Call → Brandon Ellis 592-0642

# 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

| | |
|---|---|
| City, Town, or Plantation | AUGUSTA |
| Street or Road | 174 CONY ROAD |
| Subdivision, Lot # | |

>> CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW <<

AUGUSTA PERMIT # 6567 TOWN COPY

Date Permit Issued: 6/13/11 $ 215.00 ☐ If Double Fee Charged FEE

Mary R. Smith
Local Plumbing Inspector Signature

L.P.I. # 1850

## OWNER/APPLICANT INFORMATION

Name (last, first, MI): BEAULIEU, JASON ☒ Owner ☐ Applicant

Mailing Address of Owner/Applicant: 174 CONY ROAD, AUGUSTA, ME 04330

Daytime Tel. #: 622-0647

Municipal Tax Map # 10 Lot # 27

**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. 6/20/11 (1st) date approved

Mary R. Smith
Local Plumbing Inspector Signature — 6/22/11 (2nd) date approved

## PERMIT INFORMATION

**TYPE OF APPLICATION**

- ☐ 1. First Time System
- ☒ 2. Replacement System
  - Type replaced: TRENCH
  - 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**

± 0.94 ☐ 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)

Current Use ☐ Seasonal ☒ Year Round ☐ Undeveloped

**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
  - ☐ b. Low Profile
- ☐ 2. Plastic
- ☐ 3. Other: _____

CAPACITY: 1000 GAL.

INSTALL

**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: INFILTRATORS

SIZE: 1284 ☒ 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**

270 gallons per day

BASED ON:

- ☒ 1. Table 501.1 (dwelling unit(s))
- ☐ 2. Table 501.2 (other facilities)

SHOW CALCULATIONS for other facilites

**SOIL DATA & DESIGN CLASS**

PROFILE CONDITION DESIGN

8 / C /

at Observation Hole # 1

Depth 17"

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. f.t / 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

- ☐ 3. Section 503.0 (meter readings)

ATTACH WATER METER DATA

**LATITUDE AND LONGITUDE**

at center of disposal area

Lat. 44 d 18 m 30 s

Lon. 69 d 44 m 30 s

if g.p.s, state margin of error: _____

## SITE EVALUATOR STATEMENT

I certify that on 5/27/11 (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).

Vaughn L. Smith — Site Evaluator Signature

226 — SE #

6/5/11 — Date

VAUGHN L. SMITH — Site Evaluator Name Printed

724-5635 — Telephone Number

SOILTESTMAN@AOL.COM — E-mail Address

VAUGHN L. SMITH LICENSED SITE EVALUATOR

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

HHE-200 Rev. 4/05

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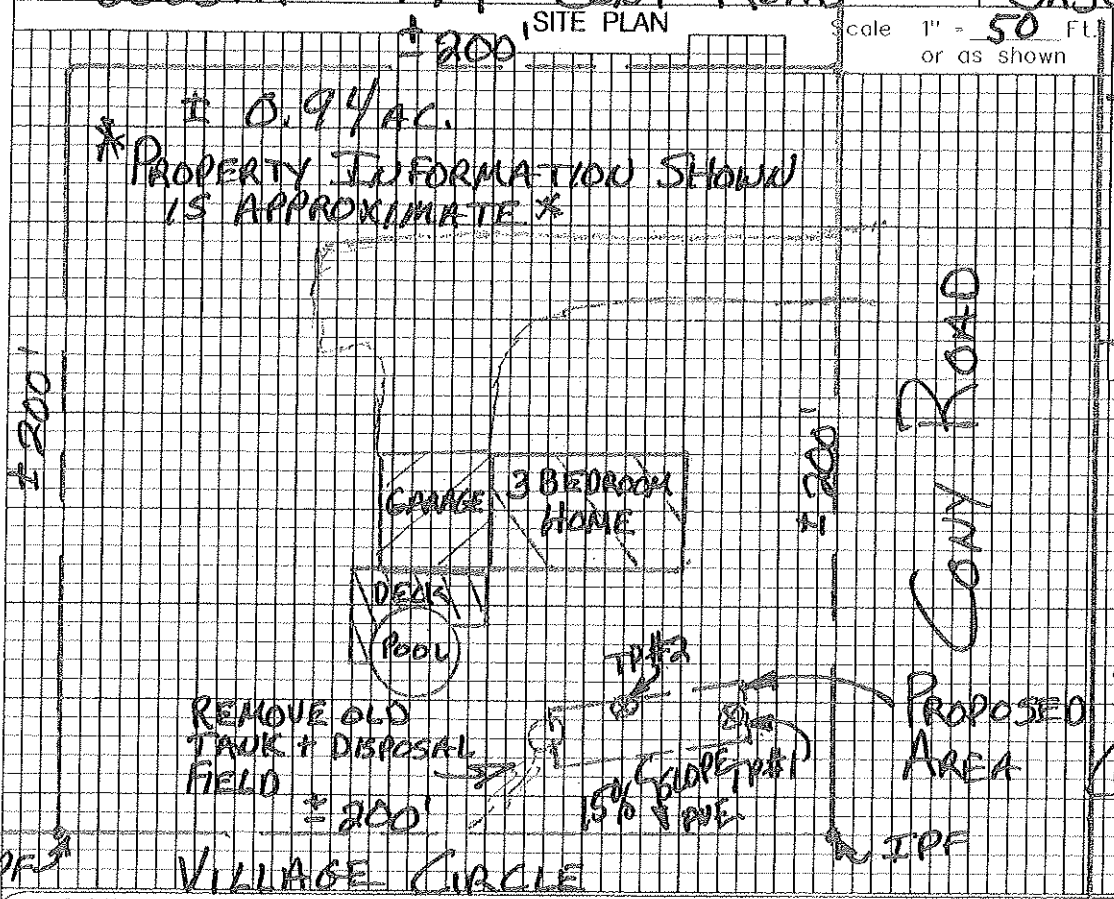
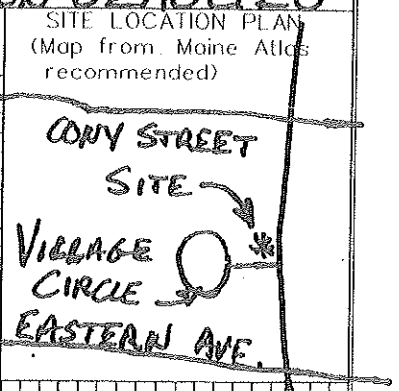
Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX (207) 287-4172

Town, City, Plantation: AUGUSTA | Street, Road, Subdivision: 174 CONY ROAD | Owner's Name: JASON BEAULIEU

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

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

| Soil Classification: Profile | Condition | Slope | Limiting Factor | Ground Water / Restrictive Layer / Bedrock / Pit Depth |
|---|---|---|---|---|
| 8 | C | 13% | 17" | ☒ 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) | Texture | Consistency | Color | Mottling |
|---|---|---|---|---|
| 0–10 | | FRIABLE | BROWN / OLIVE BROWN | NONE |
| 10–20 | SILT | //// | | //// |
| 20–30 | LOAM | FIRM | OLIVE | FEW DISTINCT |
| 30–40 | | | | |
| 40–50 | | | | |

| Soil Classification: Profile | Condition | Slope | Limiting Factor | Ground Water / Restrictive Layer / Bedrock / Pit Depth |
|---|---|---|---|---|
| 8 | C | 17% | 18" | ☒ Ground Water ☒ Restrictive Layer ☐ Bedrock ☐ Pit Depth |

STATE OF MAINE DEPARTMENT OF HUMAN SERVICES VAUGHN L. SMITH 226 LICENSED SITE EVALUATOR

Vaughn L. Smith — Site Evaluator Signature — 226 — 6/5/11 — Date

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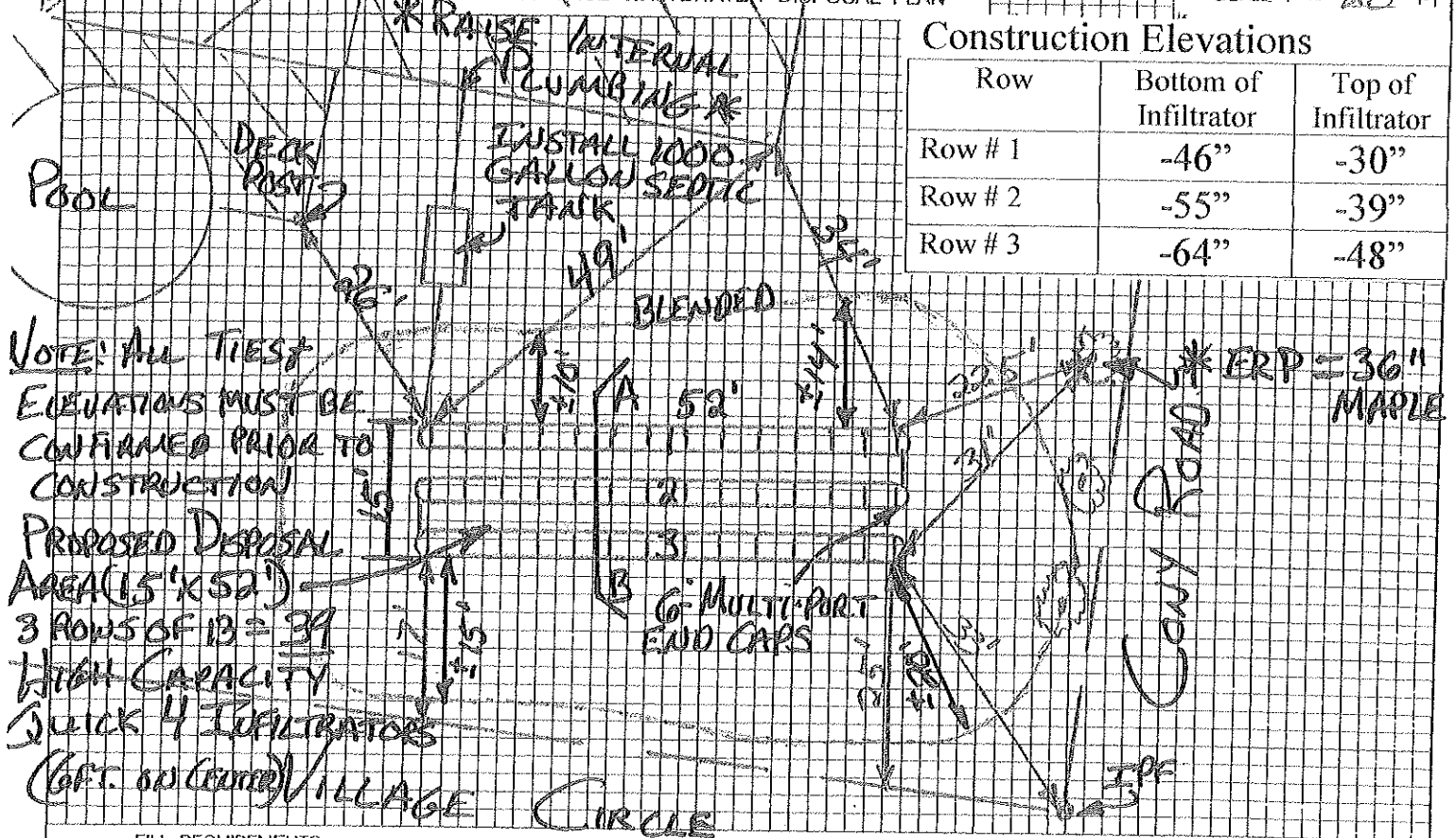
Street, Road, Subdivision: 174 CONY ROAD
Owner's Name: JASON BEAULIEU

## SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT




NOTE: ALL TIES & ELEVATIONS MUST BE CONFIRMED PRIOR TO CONSTRUCTION

PROPOSED DISPOSAL AREA (15' X 52')
3 ROWS OF 13 = 39
HIGH CAPACITY QUICK 4 INFILTRATORS (6 FT. ON CENTER)

### Construction Elevations

| Row | Bottom of Infiltrator | Top of Infiltrator |
|---|---|---|
| Row # 1 | -46" | -30" |
| Row # 2 | -55" | -39" |
| Row # 3 | -64" | -48" |

**FILL REQUIREMENTS**

Depth of Fill (Upslope): ±23"
Depth of Fill (Downslope): ±32"
FILL DEPTHS WILL VARY

**CONSTRUCTION ELEVATIONS**

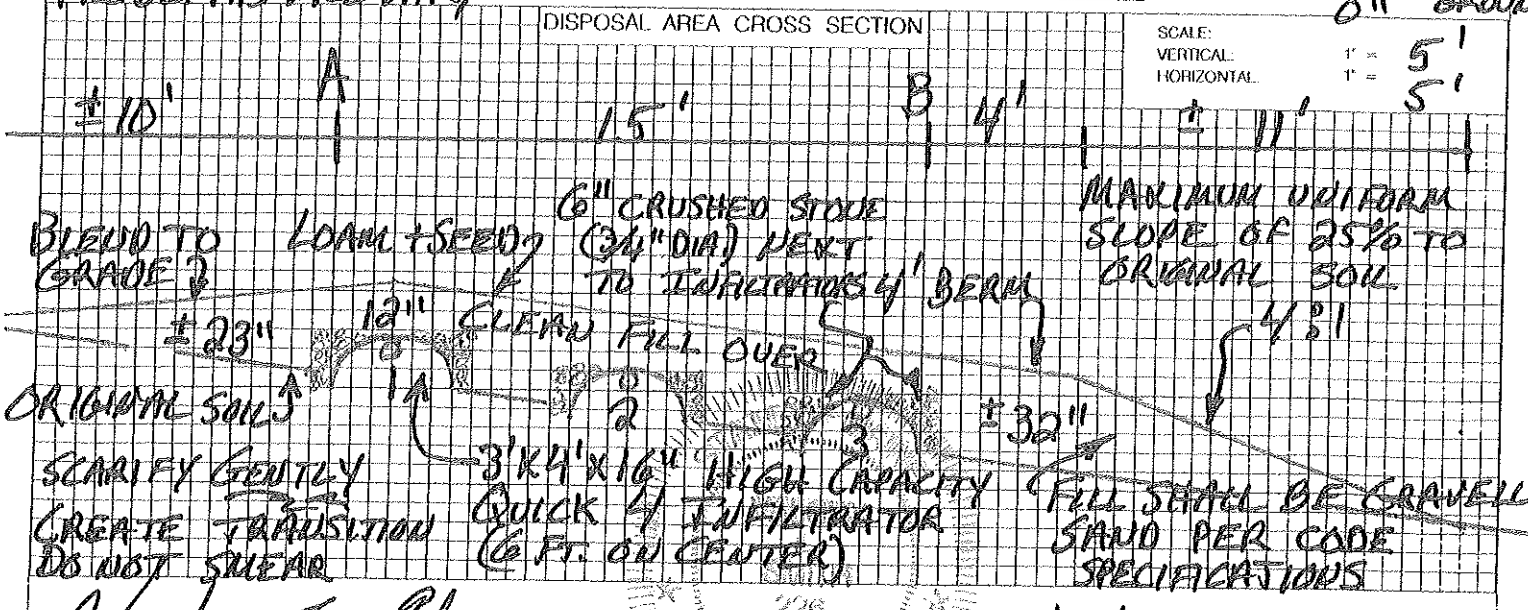
Finished Grade Elevation: SEE ABOVE
Top of Distribution Pipe or Proprietary Device: _____
Bottom of Disposal Area: _____

**ELEVATION REFERENCE POINT**

Location & Description: 36" MAPLE W/NAIL 4½" ABOVE GROUND
Reference Elevation: 0"

### DISPOSAL AREA CROSS SECTION

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




Vaughn R. Dill
Site Evaluator Signature

226
SITE EVALUATOR

6/5/11
Date