Unit 1+2 RPDS

# 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

Street or Road: MUD MILL ROAD

Subdivision, Lot #:

AUGUSTA PERMIT # 5714 TOWN COPY

Date Permit Issued: 1/23/06

Local Plumbing Inspector Signature

$ 100.00 FEE ☐ If Double Fee Charged

L.P.I. # 150

## OWNER/APPLICANT INFORMATION

Name (last, first, MI): SMITH, CLAYTON + DONNA ☒ Owner ☐ Applicant

Mailing Address of Owner/Applicant: 34 CHADWICK WAY, CHINA, ME 04358

Daytime Tel. #: 445-2267

Municipal Tax Map # 12 Lot # 13B

**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.

Donna M Smith 1-11-06
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 1/31/06 — (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**

± 16.5 ☐ SQ. FT. ☒ 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)

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: 1200 ☒ 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**

360 gallons per day
BASED ON:
☒ 1. Table 501.1 (dwelling unit(s))
☐ 2. Table 501.2 (other facilities)
SHOW CALCULATIONS for other facilites
2-2 BEDROOM MOBILE HOMES
☐ 3. Section 503.0 (meter readings)
ATTACH WATER METER DATA

**SOIL DATA & DESIGN CLASS**

PROFILE 3 / CONDITION C / DESIGN _____
at Observation Hole # 1
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 17 m 23 s
Lon. 69 d 39 m 50 s
If g.p.s, state margin of error: ± 1m

## SITE EVALUATOR STATEMENT

I certify that on 1/04/06 (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 # 326 — Date 1/06/06

Site Evaluator Name Printed: VAUGHN L. SMITH — Telephone Number: 724-3635 — E-mail Address: SOILTESTMAN@AOL.COM

STATE OF MAINE VAUGHN L. SMITH SITE EVALUATOR LICENSE

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

HHE-200 Rev. 4/05

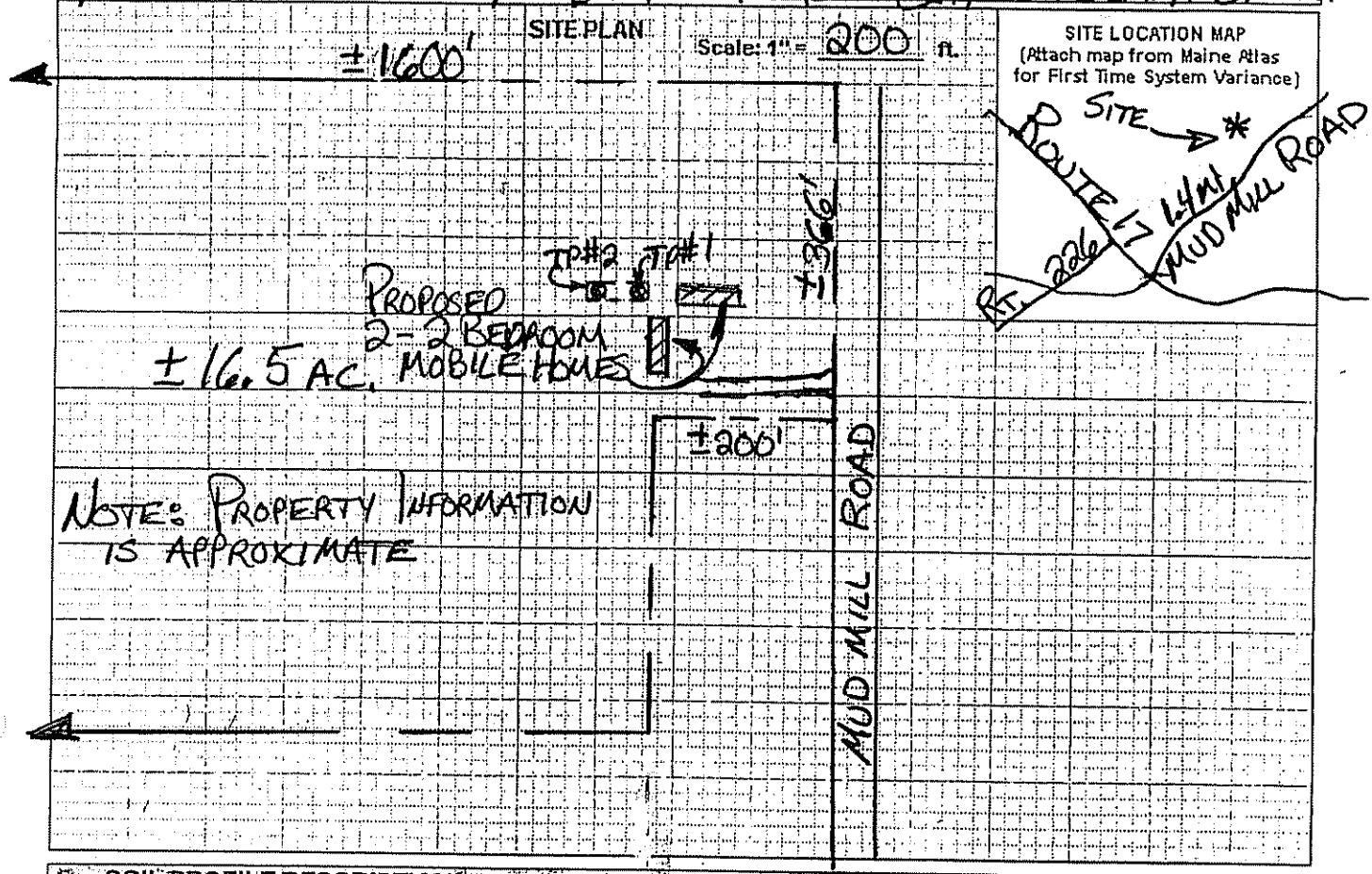
# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation: AUGUSTA
Street, Road, Subdivision: MUD MILL ROAD
Owner or Applicant Name: CLAYTON + DONNA SMITH

## SITE PLAN

Scale: 1" = 200 ft.




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

**Observation Hole # #1** ☒ Test Pit ☐ Boring

2" Depth of organic horizon above mineral soil

| Depth below mineral soil surface (inches) | Texture | Consistency | Color | Mottling |
|---|---|---|---|---|
| 0–6 | FINE | FRIABLE | BROWN | NONE |
| 6–12 | | | STRONG BROWN | |
| 12–18 | SANDY | | | |
| 18–24 | LOAM | | | |
| 24–30 | | | | |
| 30–36 | | FIRM | PALE OLIVE | FEW FAINT |
| 36–42 | | | | |
| 42–48 | | | | |

| Soil Profile | Classification Condition | Slope Percent | Limiting Factor Depth | |
|---|---|---|---|---|
| 3 | C | 2 | 16" | ☒ Groundwater ☐ Restrictive Layer ☐ Bedrock |

**Observation Hole # #2** ☒ Test Pit ☐ Boring

2" Depth of organic horizon above mineral soil

| Depth below mineral soil surface (inches) | Texture | Consistency | Color | Mottling |
|---|---|---|---|---|
| 0–6 | | FRIABLE | BROWN | |
| 6–12 | STONY | | | NONE |
| 12–18 | | | STRONG BROWN | |
| 18–24 | FINE | | | |
| 24–30 | SANDY | | | |
| 30–36 | | | PALE OLIVE | FEW FAINT |
| 36–42 | LOAM | FIRM | | |
| 42–48 | | | | |

| Soil Profile | Classification Condition | Slope Percent | Limiting Factor Depth | |
|---|---|---|---|---|
| 3 | C | 2 | 17" | ☒ Groundwater ☐ Restrictive Layer ☐ Bedrock |

STATE OF MAINE
VAUGHN L. SMITH
226
LICENSED SITE EVALUATOR

Vaughn L. Smith
Site Evaluator Signature

226
LSE #

1/06/06
Date

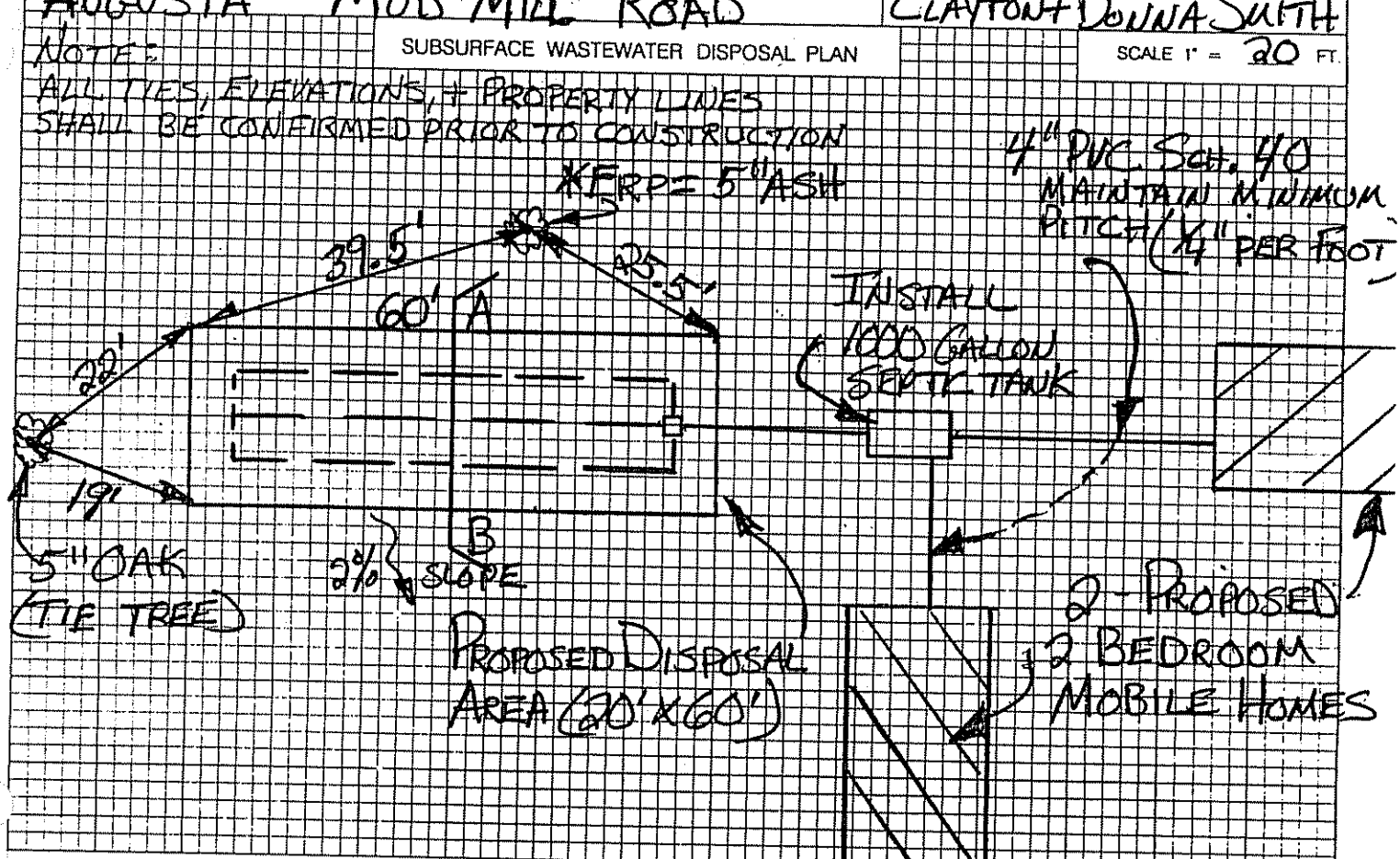
# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation: AUGUSTA
Street, Road, Subdivision: MUD MILL ROAD
Owner's Name: CLAYTON + DONNA SMITH

## SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT.




**FILL REQUIREMENTS**

Depth of Fill (Upslope): 20"
Depth of Fill (Downslope): 30"
FILL DEPTHS WILL VARY

**CONSTRUCTION ELEVATIONS**

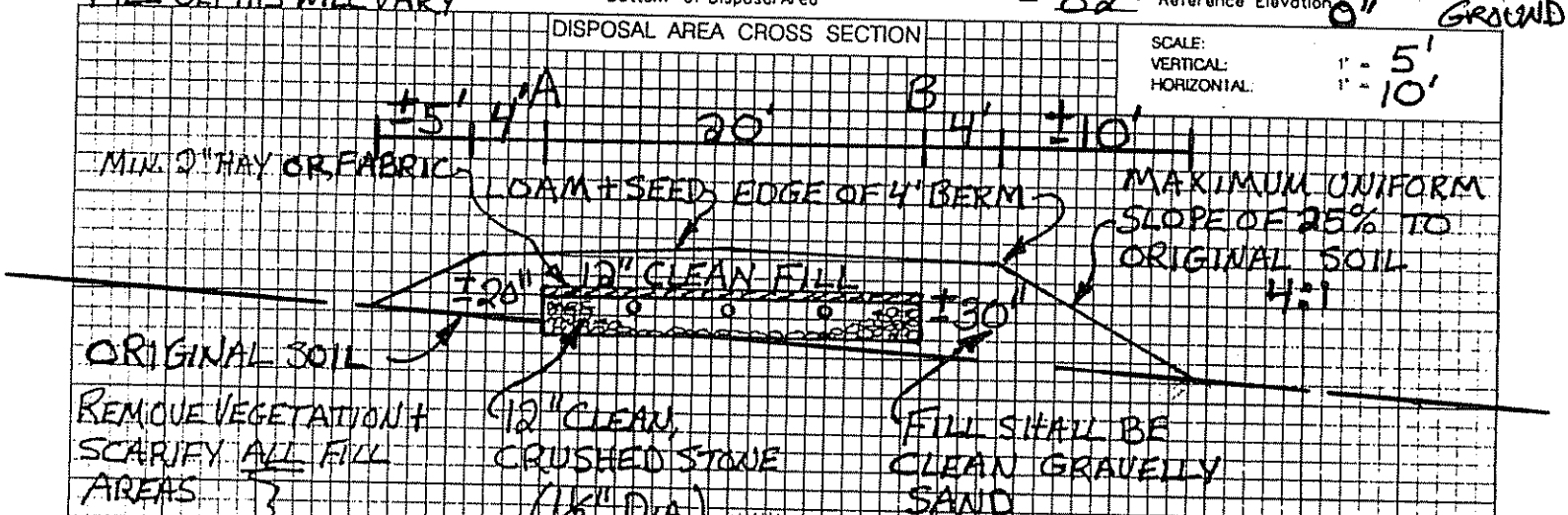
Finished Grade Elevation: - 58"
Top of Distribution Pipe or Proprietary Device: - 70"
Bottom of Disposal Area: - 82"

**ELEVATION REFERENCE POINT**

Location & Description: 5" ASH TREE W/NAIL 62" ABOVE GROUND
Reference Elevation: 0"

## DISPOSAL AREA CROSS SECTION

SCALE:
VERTICAL: 1" = 5'
HORIZONTAL: 1" = 10'




Vaughn L. Clark
Site Evaluator Signature

STATE OF MAINE
VAUGHN
226
226SE
LICENSED
SITE EVALUATOR

1/06/06
Date