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: ROCQUE LANE

Subdivision, Lot #:

>> Caution: Permit Required – Attach in Space Below <<

Copy

The Subsurface Wastewater Disposal System *shall not* be installed until a Permit is attached HERE by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance

AUGUSTA 4309 TOWN COPY

Date Permit Issued: 12 3 99

$ 175.00 FEE ☐ If Double Fee Charged

L.P.I. # 850

Local Plumbing Inspector Signature

OWNER/APPLICANT INFORMATION

Name (last, first, MI): KRUSEL, KATHY ☐ Owner ☐ Applicant

Mailing Address of ■ Owner ☐ Applicant: RR 2 BOX 2500
AUGUSTA, ME 04330

Daytime Tel. #: 582-1246

Municipal Tax Map # 12 Lot # 14-T

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/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 12-9-99 — (2nd) Date Approved

PERMIT INFORMATION

TYPE OF APPLICATION:

1. ■ First Time System
2. ☐ Replacement System
   Type Replaced ____
   Year Installed ____
3. ☐ Expanded System
   a. ☐ One-time exempted
   b. ☐ Non-exempted
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 Variance

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)
9. ☐ Engineered Treatment Tank (only)
10. ☐ Engineered Disposal Field (only)
11. ☐ Pretreatment, specify:
12. ☐ Miscellaneous components

SIZE OF PROPERTY

5 ☐ sq. ft. ■ acres

SHORELAND ZONING

☐ Yes ■ No

DISPOSAL SYSTEM TO SERVE:

1. ■ Single Family Dwelling Unit, No. of Bedrooms: 2
2. ☐ Multiple Family Dwelling Unit, 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
   b. ☐ Low Profile
2. ☐ Plastic
3. ☐ Other EXISTING

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 600 ■ sq. ft. ☐ lin. ft.

GARBAGE DISPOSAL UNIT

1. ■ No 3. ☐ 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

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 3 / CONDITION C / DESIGN 1

at Observation Hole # TP-1

Depth 19" 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'S STATEMENT

I certify that on 7/20/99 (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).

William P Brown — Site Evaluator Signature

188 — SE#

7/20/99

WILLIAM P BROWN — Site Evaluator Name Printed

293-2110 — Telephone #

Post-it® Fax Note 7671	Date 7/27	# of pages ▶ 3
To Heather Wilkinson	From Liz Rice	
Co./Dept. Centing 21	Co. City of Augusta	
Phone #	Phone #	
Fax # 623-0014	Fax #	

IBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation: AUGUSTA

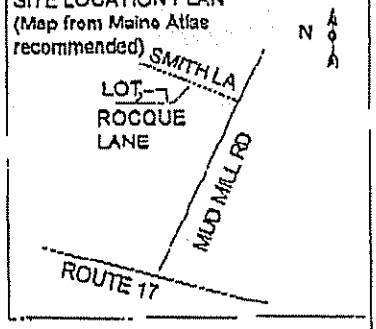
Street, Road, Subdivision: ROCQUE LANE

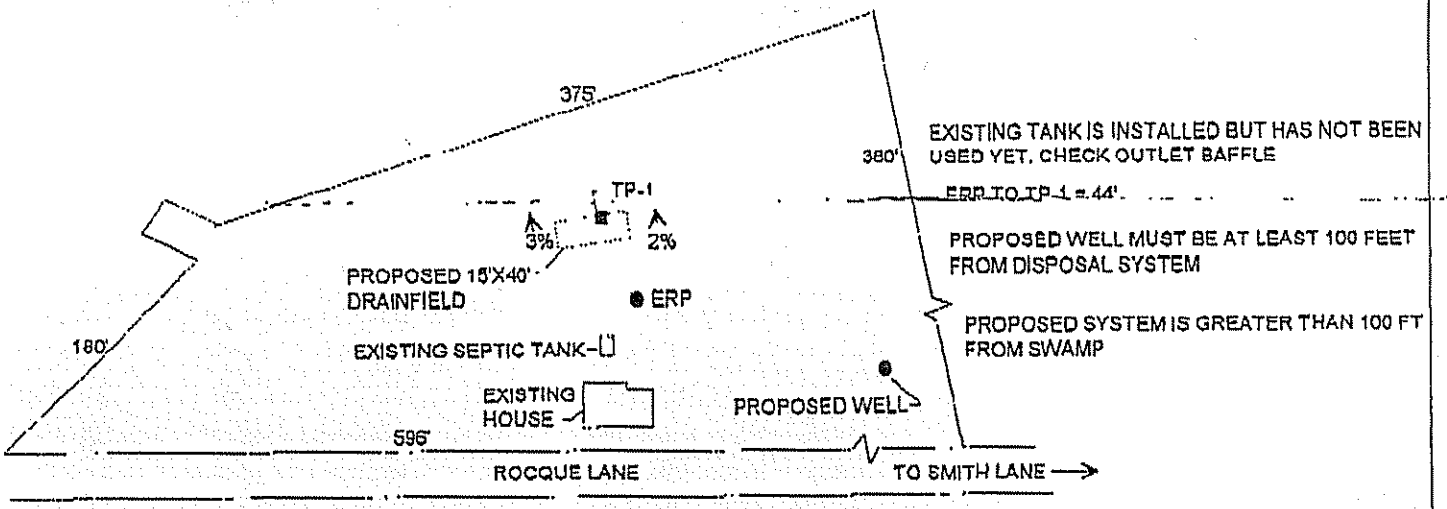
Owners Name: KATHY KRUSEL

SITE PLAN — Scale 1" = 100 FT.

NORTH

SITE LOCATION PLAN
(Map from Maine Atlas recommended)





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

Observation Hole: TP-1 — ■ Test Pit ☐ Boring

0 " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

Texture	Consistancy	Color	Mottling
SANDY LOAM	FRIABLE	MEDIUM BROWN	
		YELLOW BROWN	NONE
	FIRM	OLIVE BRN	COMMON

Soil Classification		Slope	Limiting Factor	
3 (Profile)	C (Condition)	2-3%	19 "	■ Ground Water ☐ Restrictive Layer ☐ Bedrock ☐ Pit Depth

Observation Hole: ☐ Test Pit ☐ Boring

" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

Texture	Consistancy	Color	Mottling

Soil Classification		Slope	Limiting Factor	
(Profile)	(Condition)	%	"	☐ Ground Water ☐ Restrictive Layer ☐ Bedrock ☐ Pit Depth

WILLIAM P BROWN — Site Evaluator Signature

188 — SE #

7/20/99 — Date

HHE-200 Rev. 7/97

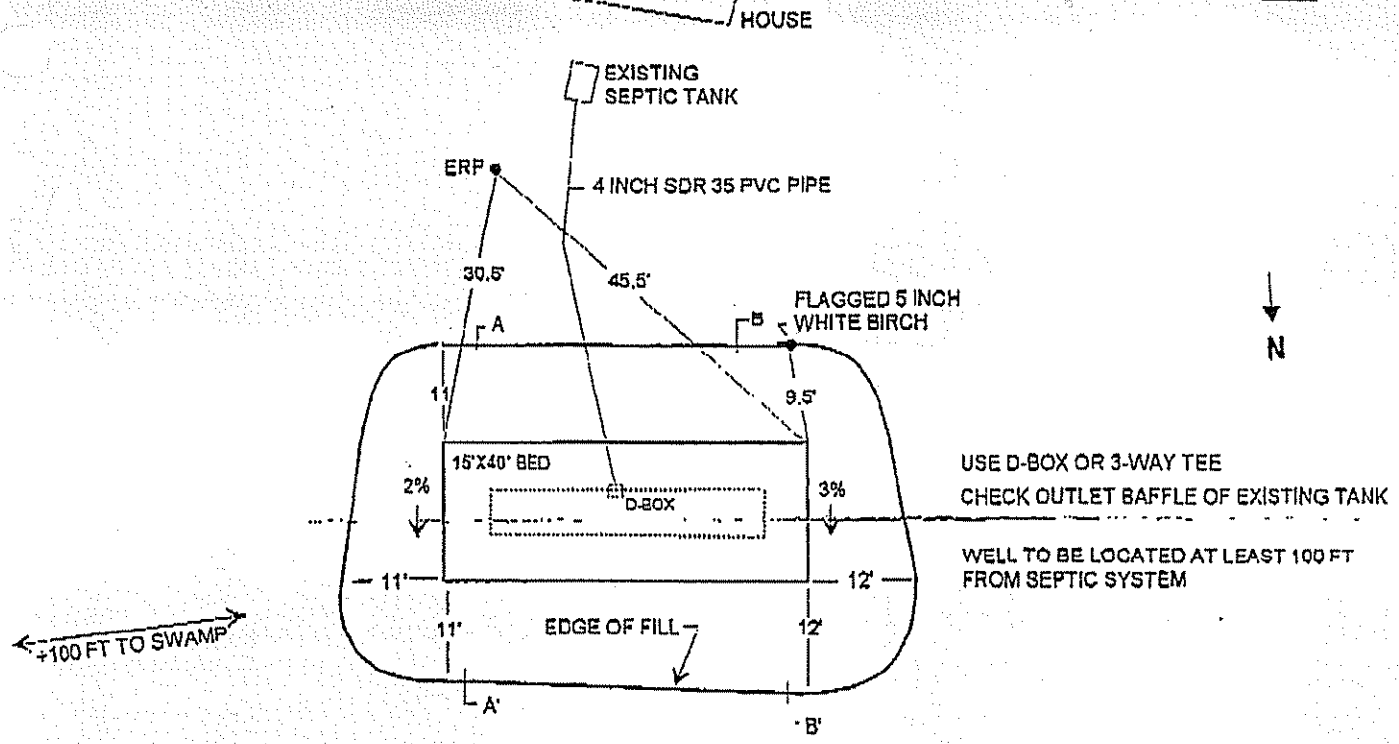
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name
AUGUSTA	ROCQUE LANE	KATHY KRUSEL

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" 20' Ft.

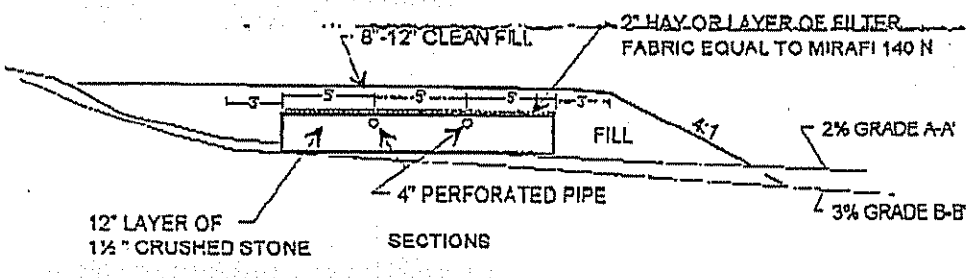


FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	22-24 "	Reference Elevation is	00"	FLAGGED NAIL IN 8 INCH OAK TREE, 3 FEET ABOVE GROUND
Depth of Fill (Downslope)	25-29 "	Bottom of Disposal Area	-64"	
		Top of distribution Lines or Chambers	-53"	

DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = 6 Ft.
Horizontal: 1 inch = 10 Ft.



REMOVE STUMPS AND VEGETATION IN DISPOSAL AREA
SCARIFY ENTIRE FILL AREA
MIX 4 INCHES OF FILL MATERIAL WITH EXISTING SOIL TO FORM
A TRANSITION ZONE (ACCORDING TO CHAPTER 8, PLUMBING CODE)
ALL FILL SHALL BE GRAVELLY COARSE SAND
CROWN FINISH GRADE FROM CENTER AT 3%
OR SLOPE ALL ONE WAY (AS SHOWN)
LOAM, SEED, MULCH

WILLIAM P BROWN	William P Brown	188	7/20/99
Site Evaluator Signature		SE #	Date