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	391 Eastern OFF RT. 17
Subdivision, Lot #	

>> Caution: Permit Required -- Attach In Space Below <<

AUGUSTA 4750 TOWN COPY
Date Permit Issued: 9-19-2001
$ 100.00 FEE ☐ If Double Fee Charged
Local Plumbing Inspector Signature
L.P.I. # 850

OWNER/APPLICANT INFORMATION

Name (last, first, MI) Owner ☒	
Applicant ☐	SHOSTAK, CRAIG
Mailing Address of ☒ Owner ☐ Applicant	37 CAROL DRIVE
	JEFFERSON ME 04348
Daytime Tel. #	549-4585

Municipal Tax Map # 11 Lot # 123A

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.

Signature of Owner or Applicant — Date: 9-14-01

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 — Date Approved: 10-19-01

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 Approval

DISPOSAL SYSTEM COMPONENT(S)
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:

SIZE OF PROPERTY
☐ sq. ft.
375 ☐ 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)

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
   OR b. ☒ Low Profile
2. ☐ Plastic
3. ☐ Other: _____
CAPACITY 1000 gallons

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 1188 ☒ sq. ft. ☐ lin. ft.

GARBAGE DISPOSAL UNIT
1. ☐ No 2. ☐ Maybe
2. ☒ Yes >> Specify one below:
   a. ☐ Multi-compartment Tank
   b. ☐ Tanks in Series
   c. ☐ Increase in Tank Capacity
   d. ☒ Filter on Tank Outlet

DESIGN FLOW
360 gallons per day
BASED ON:
1. ☒ Table 901.1 (dwelling unit(s)
2. ☐ Table 901.2 (other facilities)
SHOW CALCULATIONS
-- for other facilities --
3. ☐ Section 903.0 (meter readings)
ATTACH WATER-METER DATA

SOIL DATA & DESIGN CLASS
PROFILE CONDITION DESIGN
2 / ATT / 1
at Observation Hole # TP 1
Depth 22" Elevation _____"
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

PUMPING
1. ☒ Not Required
2. ☐ May Be Required
3. ☐ Required >> Specify only for engineered or experimental systems:
DOSE: gallons

SITE EVALUATOR STATEMENT

I Certify that on 8-31-01 (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). * DESIGN SUBJECT TO LOCAL, STATE + FEDERAL ORDINANCES.

Site Evaluator Signature — SE # 168 — Date 9-3-01

JOHN W. LORD JR. — Site Evaluator Name Printed — Telephone # 445-3402

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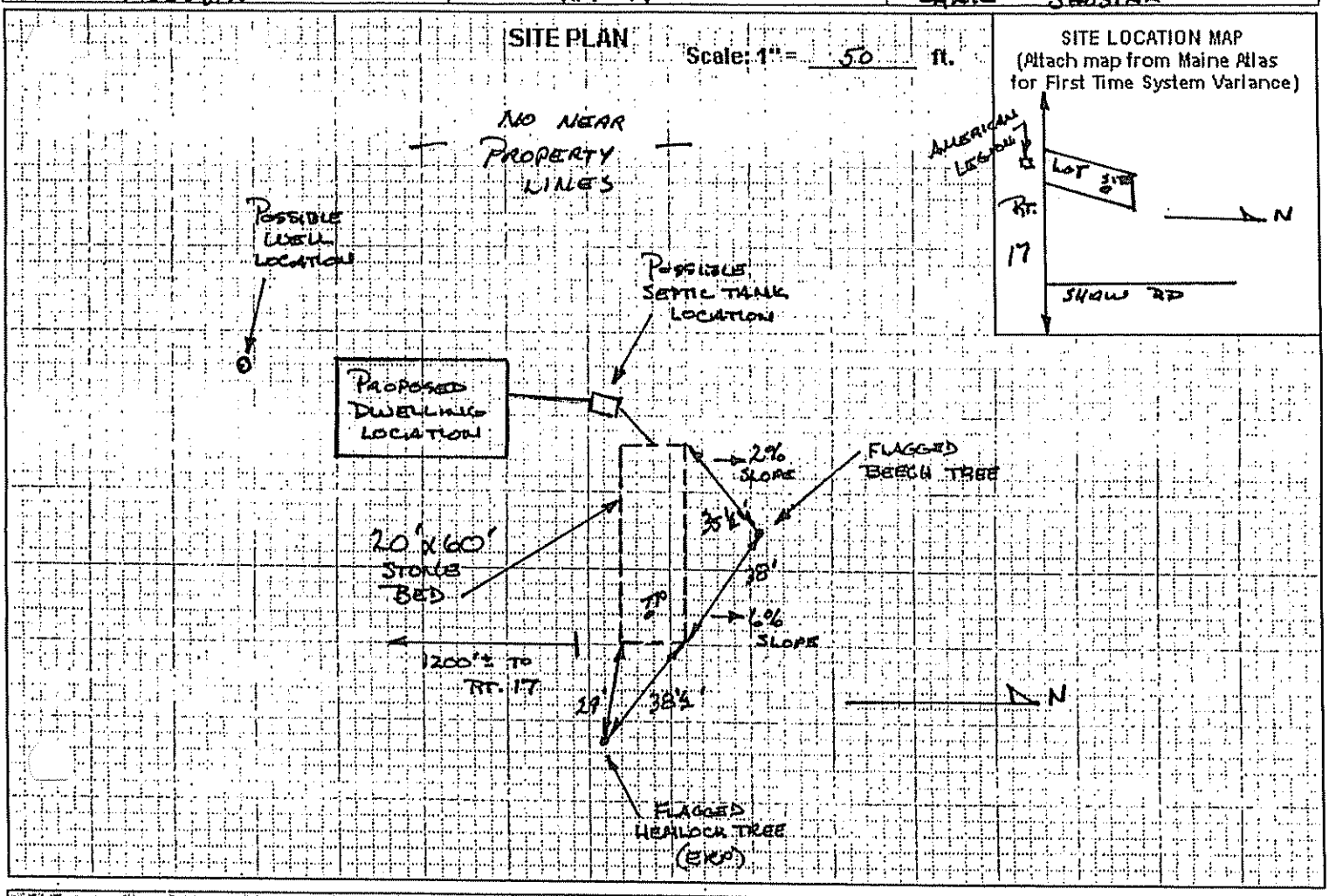
Town, City, Plantation	Street, Road, Subdivision	Owner or Applicant Name
AUGUSTA	RT. 17	CRAIG SHOSTAK

SITE PLAN

Scale: 1" = 50 ft.



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

Observation Hole # TP 1 ☒ Test Pit ☐ Boring

ONE " Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–6			BROWN	
6–12	BOULDERY SANDY LOAM	FRIABLE	YELLOW BROWN	NONE OBSERVED
12–24				
24–30		BEDROCK		
30–36				
36–42				
42–48				

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	
2	4 III	2 to 6	22	☐ Groundwater ☐ Restrictive Layer ☒ Bedrock

Observation Hole # _____ ☐ Test Pit ☐ Boring

_____ " Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–6				
6–12				
12–18				
18–24				
24–30				
30–36				
36–42				
42–48				

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	
				☐ Groundwater ☐ Restrictive Layer ☐ Bedrock

Site Evaluator Signature _____ SE # 168 Date 9-3-01

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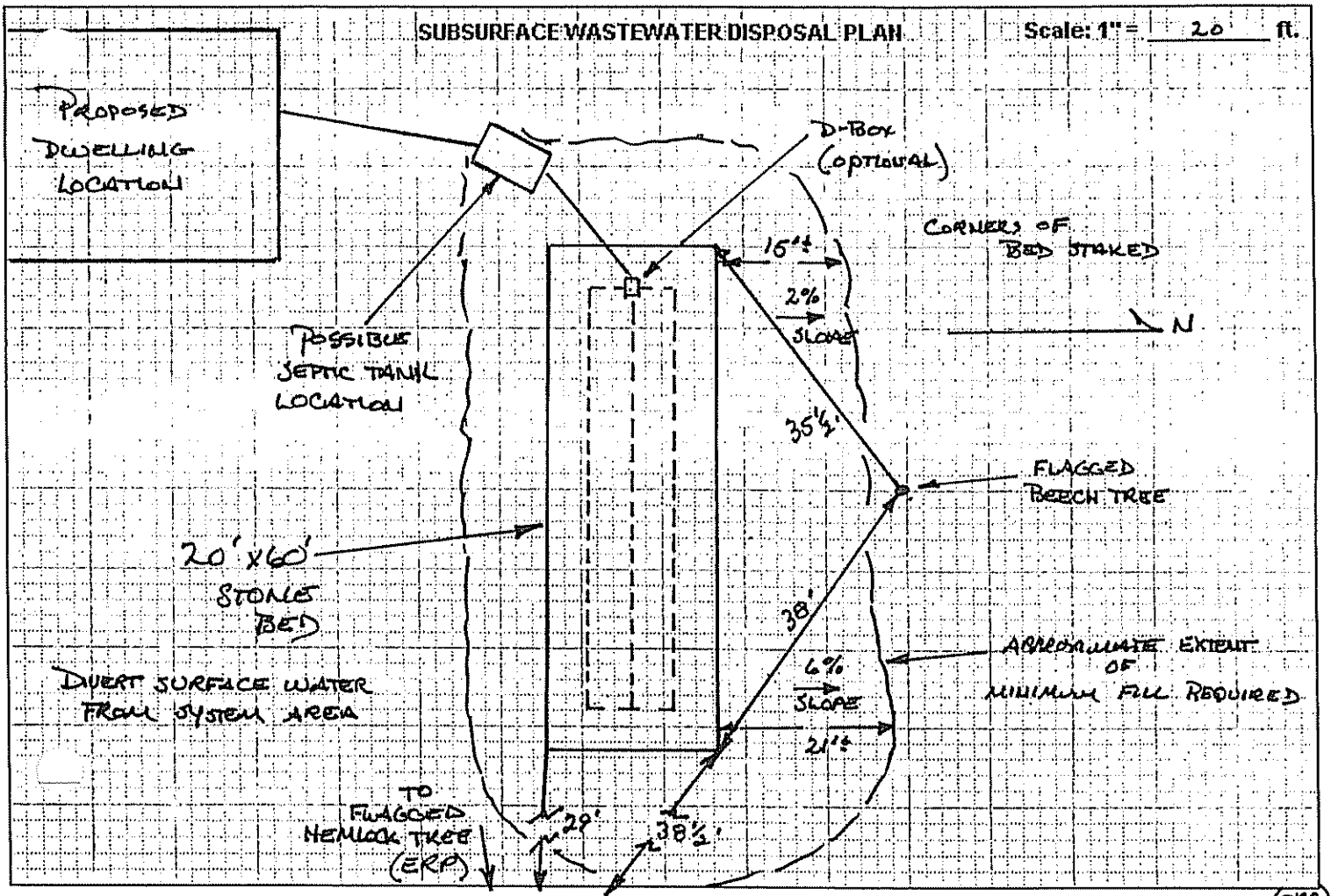
SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 ft.



BACKFILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT (ERP)
Depth of Backfill (upslope)	26"	Finished Grade Elevation	-32"	Location & Description: FLAGGED NAIL IN FLAGGED HEMLOCK TREE 46" ABOVE EXISTING GRADE AT TREE.
Depth of Backfill (downslope)	31"± TO 40"±	Top of Distribution Pipe or Proprietary Device	-45"	
DEPTHS AT CROSS-SECTION (shown below)		Bottom of Disposal Field	-56"	Reference Elevation is: 0.0" or: _____

DISPOSAL FIELD CROSS-SECTION

Scales:
Vertical: 1" = _____ ft.
Horizontal: 1" = _____ ft.

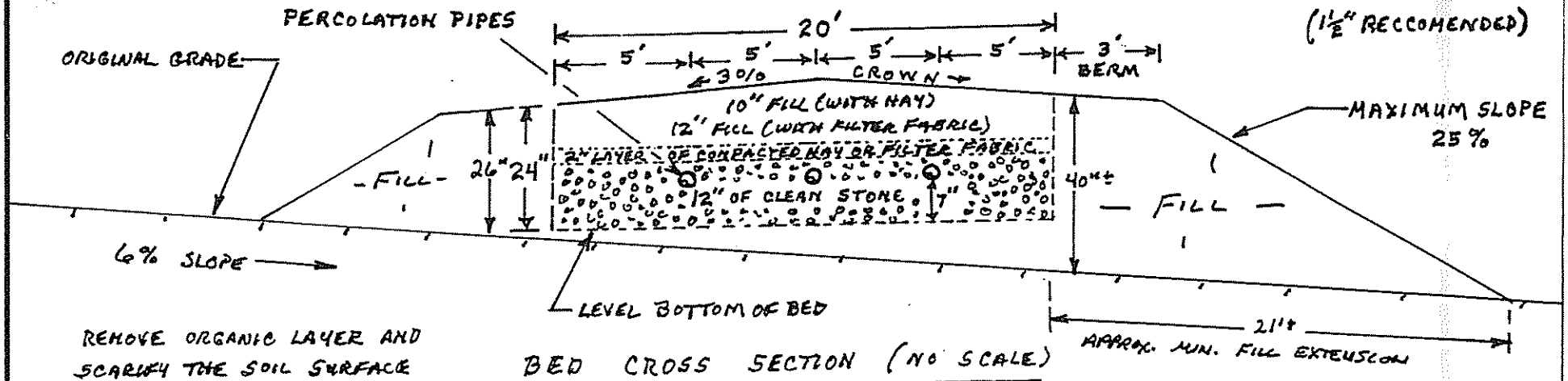
(SEE ATTACHED BED DIAGRAM)

Site Evaluator Signature	SE #	Date
	168	9-3-01

SEWAGE DISPOSAL BED DETAILS

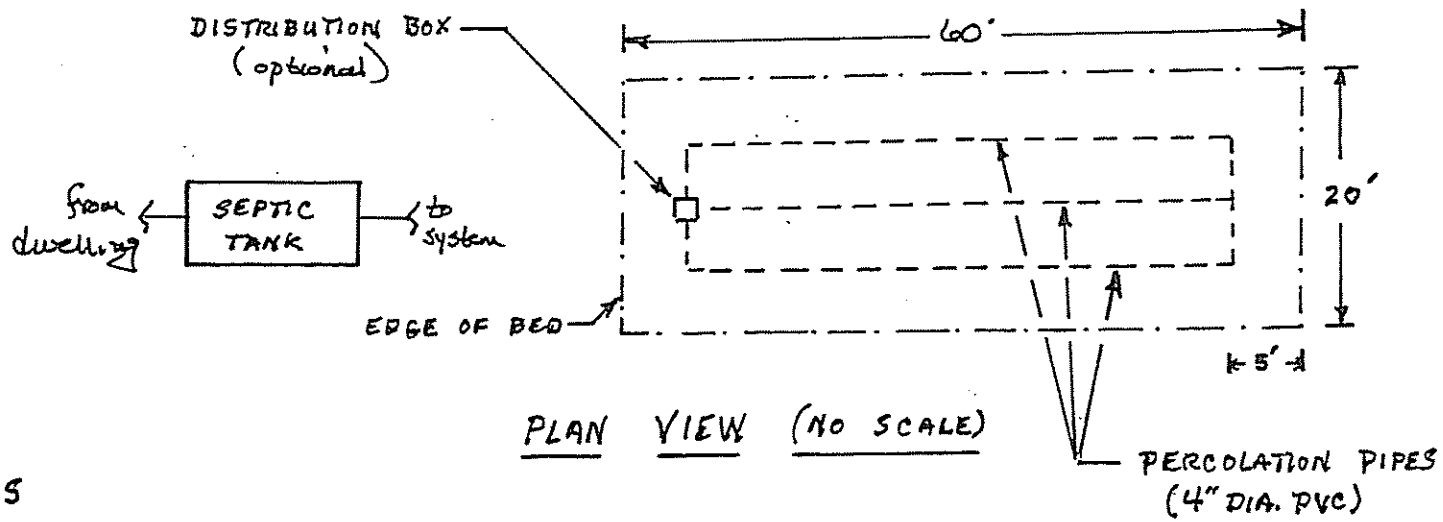
LOAM + MULCH TO COVER.

BED REQUIRES CLEAN STONE UNIFORM IN SIZE. ($1\frac{1}{2}$" RECCOMENDED)



REMOVE ORGANIC LAYER AND SCARIFY THE SOIL SURFACE BEFORE INSTALLING FILL.

BED CROSS SECTION (NO SCALE)



PLAN VIEW (NO SCALE)

NOTES

1.) 26 INCHES OF FILL IS REQUIRED AT UPHILL SIDE OF BED.
2.) TEXTURE OF FILL SHALL BE GRAVELLY COARSE SAND.
3.) REFER TO MAINE SUBSURFACE WASTE WATER DISPOSAL RULES FOR FURTHER DETAILS REGARDING INSTALLATION PROCEDURES.

FOR: CRAIG SHOSTAK

DATE: 9-3-01

BY: DONN W. LORD JR S.E. #168

3/00