Revised Lot size ~~3~~ → 4 Acres * RPDS

FORMS

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, 10 SHS
(207) 287-5672 Fax: (207) 287-3165

PROPERTY LOCATION

City, Town, or Plantation	AUGUSTA 43 Keithley
Street or Road	ROUTE 105
Subdivision, Lot #	(N. SIDE, 0.3 mi. W. of BOLTON HILL RD)

OWNER/APPLICANT INFORMATION

Name (last, first, MI): TRASK, GARY ☒ Owner ☒ Applicant

Mailing Address of Owner/Applicant	P.O. Box 662
	AUGUSTA, ME 04330
Daytime Tel. #	(207) 622-7072

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.

Gary Keith — Signature of Owner or Applicant — Date

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

AUGUSTA PERMIT # 5874 TOWN COPY

Date Permit Issued: 9/19/06 — $ 100.00 ☐ If Double Fee Charged

Local Plumbing Inspector Signature — L.P.I. # 850

Municipal Tax Map # 11 Lot # 44

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
- ☒ 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
4* ~~3*~~ ☐ SQ. FT. ☒ ACRES

SHORELAND ZONING
☐ Yes ☒ No

DISPOSAL SYSTEM TO SERVE
- ☒ 1. Single Family Dwelling Unit, No. of Bedrooms: 4
- ☐ 2. Multiple Family Dwelling, No. of Units: ____
- ☐ 3. Other: ____ (specify)

Current Use ☐ Seasonal ☐ Year Round ☒ Undeveloped

TYPE OF WATER SUPPLY
- ☒ 1. Drilled Well (PROPOSED) ☐ 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: 1,000 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: ____

SIZE: 1,200 ☒ 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

(CALL S.E. IF YES PH. # BELOW)

DESIGN FLOW
1360 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
3	C	1

at Observation Hole # TP-1
Depth 15"
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

- ☐ 3. Section 503.0 (meter readings)

ATTACH WATER METER DATA

SITE EVALUATOR STATEMENT

I certify that on 9-30-04 (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).

Stephen A. Down — Site Evaluator Signature
257 — SE #
3-31-05 — Date

* REVISED LOT SIZE to 4+ Acres 8/22/05

STEPHEN A. DOWN — Site Evaluator Name Printed
(207) 685-3637 — Telephone Number
sadown@prexar.com — E-mail Address

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

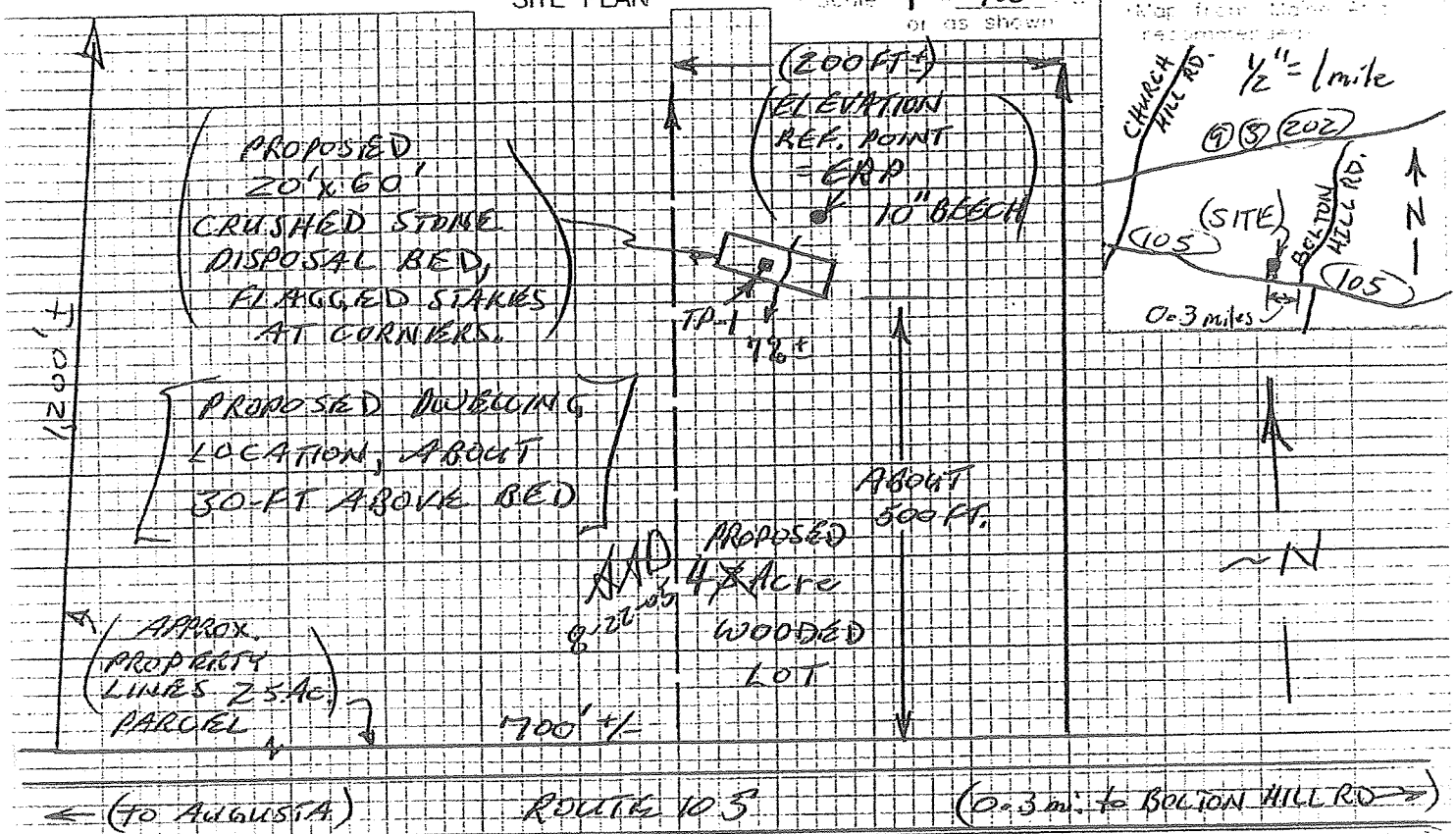
Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX (207) 287-4172

Street, Road, Subdivision: AUGUSTA ROUTE 105

Owner - Name: GARY TRASK

SITE PLAN

Scale 1" = 100' ft. or as shown



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

Test Pit TP-1 ☒ Test Pit 24" ☒ Boring 48"

0" Depth of Organic Horizon Above Mineral Soil

Texture	Consistence	Color	Mottling
LOAM	LOOSE	DARK BROWN	
FINE SANDY LOAM w/ (SCATTERED GRAVEL & COBBLES)	FRIABLE	ORANGE BROWN	
		YELLOW BROWN	COMMON DISTINCT
FINE SANDY LOAM TO SILT LOAM	FIRM	LIGHT BROWN TO LIGHT GRAY BROWN	

48" TOTAL HOLE DEPTH

Soil Classification		Slope	Limiting Factor	
3 Profile	C Condition	7% ±	15"	☒ Ground Water ☐ Restrictive Layer ☐ Bedrock ☐ Pit Depth

Observation Hole ☐ Test Pit ☐ Boring

" Depth of Organic Horizon Above Mineral Soil

Texture

DEPTH BELOW MINERAL SOIL SURFACE (inches)

NOTES:

- PROVIDE 100' MINIMUM DISTANCE BETWEEN WELLS AND THE DISPOSAL SYSTEM. 50-FT TO SEPTIC TANK IF OF MONOLITHIC CONSTRUCTION.
- 20-FT. MIN. DISTANCE BETWEEN DWELLING AND THE CRUSHED STONE BED.
- LOCATE SEPTIC TANK AT LEAST 8' FROM BUILDING.

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

Stephen A. Brown 257 3-31-05

Site Evaluator Signature (207) 685-3337 SE # Date

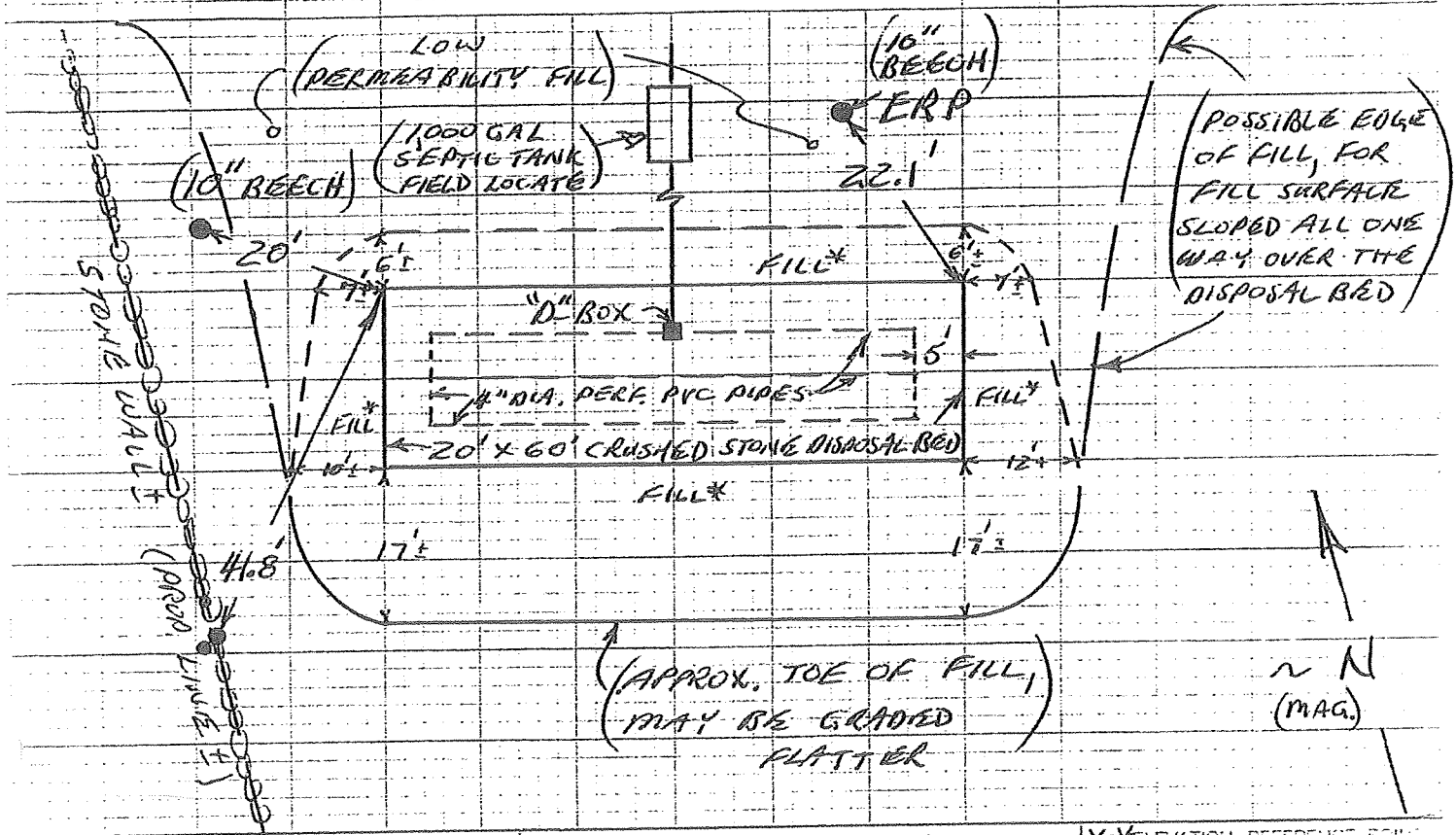
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 287-5671 FAX (207) 287-4172

AUGUSTA ROUTE 105 GARY TRASK

SCALE 1" = 20'

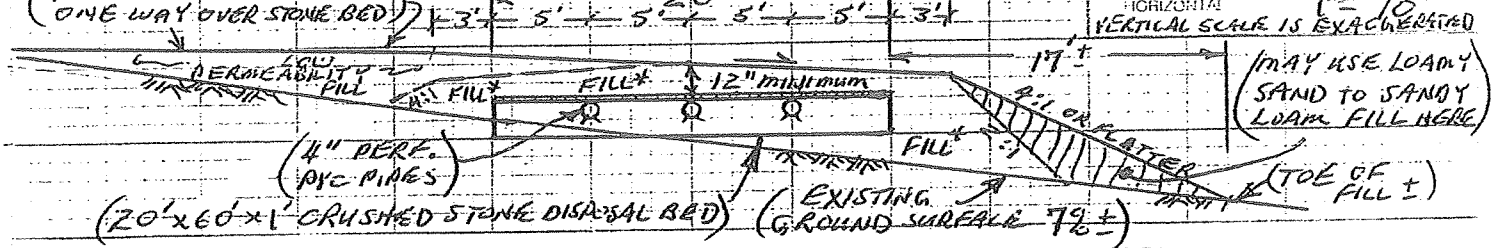
SUBSURFACE WASTEWATER DISPOSAL PLAN



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		** ELEVATION REFERENCE POINT
(AT EDGE OF STONE BED) Depth of Fill (Upslope)	20"± to 28"±	Finished Grade Elevation (AT CTR OF BED)	-30"	FLAGGED NAIL IN 10" BEECH TREE, ABOUT 2' ABOVE GROUND = 0" = ERP
Depth of Fill (Downslope)	30"±	Top of Distribution Pipe	-43"	
		Bottom of Disposal Area (BOTTOM OF STONE)	-54"	

DISPOSAL AREA CROSS SECTION

SCALE VERTICAL 1" = 5', HORIZONTAL 1" = 10', VERTICAL SCALE IS EXAGGERATED



REMOVE TREES, STUMPS, VEGETATION AND SCARIFY SURFACE BELOW FILL AREA.
PLACE 2" DEPTH COMPRESSED HAY ON 12" LAYER OF 3/4" to 2-1/2" CLEAN CRUSHED STONE.
* FILL: COARSE SAND TO GRAVELY COARSE SAND PER SECTION 804.2 OF 'THE CODE'.
RECOMMEND FILL SURFACE SLOPE ALL-ONE-WAY OVER THE BED TO AVOID A MOUND APPEARANCE.
MAINTAIN A MINIMUM 3% GRADE OVER THE BED, EXTENDING 3 FT. BEYOND EACH EDGE.
PROVIDE FOR DRAINAGE AND SURFACE DRAINAGE AWAY FROM THE DISPOSAL AREA.
LOAM (4"MINIMUM), SEED AND MULCH ALL DISTURBED AREAS.
CONSTRUCTION TO COMPLY WITH 'THE CODE', 144 CMR 241.

Stephen A. Brown 257 3-31-05
(207) 685-3637