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

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

City, Town, or Plantation	AUGUSTA
or Road	So. Belfast AVE RD.
Subdivision, Lot #	STONE RIDGE LOT # 4

AUGUSTA PERMIT # 5705 TOWN COPY

Date Permit Issued: 12/21/05 $ 100.00 ☐ If Double Fee Charged

Local Plumbing Inspector Signature L.P.I. # 150

OWNER/APPLICANT INFORMATION

Name (last, first, MI): BELL PROPERTIES INC ☑ Owner ☑ Applicant

Mailing Address of Owner/Applicant: 556 WINGS MILLS RD. MT. VERNON, ME. 04352

Daytime Tel. #

Municipal Tax Map # 11 Lot # 45F

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 12-22-05

CAUTION: INSPECTION REQUIRED

I have inspected the installation authoirzed above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.

Local Plumbing Inspector Signature — (1st) date approved 4/25/07 — (2nd) date approved 4/26/07

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 Disposal Area
- ☐ 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

1.6 ☐ 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: 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: 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

270 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
3	6	1

at Observation Hole # 1

Depth 18"

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

SITE EVALUATOR STATEMENT

I certify that on 12/20/05 (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 — SE # 256 — Date 12/21/05

JOHN PHILBRICK
Site Evaluator Name Printed

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

01040604

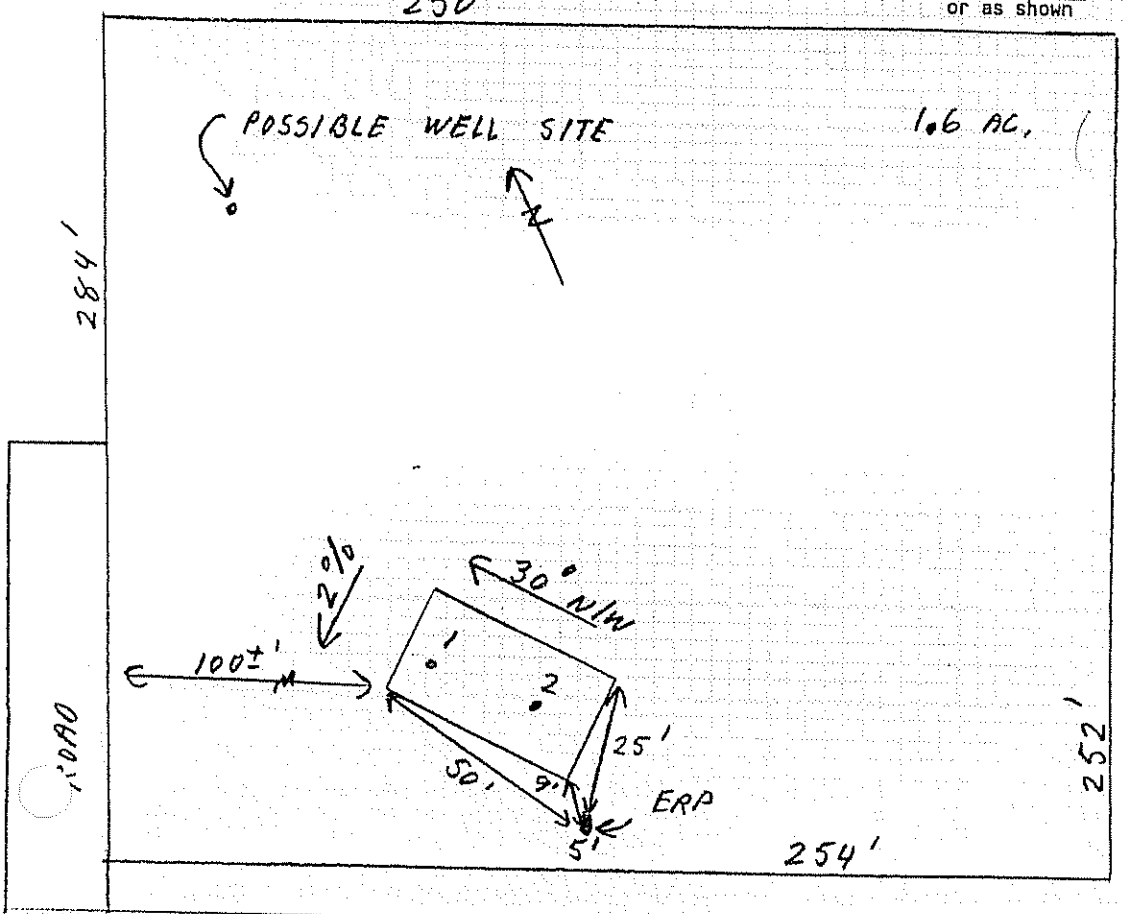
Town, City, Plantation: AUGUSTA

Street, Road, Subdivision: PRIVATE WAY STONE RIDGE LOT #4

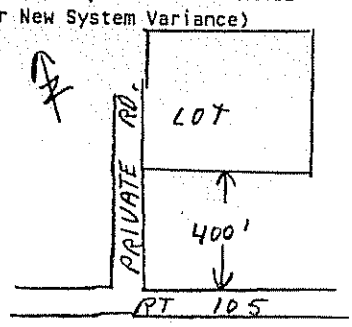
Owner's Name: BELL PROPERTIES

SITE PLAN

Scale: 1" = 50' Ft. or as shown



SITE LOCATION PLAN
(Attach Map from Maine Atlas for New System Variance)



20'x45' DEO FLAGS MARK CORNERS

SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole 1 — ☑ Test Pit ☐ Boring

2± " Depth of Organic Horizon Above Mineral Soil

Inches (Depth Below Mineral Surface)	Texture	Consistency	Color	Mottling
0	SANDY LOAM	FRIABLE	DARK BR.	NONE
6	LOAMY		REDISH BR.	
10	SAND		ORANGE BR.	
15			YELLOW	
20		FIRM	GRAY	COMMON
				DISTINCT
30				
40				
50				

Soil Profile: 3 — Classification Condition: C — Slope: 2 % — Limiting Factor: 78" — ☑ Ground Water ☑ Restr. Layer ☐ Bedrock

Observation Hole 2 — ☑ Test Pit ☐ Boring

2± " Depth of Organic Horizon Above Mineral Soil

Inches (Depth Below Mineral Surface)	Texture	Consistency	Color	Mottling
0				
6				
10				
15				
20		SAME	AS #1	
30				
40				
50				

Soil Profile: 3 — Classification Condition: C — Slope: 2 % — Limiting Factor: 78" — ☑ Ground Water ☑ Restr. Layer ☐ Bedrock

Site Evaluator Signature

SE# 256

Date 12/21/05

Approved for use as HHE 200 by Division of Health Engineering 9/87

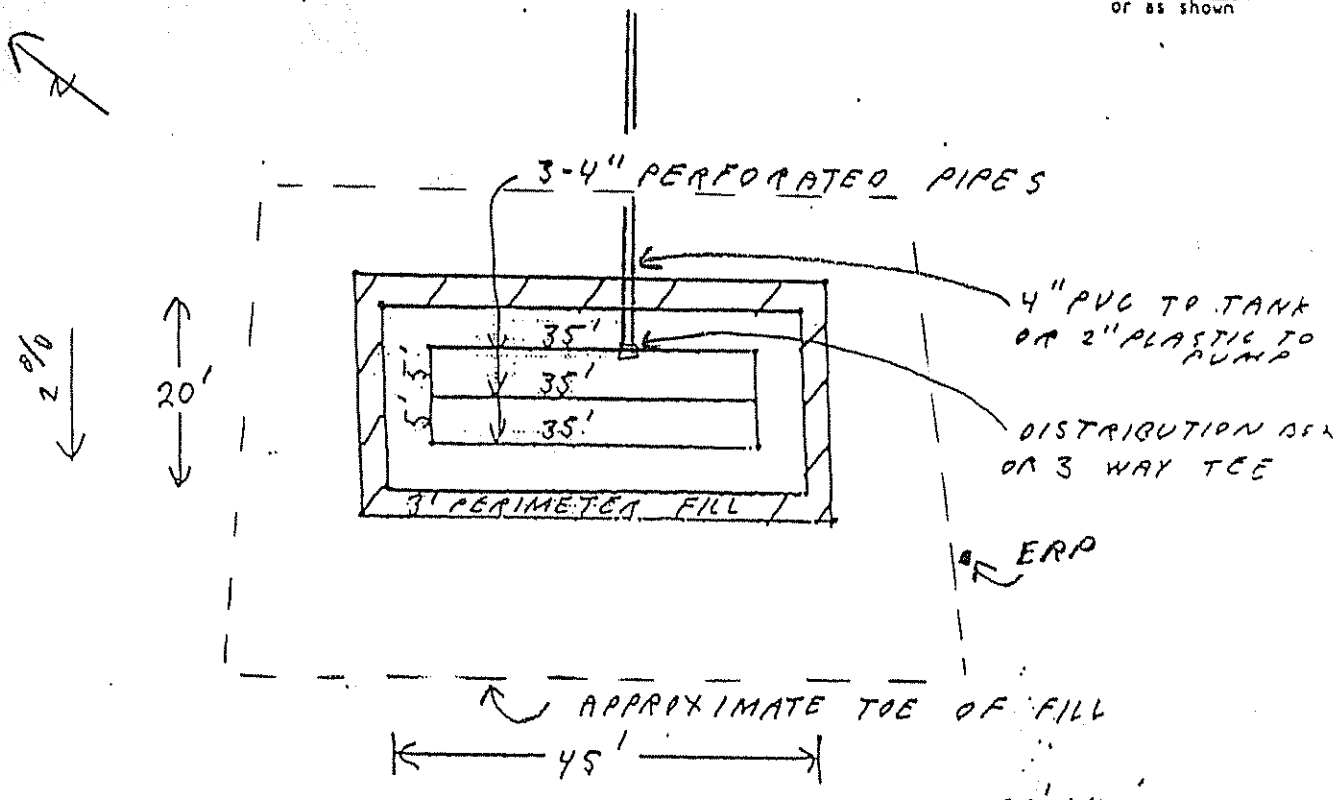
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

08246445

Town, City, Plantation	Street, Road, Subdivision	Owner's Name
AUGUSTA	PRIVATE RD STONE RIDGE LOT 4	BELL PROPERTIES

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 ft. or as shown



20'X45' BED
FLAGS MARK CORNERS

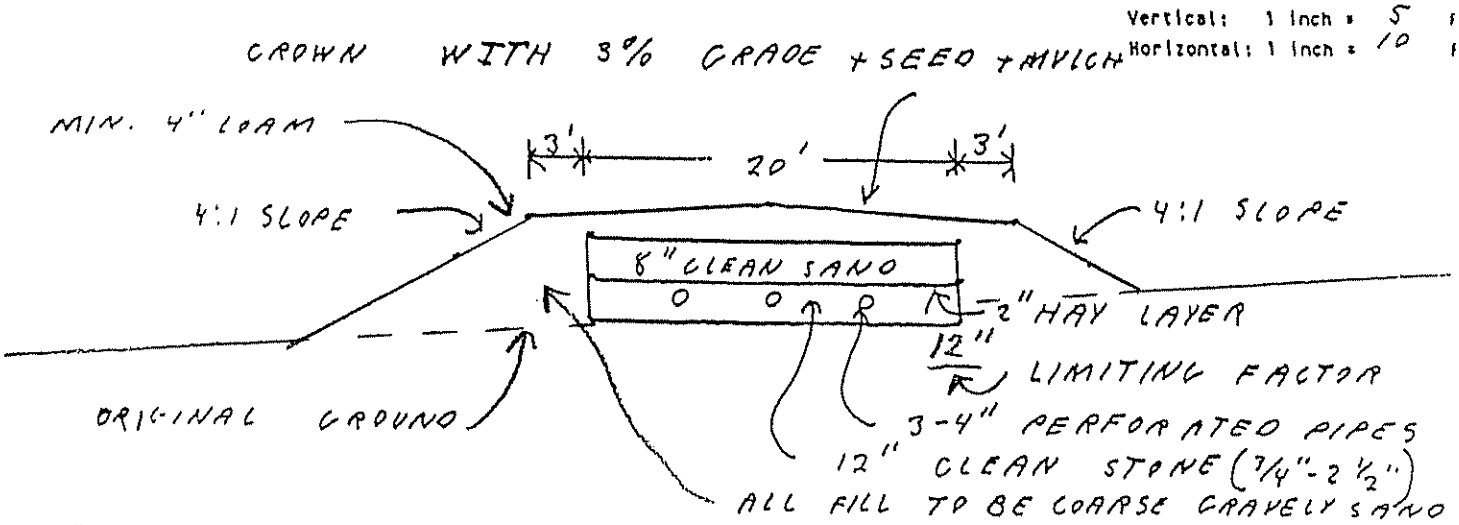
FILL REQUIREMENTS
Depth of Fill (Upslope)
Depth of Fill (Downslope)

CONSTRUCTION ELEVATION
18" Reference Elevation is
23" Bottom of Disposal Area
Top of Distribution Lines or Chambers

ELEVATION REFERENCE POINT
0"
-45" ERP IS IN 6" OAK, 9' SOUTH OF SYSTEM, 33" ABOVE GROUND
-34"

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 inch = 5 ft.
Horizontal: 1 inch = 10 ft.



Site Evaluator Signature

256
SEN

12/21/05
Date

Approved for use as HHE 200 by Division of Health Engineering 9/87