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
or Road	EASTERN AVE.
Subdivision, Lot #	Beth Olivia

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

AUGUSTA 5372 TOWN COPY

Date Permit Issued: 9/24/04 $ 100.00 ☐ If Double Fee Charged

Local Plumbing Inspector Signature L.P.I. # 1857

OWNER/APPLICANT INFORMATION

Name (last, first, MI) BRADSTREET, JENNIE ☒ Owner ☐ Applicant

Mailing Address of Owner/Applicant	512 EASTERN AVE.
	AUGUSTA ME 04330
Daytime Tel. #	623-4245

Municipal Tax Map # 11 Lot # 258

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 9-13-04 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. _____ (1st) date approved

Local Plumbing Inspector Signature _____ (2nd) date approved

PERMIT INFORMATION

TYPE OF APPLICATION

☐ 1. First Time System
☒ 2. Replacement System
Type replaced: OLD STEEL TANK UNKNOWN
Year installed: 1960?
☐ 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

24,300 ± ☒ SQ. FT. ☐ ACRES

SHORELAND ZONING

☐ Yes ☒ No

DISPOSAL SYSTEM TO SERVE

☒ 1. Single Family Dwelling Unit, No. of Bedrooms: 2
☐ 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.

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: 594 ☒ 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

180 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
2 / ATTL / 1
at Observation Hole # TP1
Depth 24"
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 8-25-04 (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).

Site Evaluator Signature _____ SE # 168 Date 8-31-04

JOHN W. LORD JR. Site Evaluator Name Printed 445-3402 Telephone Number E-mail Address

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

DESIGN SUBJECT TO LOCAL, STATE & FEDERAL ORDINANCES

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HHE-200 Rev. 8/01

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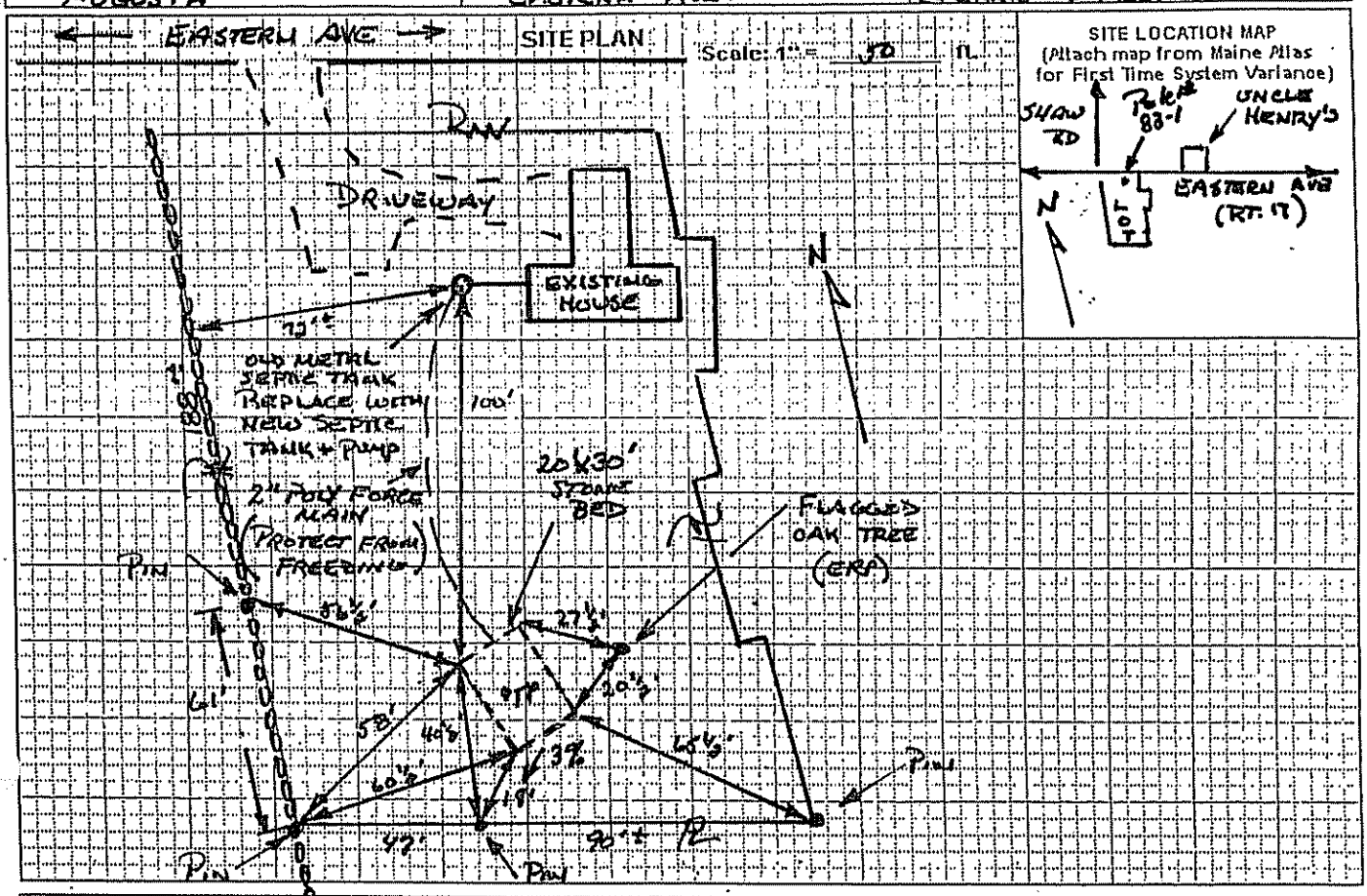
AUGUSTA	EASTERN AVE.	JENNIE BRADSTREET

SITE PLAN — Scale: 1" = 10 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	SANDY			
12–18	LOAM	FRIABLE	ORANGE	NONE
18–24			BROWN	OBSERVED
24–30		BEDROCK		
30–36				
36–42				
42–48				

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	
2	AII	3	24	☐ 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
0–48				

NOTE: SEVERAL SOIL PROBES ON SYSTEM AREA INDICATE SIMILAR SOILS TO TP 1

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

Site Evaluator Signature _____ SE # 168 Date 8-31-04

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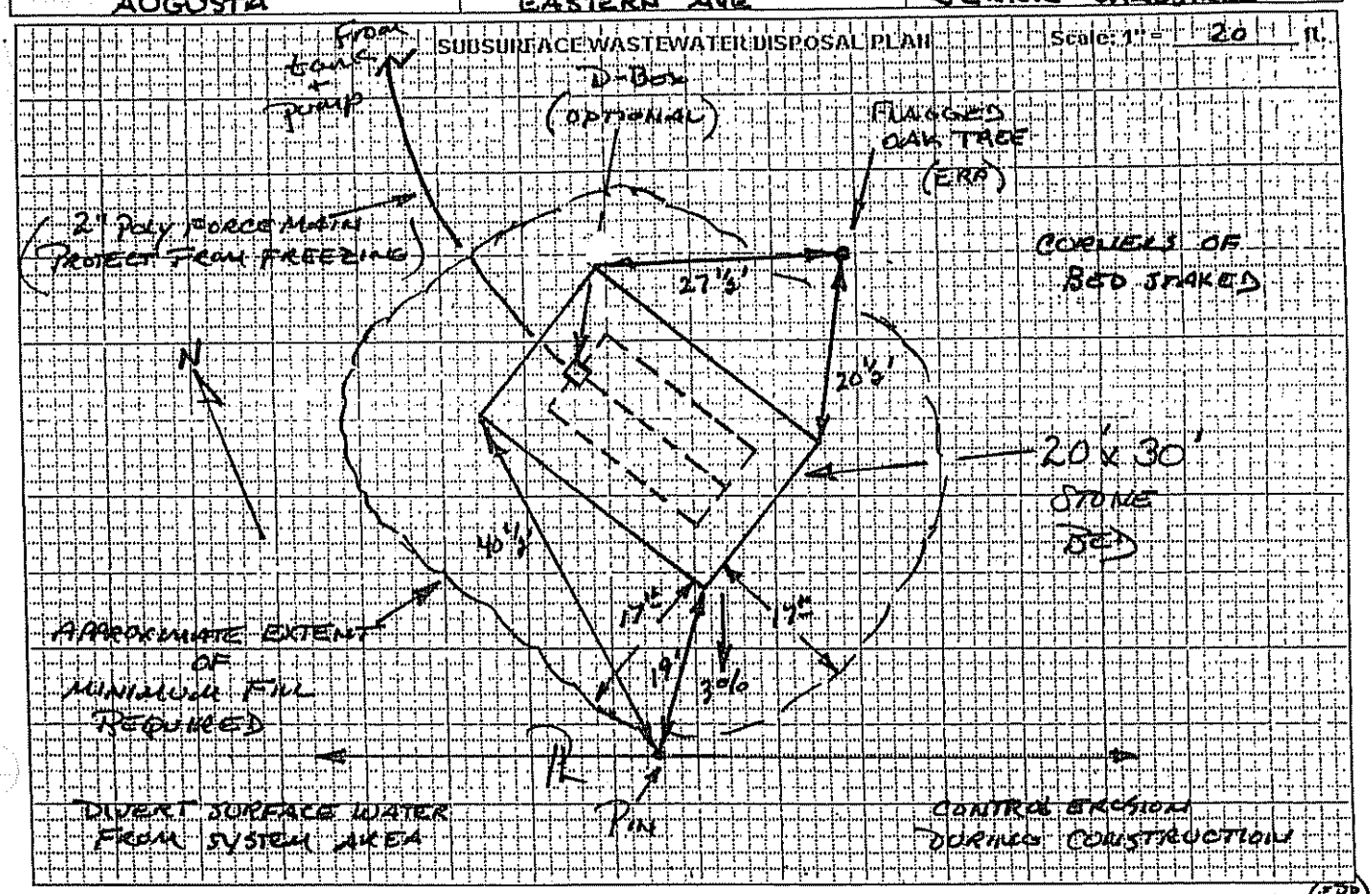
SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 ft.



BACKFILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT (ERP)
Depth of Backfill (upslope)	24"	Finished Grade Elevation	-36"	Location & Description: FLAGGED NAIL IN ~~FLAGGED OAK TREE~~
Depth of Backfill (downslope)	37±"	Top of Distribution Pipe ~~or Pressure Dosing Device~~	-49"	50" ABOVE EXISTING GRADE AT
DEPTHS AT CROSS-SECTION (shown below)		Bottom of Disposal Field	-60"	Reference Elevation is: 0.0" OF TREE

DISPOSAL FIELD CROSS-SECTION

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

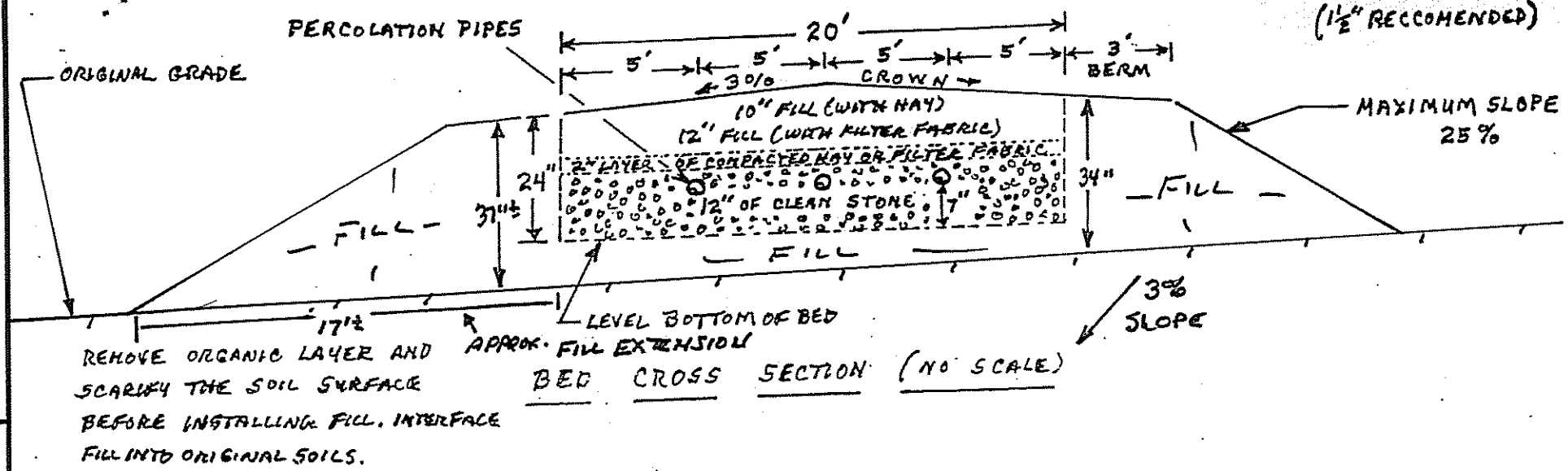
(SEE ATTACHED BED DIAGRAM)

Site Evaluator Signature: [signature] SE #: 168 Date: 8-31-04

SEWAGE DISPOSAL BED DETAILS

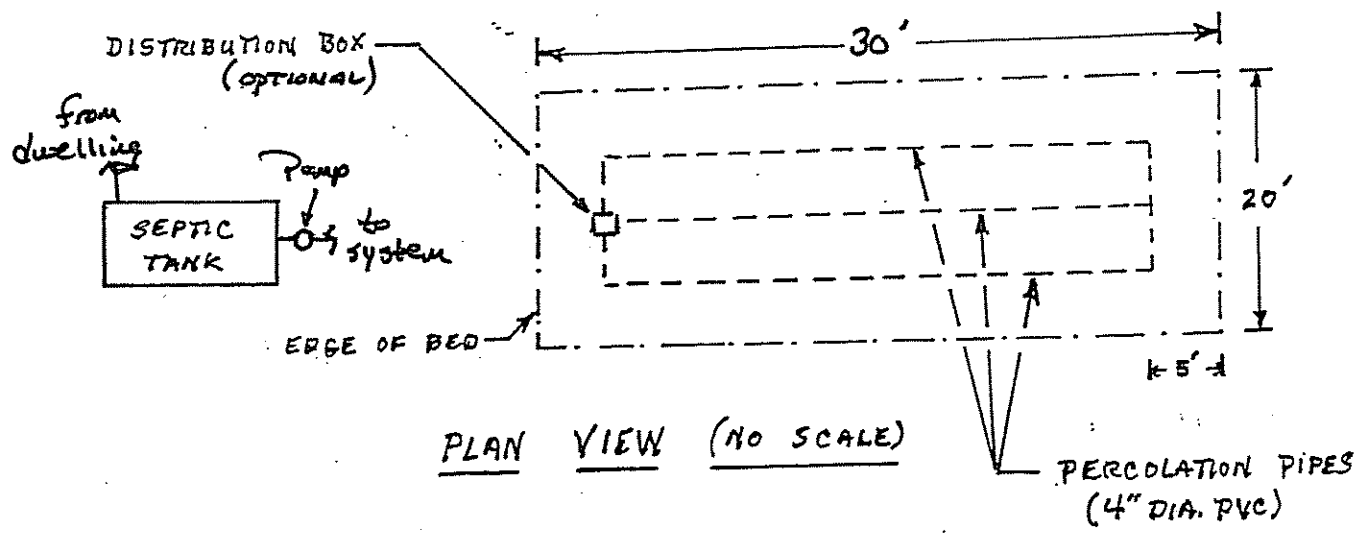
4" LOAM + MULCH TO COVER.

BED REQUIRES CLEAN STONE UNIFORM IN SIZE. (1½" RECCOMENDED)



REMOVE ORGANIC LAYER AND SCARIFY THE SOIL SURFACE BEFORE INSTALLING FILL. INTERFACE FILL INTO ORIGINAL SOILS.

BED CROSS SECTION (NO SCALE)



PLAN VIEW (NO SCALE)

NOTES

1.) 24 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: TEWHIE BRADSTREET

DATE: 8-31-04

BY: JOHN W. LORD, JR. S.E. #168

3/00