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

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

City, Town, or Plantation	AUGUSTA, ME
Street or Road	LEAVITT RD.
Subdivision, Lot #	1-06-110

AUGUSTA PERMIT # 6007 TOWN COPY

Date Permit Issued 7/10/07 $ 100.00 FEE ☐ If Double Fee Charged

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

OWNER/APPLICANT INFORMATION

Name (last, first, MI) JJS PROPERTIES ☒ Owner ☐ Applicant

Mailing Address of Owner/Applicant: 333 MAIN ST., APT 2, YARMOUTH, ME 04906

Daytime Tel. #

Municipal Tax Map # 11 Lot # 73C

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.

Local Plumbing Inspector Signature (1st) date approved 7/27/07 (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

2.1 ☐ 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 TO BE

- ☒ 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.

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

90 x 3BR = 270

- ☐ 3. Section 503.0 (meter readings)

ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS

PROFILE	CONDITION	DESIGN
3	C	1

at Observation Hole # 2

Depth 16" 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

LATITUDE AND LONGITUDE

at center of disposal area

Lat. 44 d 18 m 27 s

Lon. -69 d 42 m 41 s

If g.p.s, state margin of error: +/- 8m

SITE EVALUATOR STATEMENT

I certify that on 11-18-06 (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 #	Date
	5364	11-20-06

Site Evaluator Name Printed	Telephone Number	E-mail Address
RICKY S. PERSHKEN	873-5164	achrsp@maine.com

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

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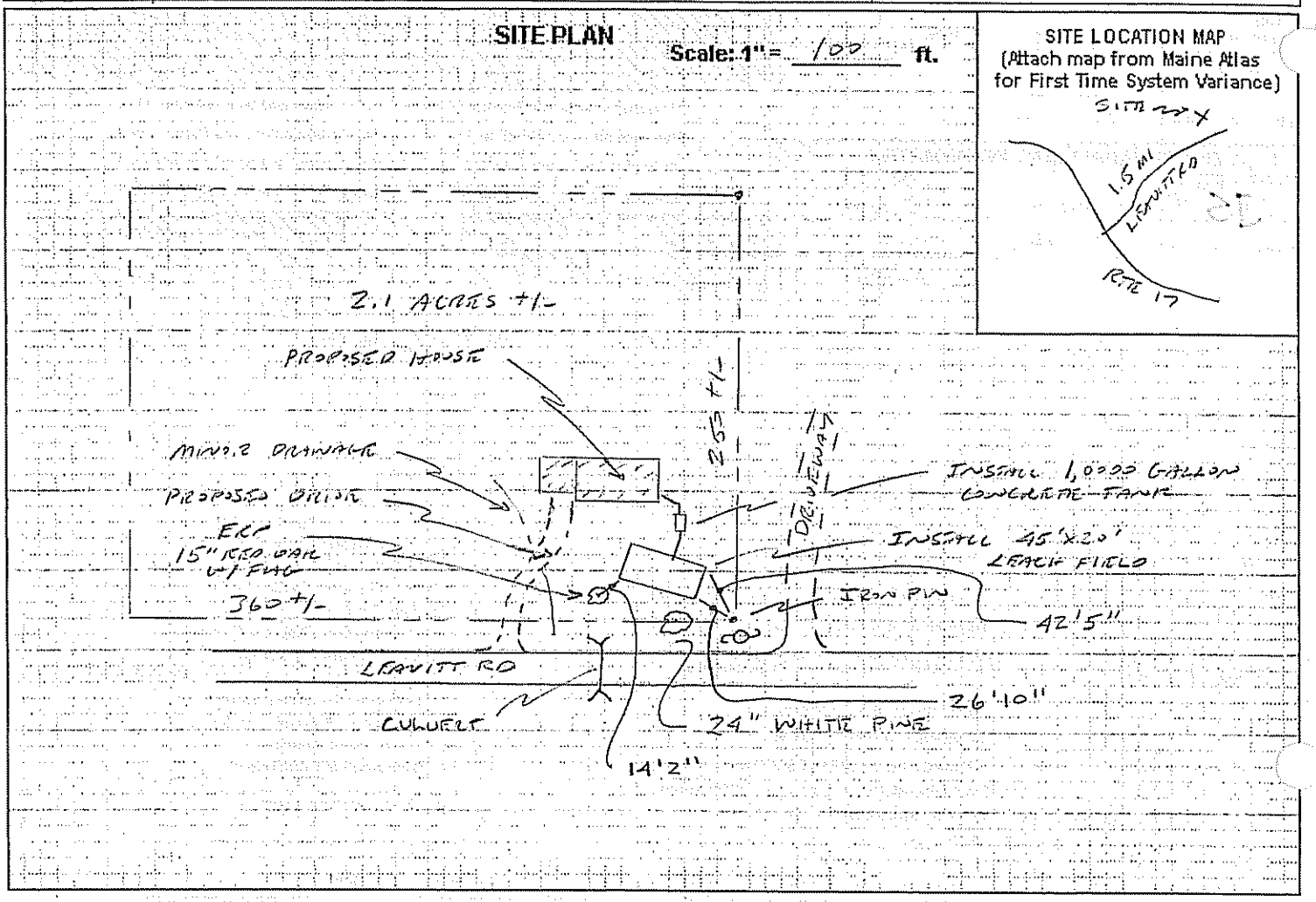
AUGUSTA, ME	LEAVITT RD.	JKP PROPERTIES

SITE PLAN

Scale: 1" = 100 ft.



SITE LOCATION MAP
(Attach map from Maine Atlas for First Time System Variance)

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

Observation Hole # 1 — ☒ Test Pit ☒ Boring

_____" Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–6	Fine Sandy Loam w/ Stones	Medium	Med Brown	None
6–12			Light Brown	
12–18				
18–24	Fine to Coarse Loamy Sand w/ Stones			Few
24–30				
30–36	Not Reached			
36–42				
42–48				

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	
3C	1	5%	22"	☑ Groundwater ☐ Restrictive Layer ☐ Bedrock

Observation Hole # 2 — ☒ Test Pit ☒ Boring

_____" Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–6	Fine Sandy Loam w/ Stones	Medium	Light Brown	None
6–12				
12–18				
18–24				Few
24–30		Firm		Common
30–36	Not Reached			
36–42				
42–48				

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	
3C	1	3%	16"	☒ Groundwater ☐ Restrictive Layer ☐ Bedrock

Site Evaluator Signature: [signature] | SE #: 5364 | Date: 11-22-06

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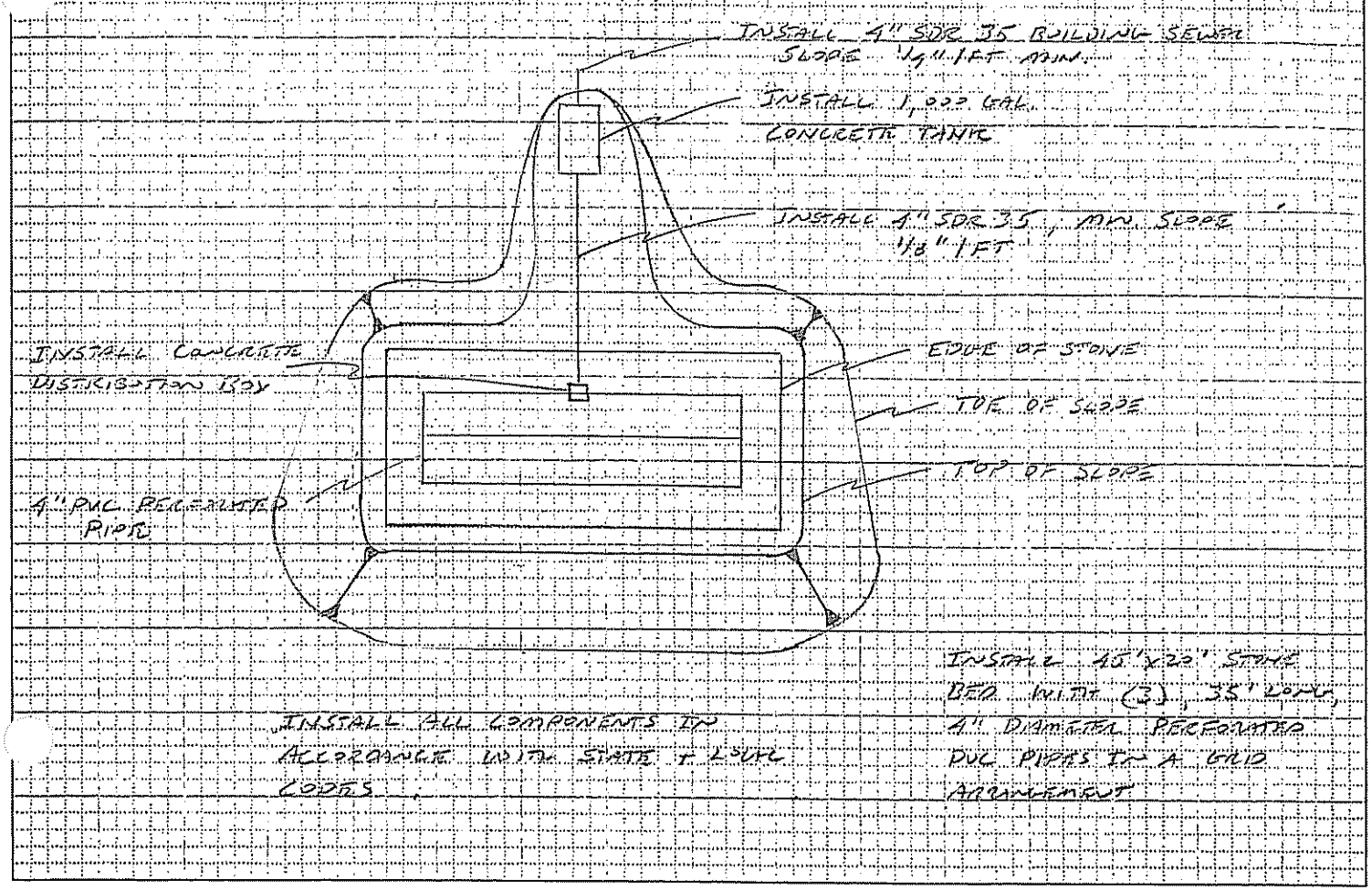
SUBSURFACE WASTEWATER DISPOSAL PLAN

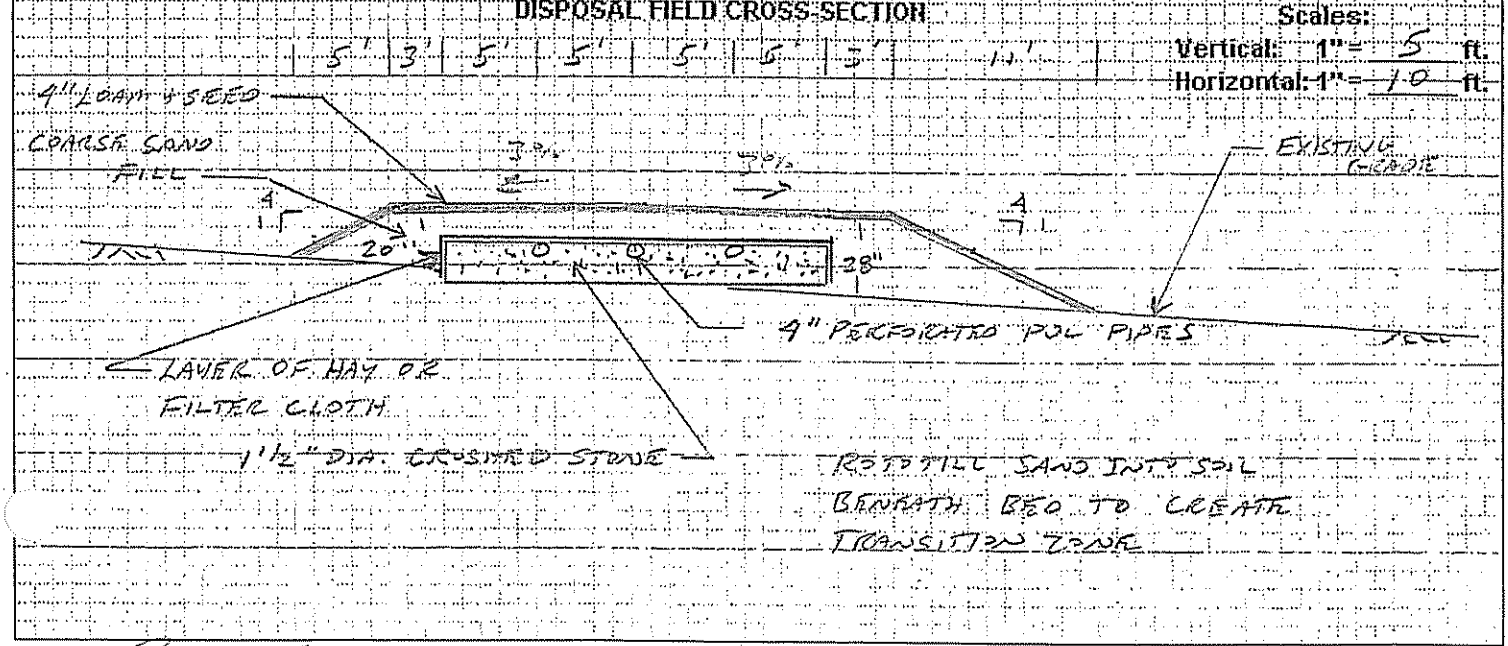
Scale: 1" = 20 ft.



BACKFILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT
Depth of Backfill (upslope)	20 "	Finished Grade Elevation	-10 "	Location & Description: NAIL IN 15"
Depth of Backfill (downslope)	23 "	Top of Distribution Pipe or Proprietary Device	-22 "	RED OAK 56" AGL
DEPTHS AT CROSS-SECTION (shown below)		Bottom of Disposal Field	-34 "	Reference Elevation is: (0.0') or:

DISPOSAL FIELD CROSS-SECTION

Scales:
Vertical: 1" = 5 ft.
Horizontal: 1" = 10 ft.



Site Evaluator Signature | SE # 5364 | Date 11-22-06