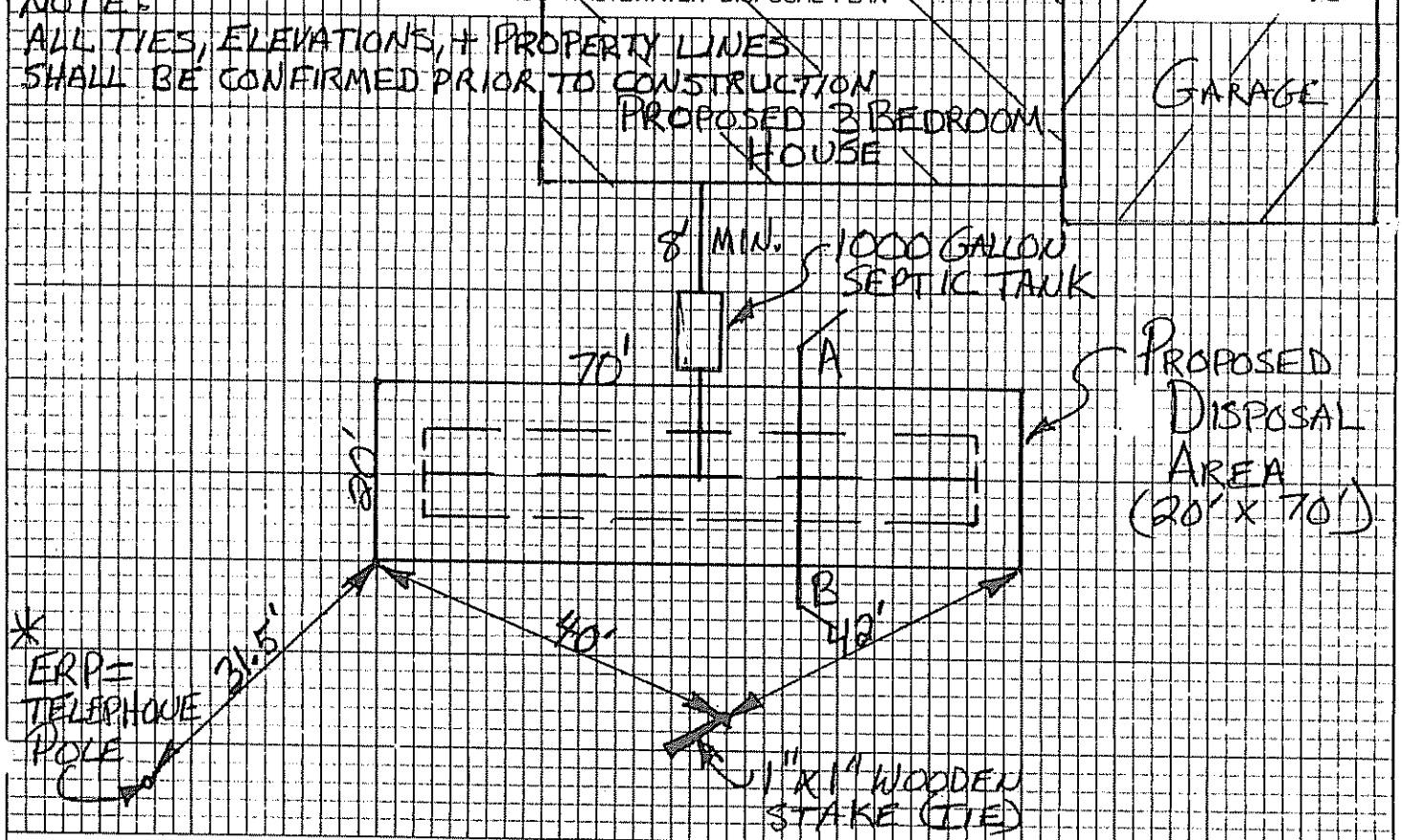
Owner's Name: JOSEPH LINSCOTT

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT

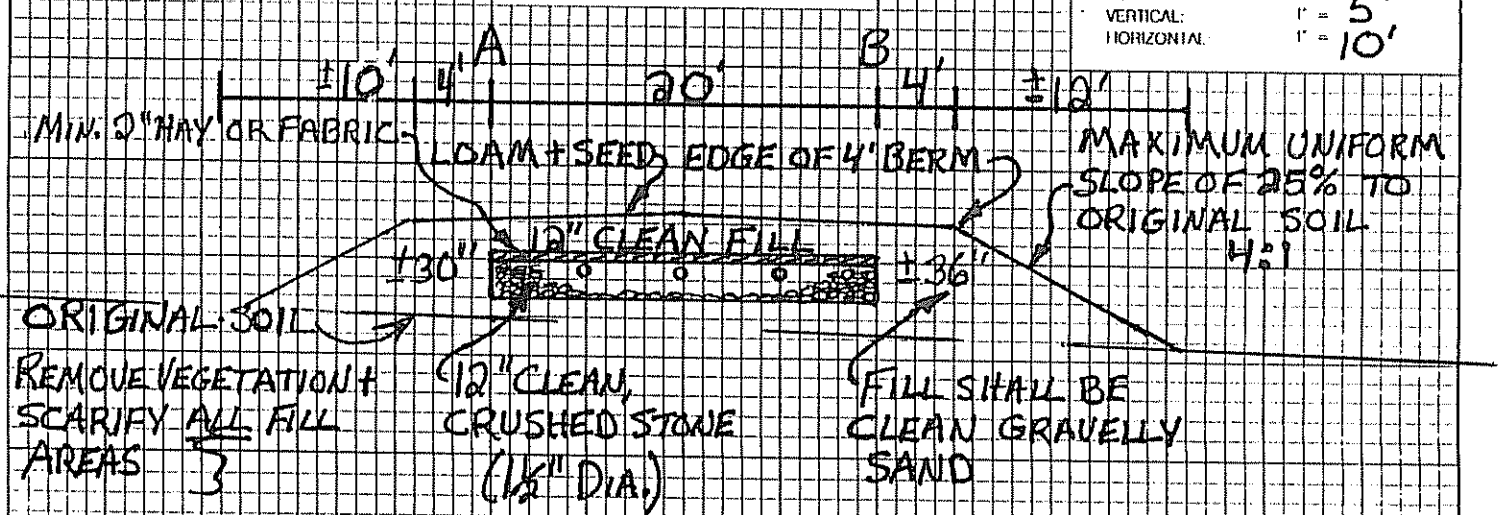
NOTE:
ALL TIES, ELEVATIONS, + PROPERTY LINES SHALL BE CONFIRMED PRIOR TO CONSTRUCTION



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT	
Depth of Fill (Upslope)	30"	Finished Grade Elevation	-40"	Location & Description	TELEPHONE POLE w/NAIL 90" A.G.
Depth of Fill (Downslope)	36"	Top of Distribution Pipe or Proprietary Device	-52"	Reference Elevation	0"
FILL DEPTHS WILL VARY		Bottom of Disposal Area	-64		

DISPOSAL AREA CROSS SECTION

SCALE:
VERTICAL: 1" = 5'
HORIZONTAL: 1" = 10'



Vaughn L. Shotz
Site Evaluator Signature

226
SE #

3/10/03
Date