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	449 EASTERN AVENUE
Subdivision, Lot #	

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

AUGUSTA PERMIT # 6442 TOWN COPY

Date Permit Issued: 5/12/10 $ 176.94 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature L.P.I. # 1404

OWNER/APPLICANT INFORMATION

Name (last, first, MI): MCCARTHY, ROBERT ☒ Owner ☐ Applicant

Mailing Address of Owner/Applicant: 449 EASTERN AVENUE, AUGUSTA, ME 04330

Daytime Tel. #: 620-3832

Municipal Tax Map # 14 Lot # 132

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.

Robert L McCarthy — Signature of Owner or Applicant — Date 5/12/10

CAUTION: INSPECTION REQUIRED

I have inspected the installation authoirzed above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. 5/13/10 (1st) date approved

Local Plumbing Inspector Signature — 5/25/2010 (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

±0.69 ☐ 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. EXISTING

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: ESEN IN-DRAINS
- SIZE: 1344 ☒ 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 facilites)
  - SHOW CALCULATIONS for other facilites
- ☐ 3. Section 503.0 (meter readings)
  - ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS

PROFILE 3 / CONDITION D / DESIGN 4

at Observation Hole # 1

Depth 10 "

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

LATITUDE AND LONGITUDE

center of disposal area

Lat. 44 d 17 m 55 s

Lon. 69 d 43 m 50 s

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

SITE EVALUATOR STATEMENT

I certify that on 5/1/10 (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	226	5/7/10
Site Evaluator Signature	SE #	Date
VAUGHN L. SMITH	724-5635	SOILTESTMAN@AOL.COM
Site Evaluator Name Printed	Telephone Number	E-mail Address

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

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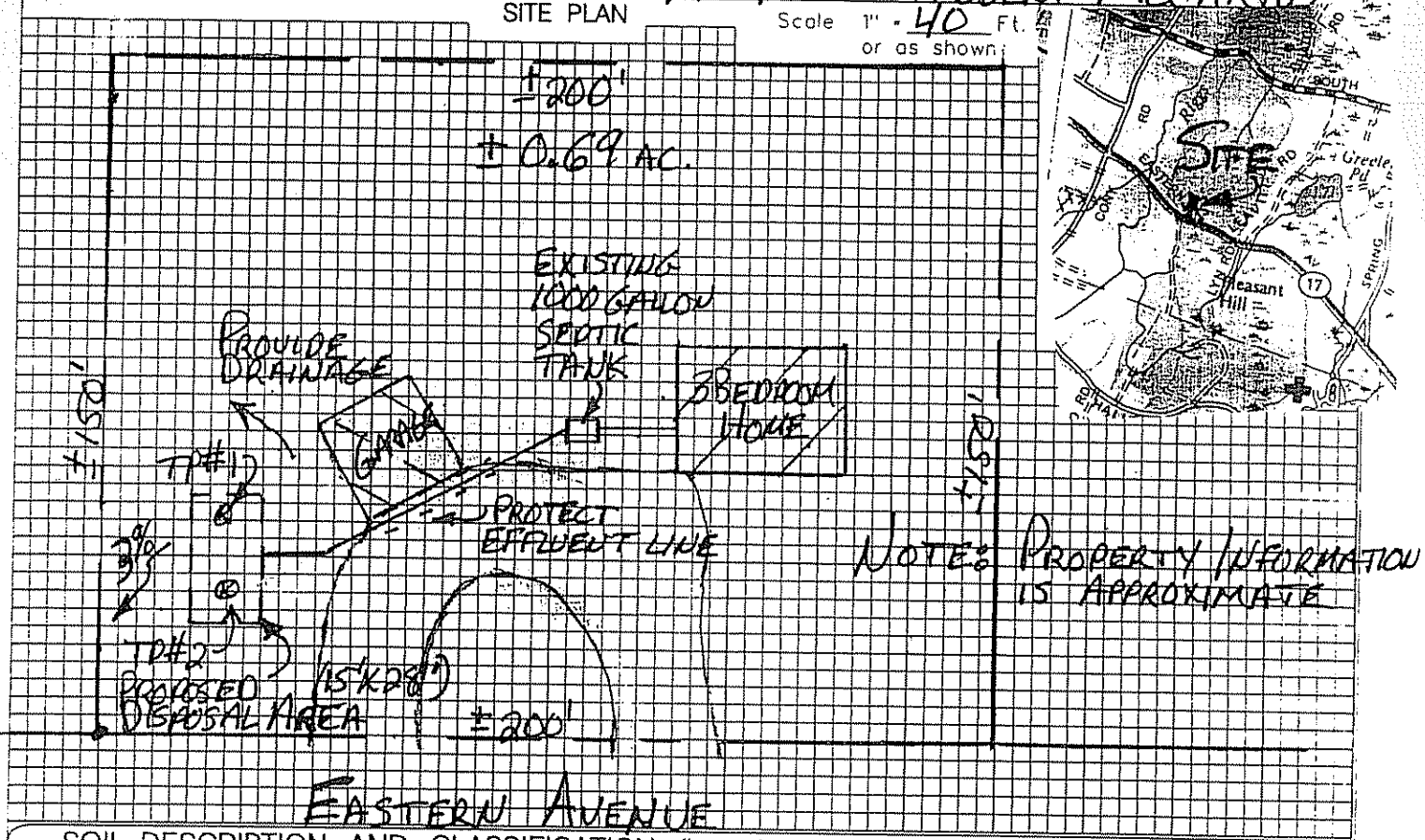
Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX (207) 287-4172

Town, City, Plantation: AUGUSTA
Street, Road, Subdivision: 499 EASTERN AVENUE
Owner's Name: ROBERT McCARTHY

SITE PLAN

Scale 1" = 40 Ft. or as shown



NOTE: PROPERTY INFORMATION IS APPROXIMATE

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	GRAVELLY (FILL) LOAM	FRIABLE	BROWN	NONE
10–20			OLIVE BROWN	
20–30	FINE SANDY LOAM	FIRM	PALE OLIVE	FEW FAINT
30–40				
40–50				

Soil Classification: 3 (Profile) D (Condition) | Slope: 2 % | Limiting Factor: 10" | ☒ 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	LOAM	FRIABLE	OLIVE BROWN	NONE
10–20				
20–30	FINE SANDY LOAM	FIRM	PALE OLIVE	FEW FAINT
30–40				
40–50				

Soil Classification: 3 (Profile) D (Condition) | Slope: 3 % | Limiting Factor: 11" | ☒ Ground Water ☒ Restrictive Layer ☐ Bedrock ☐ Pit Depth

STATE OF MAINE
VAUGHN SMITH
226
LICENSED
SITE EVALUATOR

Vaughn L. Smith
Site Evaluator Signature

5/7/10
Date

GARAGE ERP = SLAB *

INSULATE + PROTECT (SLEAVE) 4" SOLID PVC (SEE P-2)

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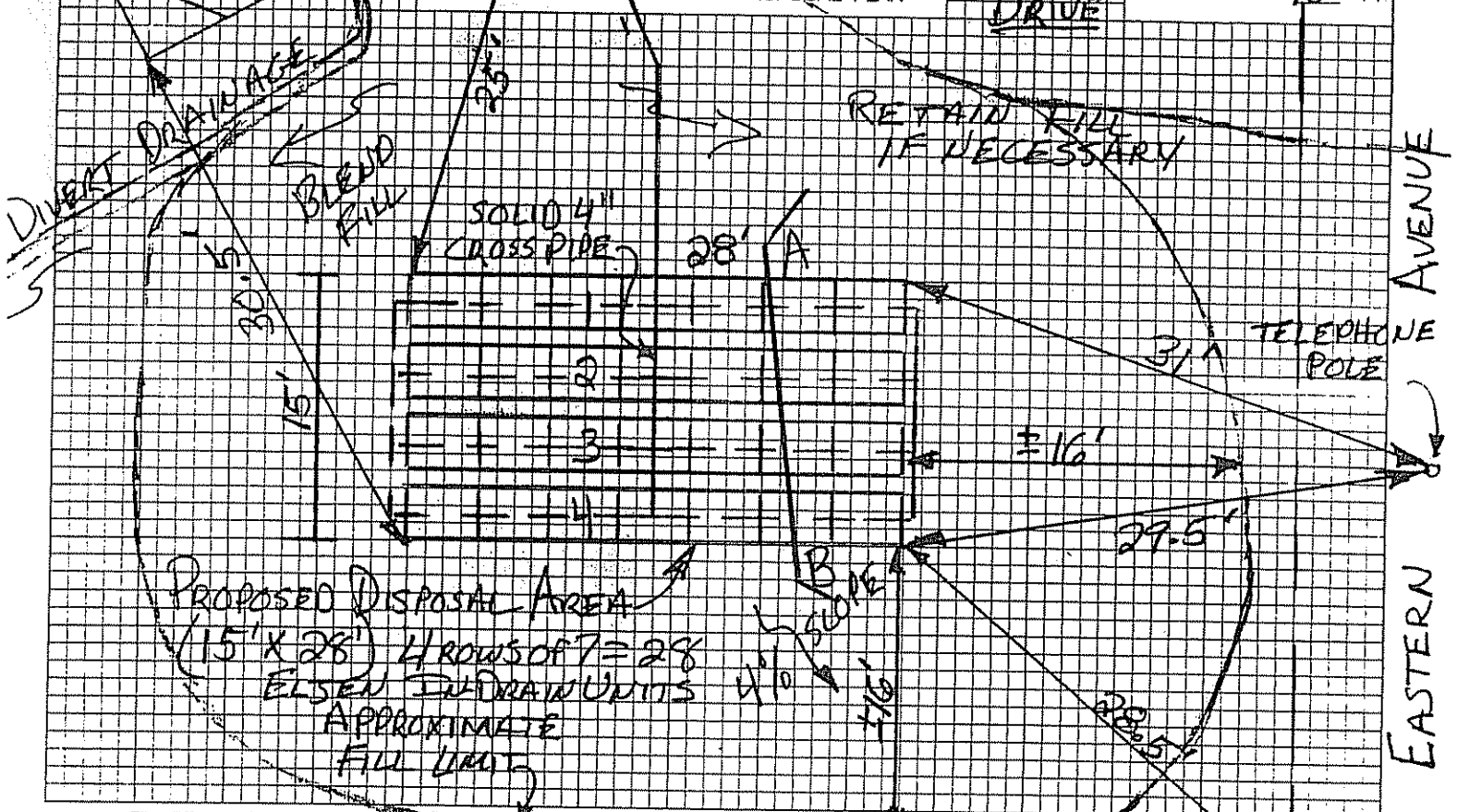
Town, City, Plantation	Street, Road, Subdivision	Owner's Name
AUGUSTA	449 EASTERN AVENUE	ROBERT McCARTHY

SUBSURFACE WASTEWATER DISPOSAL PLAN

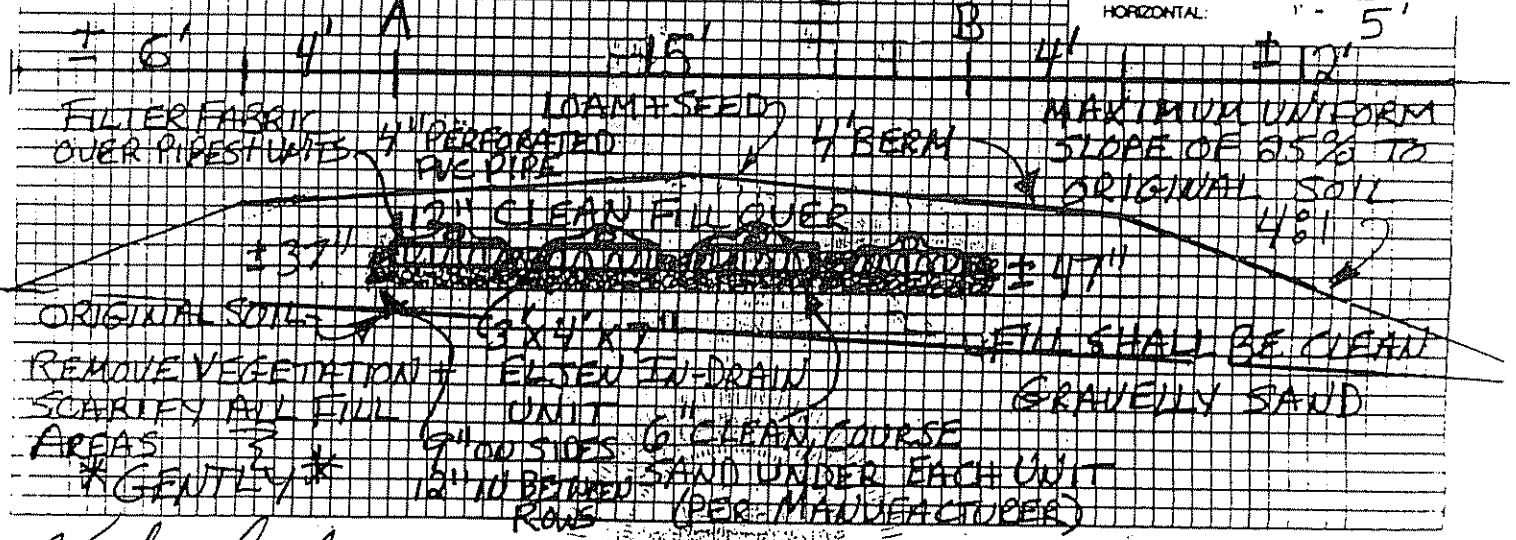
SCALE 1" = 10 FT



FILL REQUIREMENTS		CONSTRUCTION ELEVATION		ELEVATION REFERENCE POINT	
Depth of Fill (Upslope)	±37"	Finished Grade Elevation	-23"	Location & Description	GARAGE SLAB BY FRONT DOOR
Depth of Fill (Downslope)	±47"	Top of Distribution Pipe ~~or Proprietary Device~~	-35"		
FILL DEPTHS WILL VARY		Bottom of Disposal Area ELSEN UNIT	-46"	Reference Elevation	0"

DISPOSAL AREA CROSS SECTION

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



Site Evaluator Signature

226 SE

5/7/10 Date