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

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

City, Town, or Plantation	AUGUSTA
Street or Road	ROUTE 105
Subdivision, Lot #	1020 SOUTH BOIS EAST AVE

AUGUSTA 4981 TOWN COPY
Date Permit Issued: 11/15/02 $ 100.00 FEE ☐ If Double Fee Charged
Local Plumbing Inspector Signature L.P.I. # 1850

OWNER/APPLICANT INFORMATION

Name (last, first, MI): BROCHU, PAUL ☒ Owner ☐ Applicant

Mailing Address of Owner/Applicant	16 ACADEMY ST. HALLOWELL, ME 04347
Daytime Tel. #	207 622 1403

Municipal Tax Map # 12 Lot # 35A

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 _____ 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 _____ (2nd) date approved 11/15/02

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
3.06 ± ☐ 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
PROPOSED
☒ 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 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: 738 ☒ 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 facilites —
- ☐ 3. Section 503.0 (meter readings)

ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS

PROFILE	CONDITION	DESIGN
B	C	1

at Observation Hole # TP1
Depth 17"
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 10/25/02 (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 # 16B Date 10/26/02

Site Evaluator Name Printed: JOHN W LORD JR
Telephone Number: 207 445 3402
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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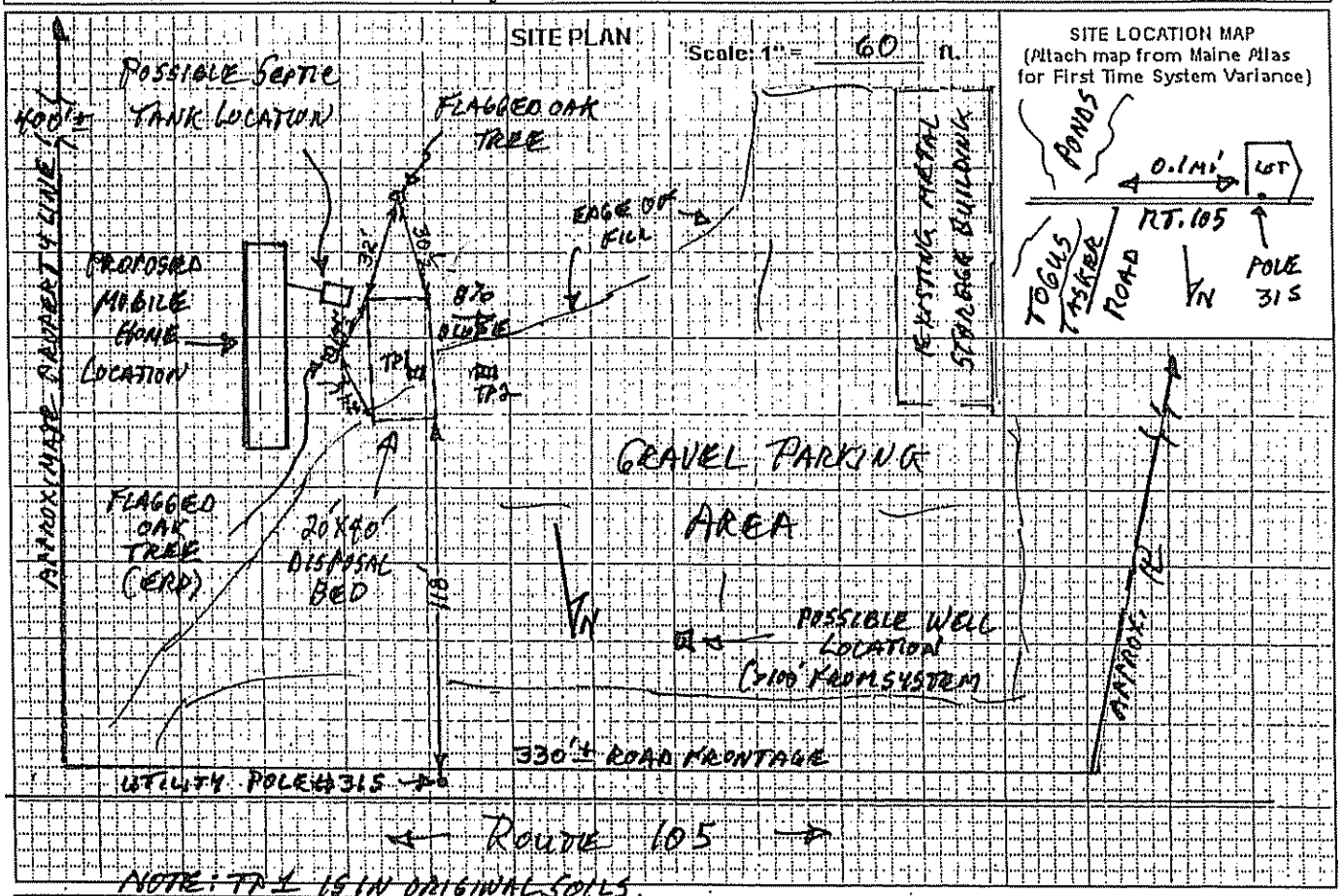
(207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation	Street, Road, Subdivision	Owner or Applicant Name
AUGUSTA	ROUTE 105	PAUL BROCHU



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

Observation Hole # TP1 ☒ Test Pit ☐ Boring

ONE " Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–6	FINE		BROWN	
6–12	SANDY	FRIABLE	YELLOW	
12–18	LOAM		BROWN	
18–24	SILTY		OLIVE	COMMON
24–30	FINE	FIRM		
30–36	SAND		BROWN	DISTINCT
36–42				
42–48				

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	
8	C	8	17	☒ Groundwater ☒ Restrictive Layer ☐ Bedrock

Observation Hole # TP2 ☒ Test Pit ☐ Boring

NONE " Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–6				
6–12	MIXED			
12–18	FILL	VARIOUS	MIXED OLIVES + BROWN	MIXED FILL WITH VARIOUS DISTURBED COLORS
18–24	OF CLAY TO			
24–30	GRAVEL TO			
30–36	36" PLUS			
36–42				
42–48				

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	
FILLED	AREA	level	N/A	☐ Groundwater ☐ Restrictive Layer ☐ Bedrock

[signature] Site Evaluator Signature — 168 SE # — 10/26/02 Date

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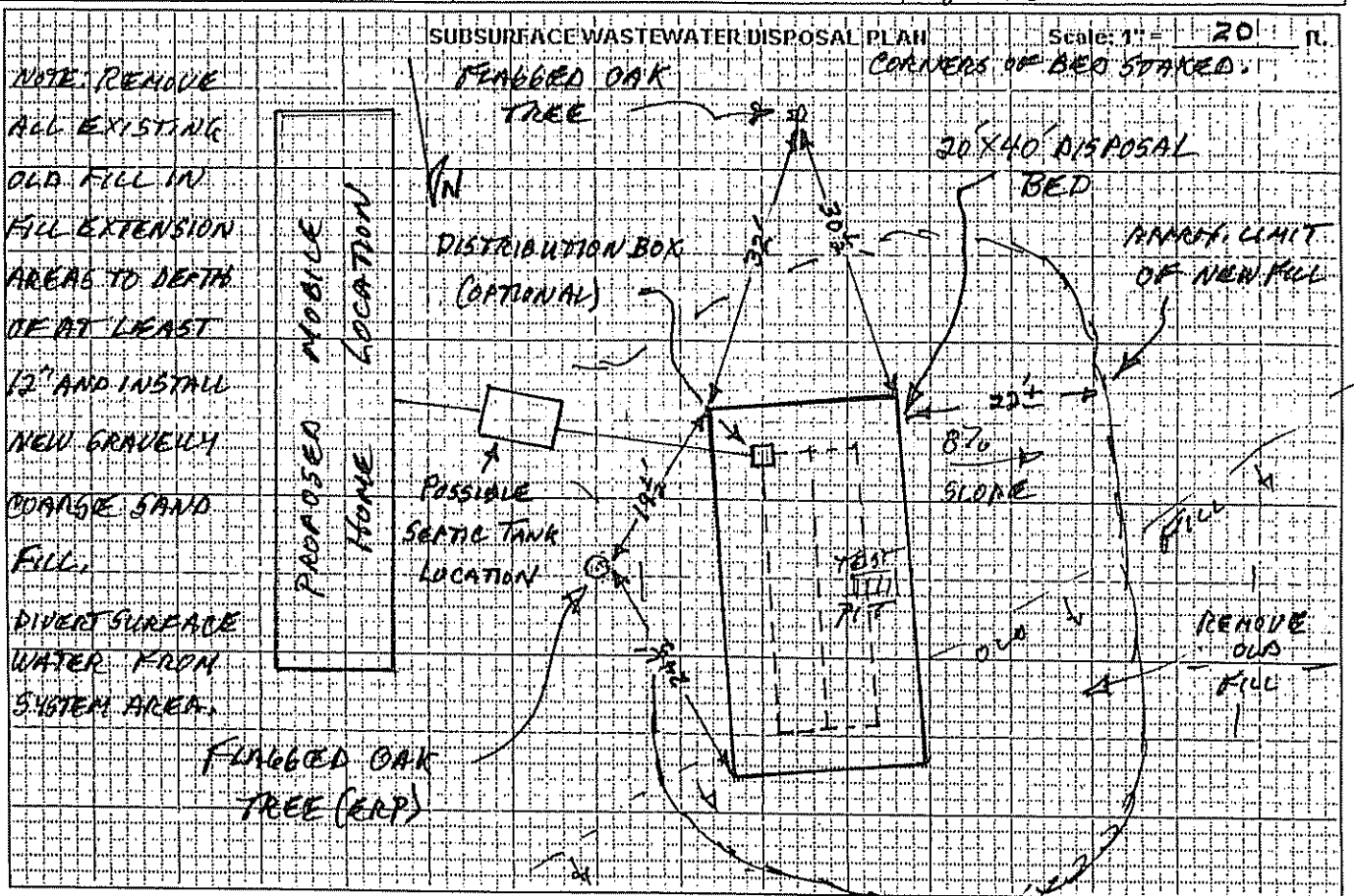
AUGUSTA	ROUTE 105	RAUL BROCHU

SUBSURFACE WASTEWATER DISPOSAL PLAN — Scale: 1" = 20 ft.



BACKFILL REQUIREMENTS

Depth of Backfill (upslope): 19"
Depth of Backfill (downslope): 39±"
DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

Finished Grade Elevation: -32"
Top of Distribution Pipe ~~or Pump/Siphon Device~~: -45"
Bottom of Disposal Field: -56"

ELEVATION REFERENCE POINT (ERP)

Location & Description: FLAGGED NAIL IN OAK TREE 35" ABOVE GRADE AT TREE.
Reference Elevation is: 0.0"

DISPOSAL FIELD CROSS-SECTION

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

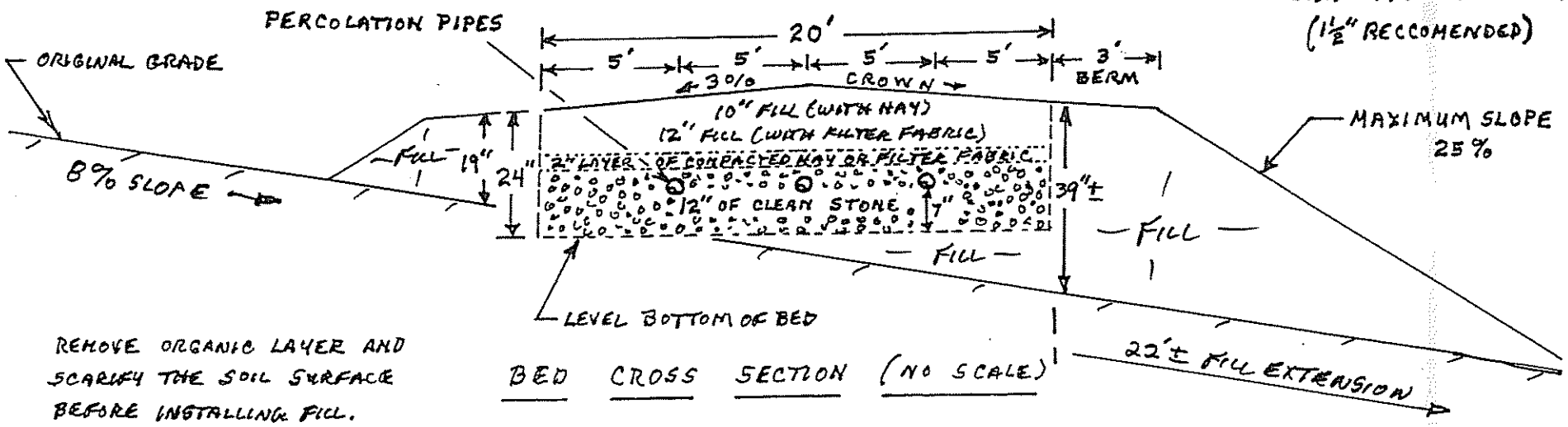
(SEE ATTACHED BED DIAGRAM)

Site Evaluator Signature — SE # 168 — Date 10/26/02

SEWAGE DISPOSAL BED DETAILS

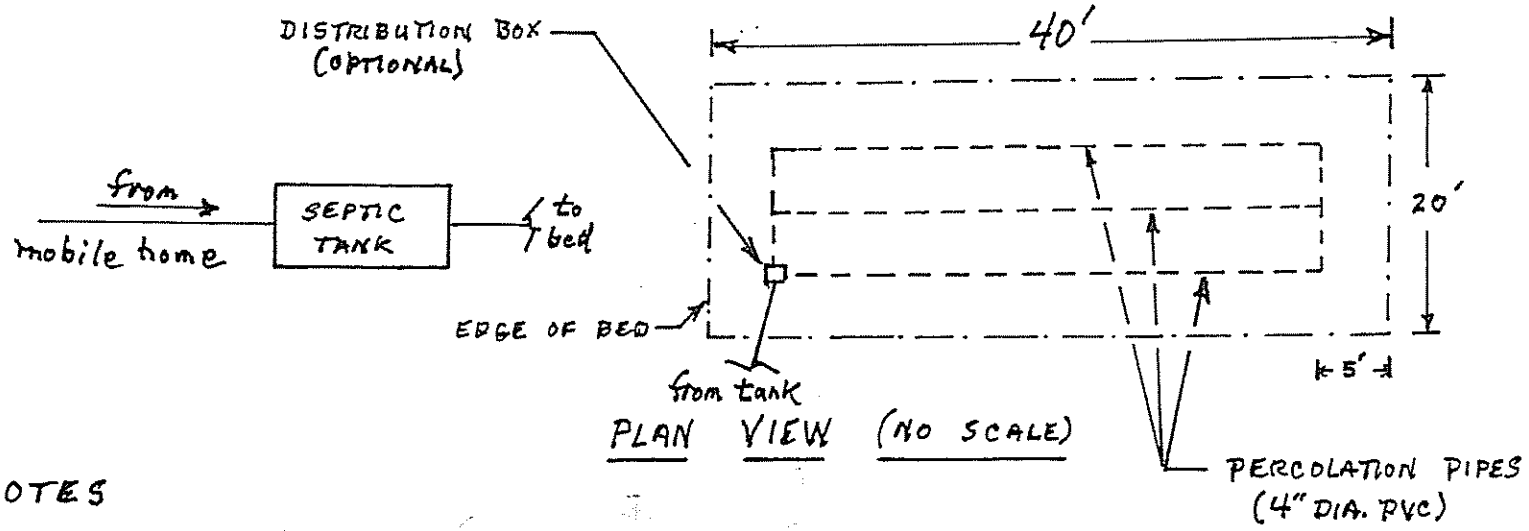
"LOAM + MULCH TO COVER.

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.) 19 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: PAUL BROCHU

DATE: 10/26/02

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

3/00