

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Heath Engineering, Station 10
(207) 287-5672 FAX (207) 287-4172

| | | | |
|---|---|---|-------------|
| PROPERTY LOCATION | | >> Caution: Permit Required – Attach in Space Below << | |
| City, Town, or Plantation | Augusta | AUGUSTA 4933 TOWN COPY Date Permit Issued: <u>8/27/02</u> \$ <u>120.00</u> <input type="checkbox"/> If Double Fee Charged L.P.I. # <u>850</u> Local Plumbing Inspector Signature: <u>[Signature]</u> | |
| Street or Road | 69 Spring Road | | |
| Subdivision, Lot # | | | |
| OWNER/APPLICANT INFORMATION | | | |
| Name (last, first, MI) | Sabourin, Jack <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Applicant | | |
| Mailing Address of Owner/Applicant | RR7, Box 1575 Augusta, ME 04330 | | |
| Daytime Tel. # | 623-9064 | Municipal Tax Map # | 12 Lot # 38 |
| Owner/Applicant Statement | | Caution: Inspections Required | |
| I state and acknowledge that the information submitted is correct to the best of my knowledge, that I have read and agree with the conditions on the back of this form, and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit. Signature of Owner/Applicant: <u>John M. Sabourin</u> Date: _____ | | I have inspected the installation authorized above and on back of this form and found it to be in compliance with the Subsurface Wastewater Disposal Rules and local ordinances. Local Plumbing Inspector Signature: _____ (1 st) Date Approved: <u>9/30/02</u> _____ (2 nd) Date Approved: _____ | |

| PERMIT INFORMATION | | | |
|--|--|--|--|
| TYPE OF APPLICATION 1. <input checked="" type="checkbox"/> First Time System 2. <input type="checkbox"/> Replacement System Type Replaced: _____ Year Installed: _____ 3. <input type="checkbox"/> Expanded System a. <input type="checkbox"/> Minor Expansion b. <input type="checkbox"/> Major Expansion 4. <input type="checkbox"/> Experimental System 5. <input type="checkbox"/> Seasonal Conversion | THIS APPLICATION REQUIRES 1. <input type="checkbox"/> No Rule Variance 2. <input checked="" type="checkbox"/> First Time System Variance a. <input checked="" type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 3. Replacement System Variance a. <input checked="" type="checkbox"/> Local Plumbing Inspector approval b. <input type="checkbox"/> State & Local Plumbing Inspector approval 5. <input type="checkbox"/> Minimum Lot Size Variance 6. <input type="checkbox"/> Seasonal Conversion Variance | DISPOSAL SYSTEM COMPONENT(S) 1. <input checked="" type="checkbox"/> Complete non-Engineered System 2. <input type="checkbox"/> Primitive System (graywater & alt toilet) 3. <input type="checkbox"/> Alternative Toilet, specify: _____ 4. <input type="checkbox"/> Non-Engineered Disposal Area 5. <input type="checkbox"/> Holding Tank, _____ gallons 6. <input type="checkbox"/> Non-Engineered Disposal Field (only) 7. <input type="checkbox"/> Separated Laundry System 8. <input type="checkbox"/> Complete Engineered System (+2000 gpd) 9. <input type="checkbox"/> Engineered Treatment Tank (only) 10. <input type="checkbox"/> Engineered Disposal Field (only) 11. <input type="checkbox"/> Pre-treatment, specify: _____ 12. <input type="checkbox"/> Miscellaneous components | |
| SIZE OF PROPERTY _____ sq. ft. <input type="checkbox"/> 5 _____ acres <input checked="" type="checkbox"/> | DISPOSAL SYSTEM TO SERVE: 1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: 2 2. <input type="checkbox"/> Multiple Family Dwelling, No. of Units: _____ 3. <input type="checkbox"/> Other: _____ | TYPE OF WATER SUPPLY 1. <input checked="" type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input type="checkbox"/> Public 5. <input type="checkbox"/> Other: _____ | |
| SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |

| DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3) | | | |
|---|---|--|---|
| TREATMENT TANK 1. <input checked="" type="checkbox"/> Concrete <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY: <u>1000</u> Gallons | DISPOSAL AREA TYPE/SIZE 1. <input checked="" type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench 3. <input type="checkbox"/> Proprietary Device <input type="checkbox"/> Cluster array <input type="checkbox"/> Linear <input type="checkbox"/> Regular load <input type="checkbox"/> H-20 load 4. <input type="checkbox"/> Other: _____ SIZE: <u>900</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft. | GARBAGE DISPOSAL UNIT 1. <input type="checkbox"/> No 2. <input type="checkbox"/> Yes 3. <input checked="" type="checkbox"/> Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> Multi-compartment tank <input type="checkbox"/> _____ Tanks in series <input type="checkbox"/> Increase in tank capacity <input checked="" type="checkbox"/> Filter on tank outlet | DESIGN FLOW <u>180</u> gallons per day BASED ON: 1. <input checked="" type="checkbox"/> Table 501.1 (dwelling unit(s)) 2. <input type="checkbox"/> Table 501.2 (other facilities) SHOW CALCULATIONS -for other facilities- |
| SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN <u>9 / D / 9D</u> at Observation Hole # <u>TP 2</u> Depth: <u>8"</u> OF MOST LIMITING SOIL FACTOR | DISPOSAL FIELD SIZING 1. <input type="checkbox"/> Small 2.0 sq. ft./gpd. 2. <input type="checkbox"/> Medium 2.6 sq. ft./gpd. 3. <input type="checkbox"/> Medium Large 3.3 sq. ft./gpd. 4. <input type="checkbox"/> Large 4.1 sq. ft./gpd. 5. <input checked="" type="checkbox"/> Extra-Large 5.0 sq. ft./gpd. | PUMPING 1. <input type="checkbox"/> Not required 2. <input checked="" type="checkbox"/> May be required 3. <input type="checkbox"/> Required >> Specify only for engineered or experimental systems Dose _____ Gallons | |

| SITE EVALUATOR STATEMENT | | |
|--|------------------------------------|--------------------------------|
| I Certify that on <u>November 19, 2001</u> (date) I completed a site evaluation on this project and state that the data reported is accurate and 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). | | |
| Signature: <u>Kate P. Coffin</u> Kate P. Coffin, an agent of Coffin Engineering & Surveying | SE #331 Licensed Site Evaluator | Date: <u>November 19, 2001</u> |
| Coffin Engineering & Surveying, LLC (207) 623-9475 or 1-800-244-9475 Fax (207)623-0016 432 Cony Road P.O. Box 4687 Augusta, Maine 04330-1687 | | |

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

See back of this form for conditions of permit

ATTACHMENT FOR HHE-200 FORM

1. The OWNER/APPLICANT, by signing the front of this form, agrees to provide payment for services rendered as quoted and billed by COFFIN ENGINEERING & SURVEYING (CE&S). Payment on all billings are due within 30 days of billing date, otherwise a late charge of 1.5% per month (18% per year), simple interest, will be added to the total amount. In the event that any portion, or all of final billing, remains unpaid for a period of 60 days, the OWNER/APPLICANT shall pay all costs of collection, including an attorney's fees, court costs, CE&S's cost to collect bill. PLEASE NOTE THAT THE PERSON SIGNING THIS FORM UNDER OWNER/APPLICANT IS RESPONSIBLE FOR PAYMENT OF SERVICES AND SHOULD CONTACT CE&S IF HE/SHE HAS NOT RECEIVED A BILL.
2. All construction shall conform with Title 22 MRSA, §42, 10-144A CMR 241 "Maine-Subsurface Waste Water Disposal Rules," and all other pertinent sections. The OWNER/APPLICANT is responsible for the contractor installing the proposed septic system correctly and for obtaining all necessary permits. The OWNER/APPLICANT shall carefully examine all documents submitted by CE&S and promptly notify CE&S upon becoming aware of any defects. The OWNER/APPLICANT agrees to limit the liability of the site evaluator and/or CE&S to the amount of the total fee paid to CE&S and to a limit of five years from the date of this form. Visits to the site will be for information purposes only. CE&S will not be responsible for any site inspection duties.
3. This disposal system form shall not be transferable and becomes invalid if the authorized work has not commenced within two years after the issue date of the disposal system.
4. The OWNER/APPLICANT shall accurately describe the intended uses (present and future) for the system to the site evaluator. By signing the front of this form, the OWNER/APPLICANT agrees that the uses shown on said form is what was described to the site evaluator. Any change from the intended use described on this form requires a new design. Applicability of design must be reevaluated when location of structures are substantially different from those shown on the site plan or when other structures, additions, or appurtenances (i.e. swimming pools, garbage disposals) are considered.
5. The LPI shall inform the owner and designer of any local ordinance exceeding the Rules (Chapter 241) prior to issuing a permit, so that the application may be properly amended to conform to such ordinances.
6. The most recent revision of the Maine State Plumbing Code is hereby made a part of this HHE-200 Form and shall be consulted by the disposal system installer for further construction details, material specifications, cautions, and other related details pertinent to the installation of this disposal system.
7. This HHE-200 form is intended to represent facts pertinent to the Plumbing Code only. The owner/applicant must check local, state, and federal regulations before considering this an approvable site. All information shown on this form relating to property lines, structures, and subsurface structures (such as, but not limited to water lines, septic tanks, cess pools, cellar drains, utility lines, wells, leach fields, etc.) are noted, shown, or left off as not affecting the system based on information provided by the owner/applicant or his agent. The OWNER/APPLICANT acknowledges and understands that CE&S's submissions may represent imperfect data and may contain errors, omissions, conflicts, inconsistencies, code violations, and improper use of materials. Such deficiencies will be corrected when identified. The OWNER/APPLICANT agrees to carefully study and compare the submissions and report at once in writing to CE&S any deficiencies discovered. The OWNER/APPLICANT further agrees to require each contractor and subcontractor to likewise study the submissions and report at once any deficiencies discovered. It is the responsibility of the owner/applicant or his agent to confirm, BEFORE CONSTRUCTION BEGINS, the above and/or any other features which may affect (or be adversely affected by) the installation of this system.
8. When a gravity system is proposed, BEFORE CONSTRUCTION BEGINS, the disposal system installer and building contractor shall review the relative elevation of all points given in the this HHE-200 Form and the elevation of the existing or proposed building drain and septic tank openings for compatibility to the minimum code pitch requirements. Any questions that arise should be directed to the local plumbing inspector or designer. When a pump system is installed, provisions shall be made to keep the tank and lift station outlets above the high water table.
9. The Septic System Owner's Manual written by the designer is made a part of this HHE-200 Form and shall be consulted by the owner/applicant and disposal system installer for other facts pertinent to the installation and operation of this disposal system.
10. The OWNER/APPLICANT bears the responsibility to show the location of property lines, subsurface structures (such as, but not limited to water lines, septic tanks, cess pools, cellar drains, utility lines), and wells to the Site Evaluator. Actual property lines must be confirmed by a boundary survey. By signing the front of this form, the OWNER/APPLICANT agrees that the property lines and wells on the accompanying plan(s) are shown correctly and any discrepancy found in the future is the responsibility of the OWNER/APPLICANT.
11. The actual water flow or number of bedrooms shall not exceed the design criteria indicated on this HHE-200 Form without a re-evaluation of the system.
12. CE&S is not responsible for the actions of others, who affect the ultimate cost of the PROJECT; by vandalism, marker removal, changes in scope of work, approval agencies, redesign of septic system, etc. (OWNER/APPLICANT to be notified of any cost increase).
13. The laws of Maine will apply concerning the interpretation and performance of this AGREEMENT. If an item in this AGREEMENT is found to be in violation of any prevailing laws, it will not void the entire AGREEMENT. This AGREEMENT is superior and over-rides any Standard Subcontract Agreement signed by the parties involved in this AGREEMENT for this PROJECT when referenced in said Standard Subcontract Agreement.
14. CE&S is responsible for the actions of its' employees only. Insurance is provided for: vehicles, general liability, errors and omissions, and workman's comp. All other entities on the site are responsible for their own safety, work product, actions, conduct, etc.
15. CE&S is not responsible for any actual, alleged, or threatened, pollutant damage in regard to the services performed. Pollutants are defined as any environmentally threatening contaminants commonly regulated in this state.
16. In the event that the OWNER/APPLICANT hires subcontractors, workers, orders material, etc., and governs, directly or indirectly, overall operation on the work site; then the OWNER/APPLICANT is deemed to be acting as his own general contractor, having greater responsibility for the work site.
17. Other than the procedure of collections described above in (1), should the parties of this AGREEMENT have differences involving either the work site, or the PROJECT, that cannot be resolved between them; then the procedures of Alternate Dispute Resolution will be the only method of resolving those differences.

FIRST TIME SYSTEM VARIANCE REQUEST

This form shall accompany an Application (HHE-200) for a proposed first time system which requires a Variance to provisions of the Subsurface Wastewater Disposal Rules. The local plumbing inspector shall not issue a permit for the installation of a first time subsurface wastewater disposal system requiring a variance from the Department of Human Services until approval has been received from them.

| | | |
|---|--|---------------------------|
| GENERAL INFORMATION | | Town of <u>Augusta</u> |
| Permit No. <u>4933</u> | Date Permit Issued <u>8-27-02</u> | Tel. No.: <u>623-9064</u> |
| Property Owner's Name: <u>John Sabourin</u> | System's Location: <u>Spring Rd.</u> | |
| Property Owner's Address: <u>RR7 Box 1575</u> | (If different from above) <u>Augusta, ME 04330</u> | |

VARIANCE CONDITIONS

The Department has the authority to vary the requirements of the Rules in accordance with Section 105.2 of the Rules CMR 241 if all the following criteria are satisfied:

- a. The variance request has the approval of the LPI.
- b. The Municipal Officials have indicated that the variance does not conflict with any local wastewater disposal ordinances.
- c. The variance request demonstrates that there is no practical alternative for wastewater disposal, such as access to public sewer or the potential for an easement.
- d. The proposed system does not conflict with any provision controlling subsurface wastewater disposal in the Shoreland Zone.
- e. The site offers potential for a system which will dispose of the wastewater with minimal threat to public health, safety, or welfare.
- f. The property owner has indicated an awareness of the variance and any limitations or added costs the proposed system may require.

SOIL, SITE AND ENGINEERING FACTORS FOR NEW SYSTEM VARIANCE ASSESSMENT (SEE TABLES 1900.1-1900.11)

| | CHARACTERISTIC | POINT ASSESSMENT |
|---|-------------------------|------------------|
| Soil Profile | <u>9</u> | <u>10</u> |
| Depth to Groundwater/Restrictive Layer | <u>8</u> | <u>0</u> |
| Terrain | <u>side slope</u> | <u>3</u> |
| Size of Property | <u>6 acs.</u> | <u>11</u> |
| Waterbody Setback | <u>253'</u> | <u>5</u> |
| Water Supply | <u>Private dr. well</u> | <u>3</u> |
| Type of Development | <u>single family</u> | <u>0</u> |
| Disposal Area Adjustment | <u>+33%</u> | <u>5</u> |
| Vertical Separation Adjustment | <u>+12'</u> | <u>10</u> |
| Additional Treatment | <u>outlet filter</u> | <u>3</u> |
| TOTAL POINT ASSESSMENT (Sec. 1904.5) | | <u>50</u> |

Minimum Points (Check one): Outside Shoreland-50 Inside Shoreland-65 Subdivision-65

| | |
|--|------------------------|
| SPECIFIC VARIANCE REQUESTED (To be filled in by Site Evaluator) | SECTION OF RULE |
| 1. <u>seasonal high water table at 8 inches</u> | <u>Table 600-1</u> |
| 2. _____ | _____ |
| 3. _____ | _____ |

SITE EVALUATOR

When a property is found to be unsuitable for subsurface wastewater disposal for a First Time System Variance by a Licensed Site Evaluator, the Evaluator shall so inform the property owner. If the property owner, after exploring all other alternatives, wishes to request a Variance to the Rules, and the Evaluator in his professional opinion feels the variance request is justified and the site limitations can be overcome, he shall document the soil and site conditions on the Application. The Evaluator shall list the specific variances necessary plus describe below the proposed system design and function. The Evaluator shall further describe how the specific site limitations are to be overcome, and provide any other support documentation as required prior to consideration by the Department.

(Use Additional Sheets, if needed)

leach field is over sized and has a large vertical separation to overcome depth to mottling

I, Kane P. Coffin, S.E., certify that a variance to the Rules is necessary since a system cannot be installed which will completely satisfy all the Rule requirements. In my judgment, the proposed system design on the attached Application is the best alternative available; enhances the potential of the site for subsurface wastewater disposal; and that the system should function properly.

Kane P. Coffin
SIGNATURE OF SITE EVALUATOR

11/19/01
DATE

First Time System Variance Request

PROPERTY OWNER

I, _____, am the owner agent for the owner of the subject property. I understand that the installation on the Application is not in total compliance with the Rules. Should the proposed system malfunction, I release all concerned provided they have performed their duties in a reasonable and proper manner, and I will promptly notify the Local Plumbing Inspector and make any corrections required by the Rules. By signing the variance request form, I acknowledge permission for representatives of the Department to enter onto the property to perform such duties as may be necessary to evaluate the variance request.

John M. Sabourin
 SIGNATURE OF OWNER
 AGENT FOR THE OWNER

DATE

MUNICIPAL OFFICER(S) (Selectman, Councilman, Alderman, Mayor, Town Manager)

We, the Municipal Officer(s) of _____ have reviewed this application and are aware that the applicant is applying for a First Time System Variance to the Subsurface Wastewater Disposal Rules because the proposed system does not meet all requirements of the rules. The proposed variance request does does not comply with all Municipal Ordinances relating to subsurface wastewater disposal.

SIGNATURE FOR THE MUNICIPALITY

TITLE

DATE

LOCAL PLUMBING INSPECTOR - Approval at local level

The local plumbing inspector shall review all First Time System Variance requests prior to rendering a decision. I, GARY R. FILLIA, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system does does not conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone.

Therefore, I do do not approve the requested variance. I will will not issue a permit for the system's installation as proposed by the application.

LPI Signature

Date

LOCAL PLUMBING INSPECTOR - Referral to the Department

The local plumbing inspector shall review all First Time System Variance requests prior to forwarding to the Division of Health Engineering. I, GARY R. FILLIA, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system does does not conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone.

Therefore, I do do not recommend the issuance of a permit for the system's installation as proposed by the application.

LPI Signature

Date

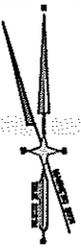
FOR USE BY THE DEPARTMENT ONLY

The Department has reviewed the variance(s) and does does not give its approval. Any additional requirements, recommendations, or reasons for the Variance denial, are given in the attached letter.

SIGNATURE OF THE DEPARTMENT

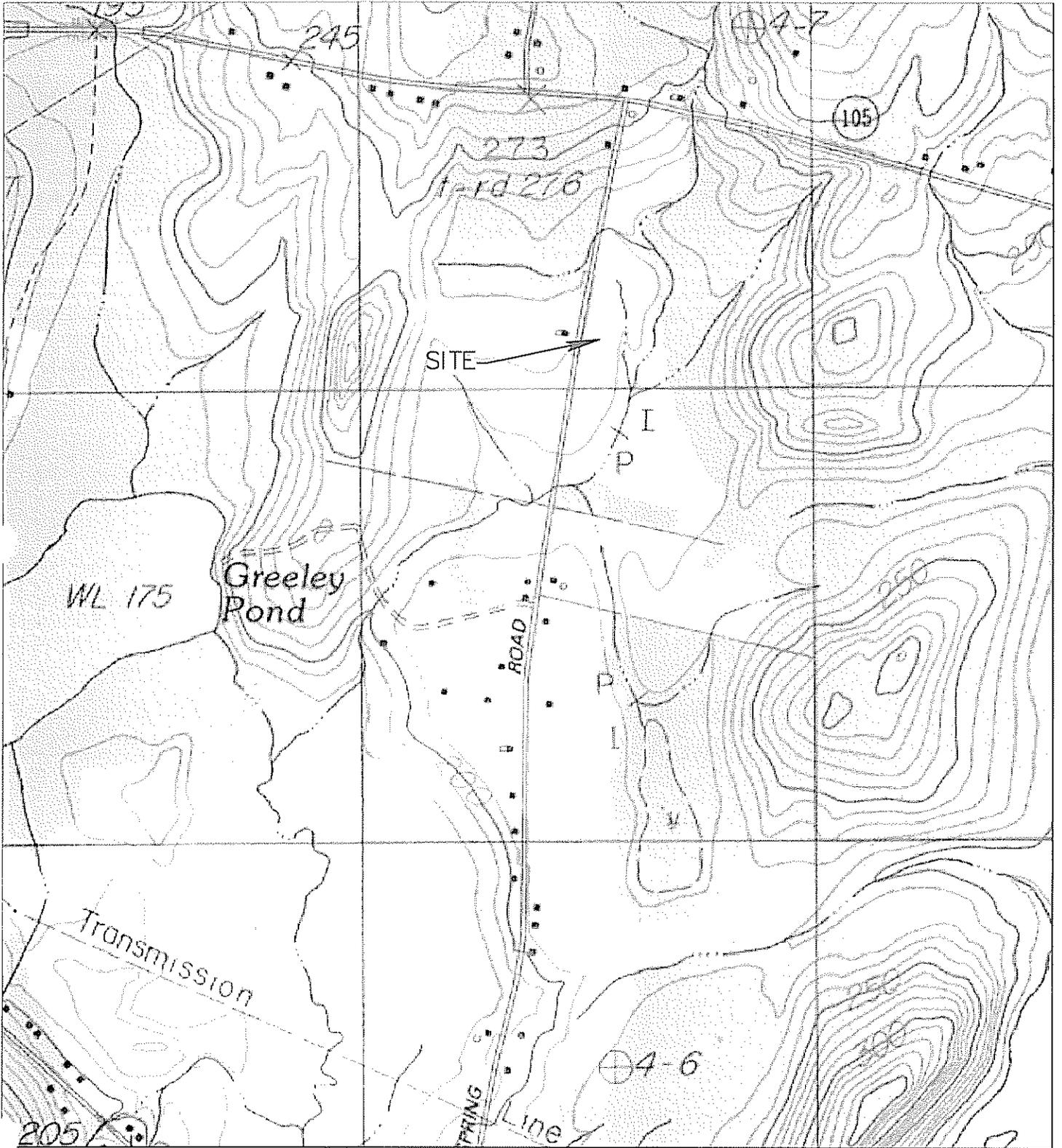
DATE

- Note: 1. Variances for soil conditions may be approved at the local level as long as the total point assessment is at least the minimum allowed. (See Section 1902.0 for Municipal Review.)
 2. Variances for other than soil conditions or soil conditions beyond the limit of the LPI's authority are to be submitted to the Department for review. (See Section 1901.0 for Department Review.) The LPI's signature is required on these variance requests prior to sending them to the Department.



SITE LOCATION MAP

SCALE 1" = 1000'



HHE-200



City Road
 PO Box 4567
 Augusta, Me
 04302-1267
 1-800-244-6475

50 S LINCOLN ST.
 Cambridge, Me
 04843-1131
 1-202-282-4365

CLIENT/PROJECT

JACK SABOURIN

SHEET NO.

SITE LOCATION MAP

LOCATION SPRING ROAD

SCALE AS SHOWN

CITY, AUGUSTA STATE, KENNEBEC STATE, MAINE

DATE NOVEMBER 19, 2001

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation
Augusta

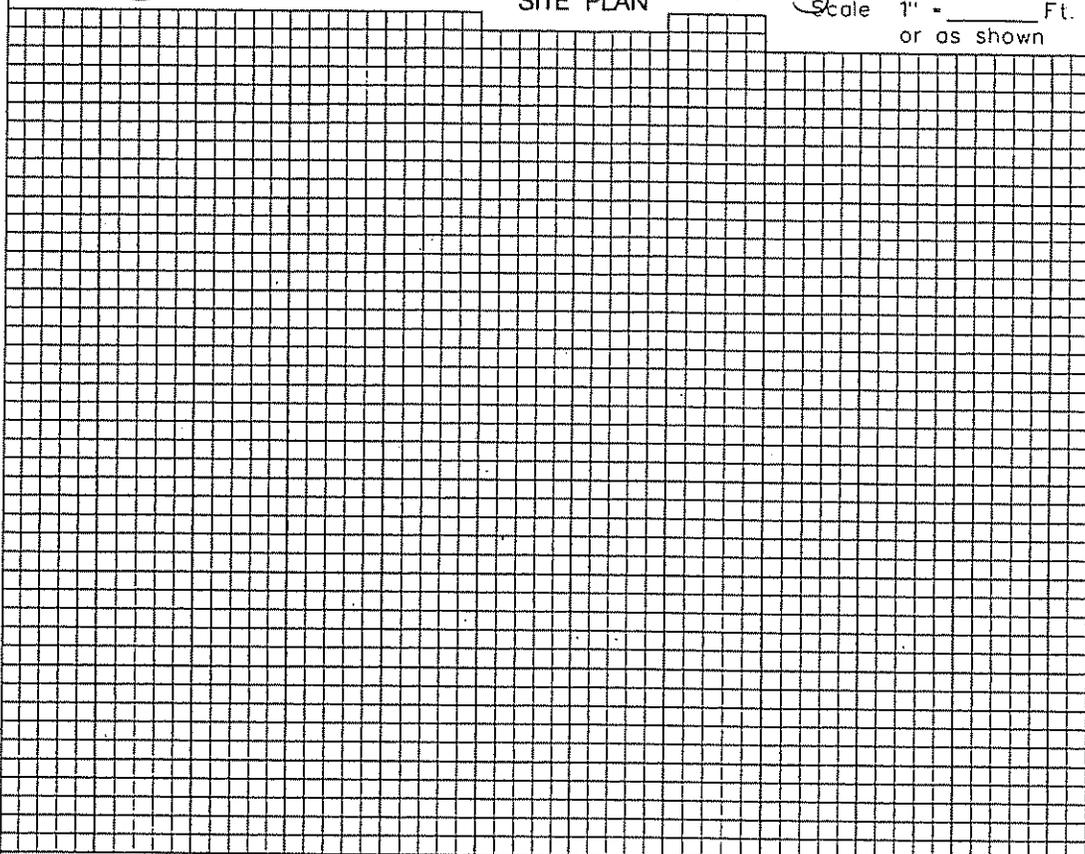
Street, Road Subdivision
Spring Rd

Owner's Name
Jack Sabourin

SITE PLAN

Scale 1" = _____ Ft.
or as shown

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
1/2 " Depth of Organic Horizon Above Mineral Soil

| DEPTH BELOW MINERAL SOIL SURFACE (inches) | Texture | Consistency | Color | Mottling |
|---|----------------|-------------|--------------------------------|-----------------|
| 0 | silt clay loam | friable | very dk grey br. dk grey brown | none |
| 10 | silt clay | firm | light olive brown | common distinct |
| 20 | | | | |
| 30 | | | | |
| 40 | | | | |
| 50 | | | | |

Soil Classification: 9 Profile, D Condition, 5 % Slope, Limiting Factor: 10 " Ground Water, Restrictive Layer, Bedrock, Pit Depth

Observation Hole TP 2 Test Pit Boring
1/2 " Depth of Organic Horizon Above Mineral Soil

| DEPTH BELOW MINERAL SOIL SURFACE (inches) | Texture | Consistency | Color | Mottling |
|---|----------------|-------------|----------------------|-----------------|
| 0 | silt clay loam | friable | dk olive brown light | none |
| 10 | silt clay | firm | olive brown | common distinct |
| 20 | | | | |
| 30 | | | | |
| 40 | | | | |
| 50 | | | | |

Soil Classification: 9 Profile, D Condition, 5 % Slope, Limiting Factor: 8 " Ground Water, Restrictive Layer, Bedrock, Pit Depth

Kane P. Coffin
Site Evaluator Signature

331
SE

4/19/01
Date

[The page contains extremely faint and illegible text, likely bleed-through from the reverse side of the document. The text is scattered across the page and does not form any recognizable words or sentences.]

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

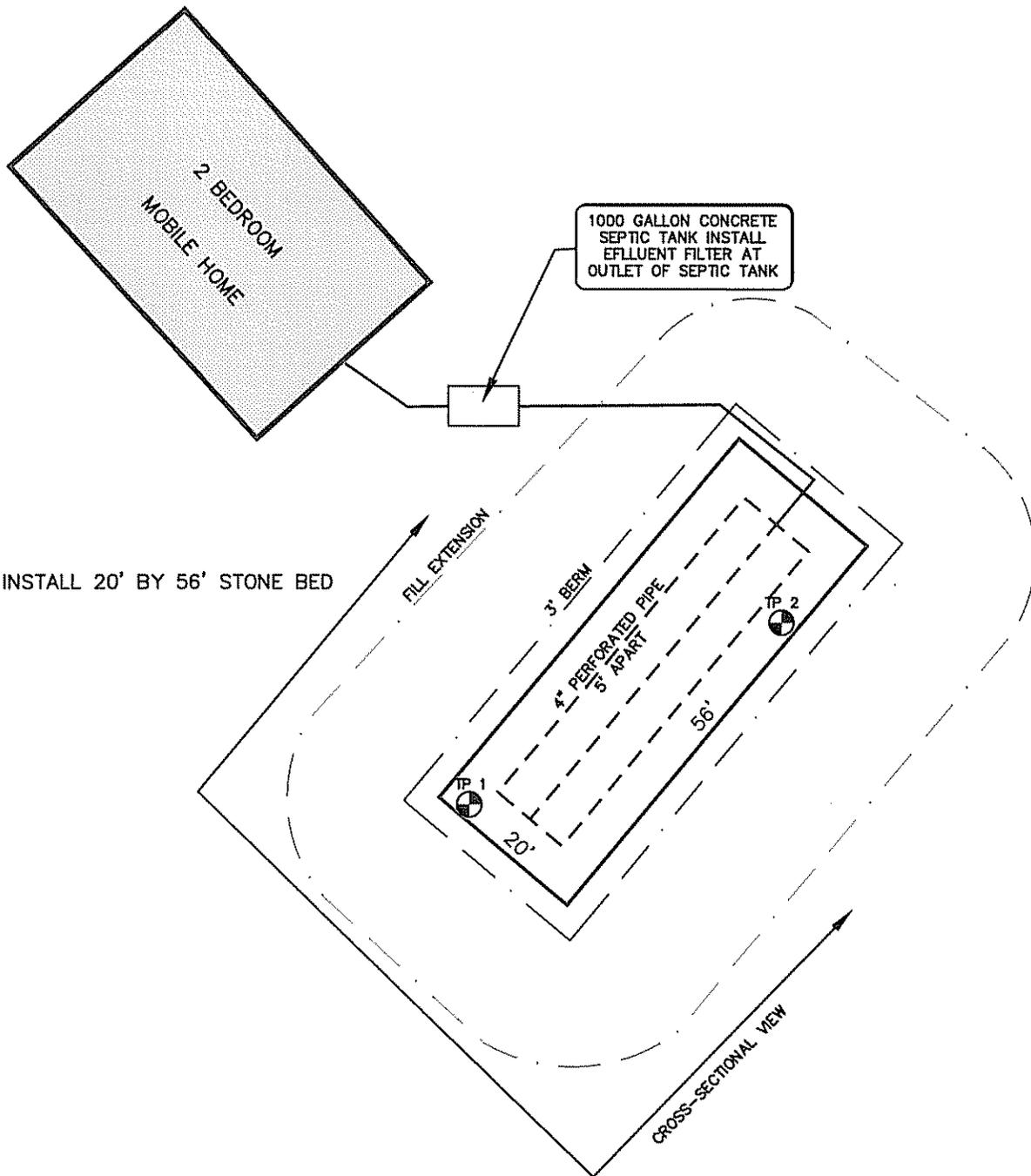
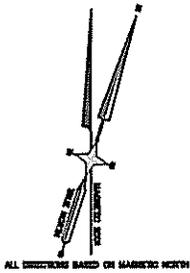
Town, City, Plantation
Augusta

Street, Road, Subdivision
Spring Road

Owner's Name
Jack Sabourin

SUBSURFACE WASTEWATER PLAN

Scale: 1" = 20 feet



Site Evaluator's Signature *Dave P. Coffin*

SE # 331

Date: 11/19/01

HHE-200

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation
Augusta

Street, Road, Subdivision
Spring Road

Owner's Name
Jack Sabourin

FILL REQUIREMENTS

Depth of Fill (Upslope) 41'-48"
Depth of Fill (Downslope) 46-50"

CONSTRUCTION ELEVATIONS

Reference Elevation is 00"
Bottom of Disposal Area -35"
Top of distribution lines -24"

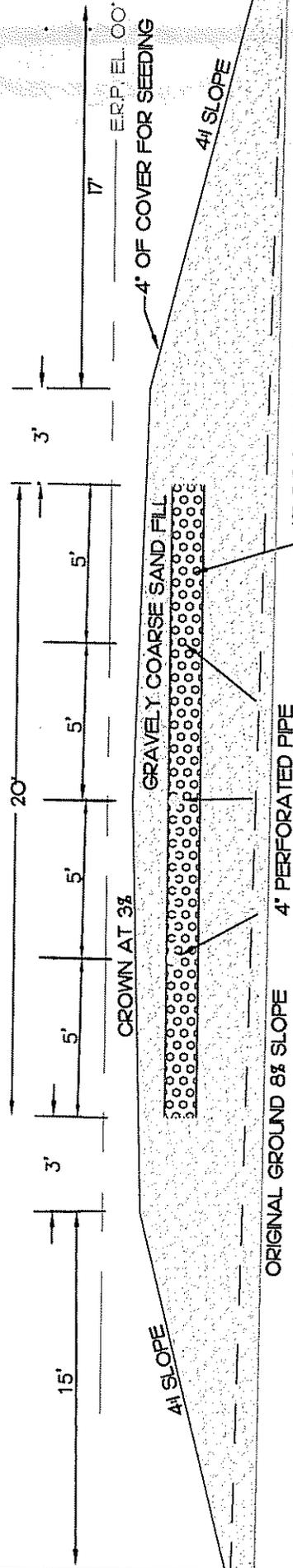
ELEV. REF. PT:

60d spike in 27" White Pine Tree
2.3" above ground

DISPOSAL AREA CROSS SECTION

SCALE:

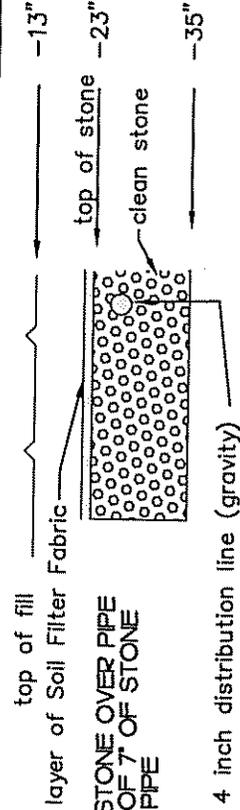
Vertical: 1 inch = 5 feet
Horizontal: 1 inch = 5 feet



DISPOSAL FIELD SHOULD ONLY BE INSTALLED
ACCORDING TO THE MAINE SUBSURFACE
WASTE WATER DISPOSAL RULES.

REMOVE VEGETATION AND ROTO-TILL GRAVELLY COARSE
SAND FILL INTO ORIGINAL GROUND TO A DEPTH OF 6-8 INCHES.

E.R.P.
elev.



INSTALL 20' BY 56' STONE BED

STONE BED DETAIL (no scale)

Site Evaluator's Signature

Kane P. Coffin

SE # 331

Date: 11/19/01

HHE-200

9/30/02

Stone ends of pipe 3/4 inch stone used, set
piped area down 2 inch stone ~~was~~ good off

Handwritten initials or signature in the top right corner.

Vertical text on the left side, possibly a date or location: 9/30/02

Vertical text in the middle left: 21001 WET DELTA

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

Town, City, Plantation
Augusta

Street, Road, Subdivision
Spring Road

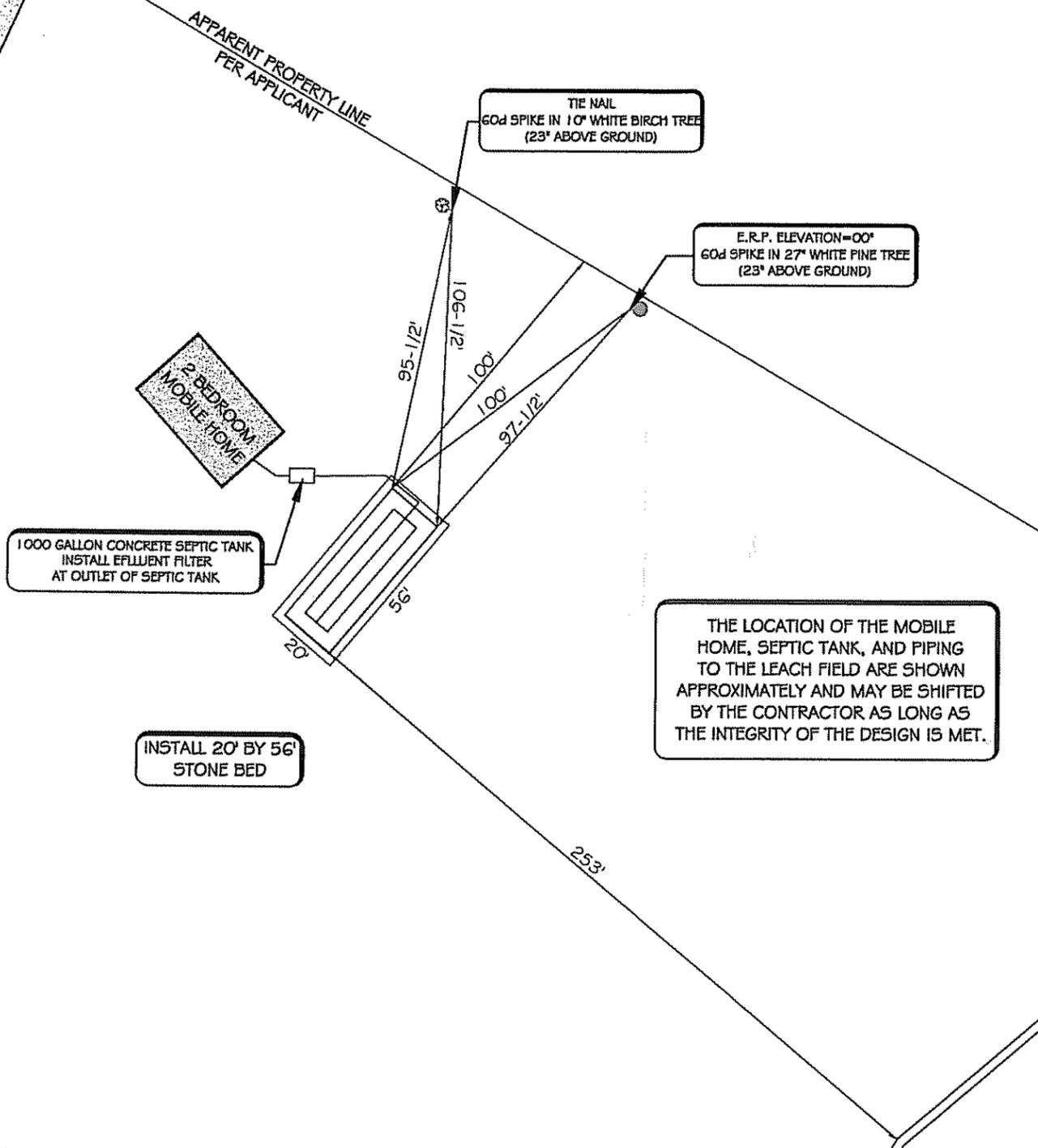
Owner's Name
Jack Sabourin

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 20'



SPRING ROAD



1000 GALLON CONCRETE SEPTIC TANK
 INSTALL EFFLUENT FILTER
 AT OUTLET OF SEPTIC TANK

INSTALL 20' BY 56'
 STONE BED

TIE NAIL
 60d SPIKE IN 10' WHITE BIRCH TREE
 (23' ABOVE GROUND)

E.R.P. ELEVATION=00'
 60d SPIKE IN 27' WHITE PINE TREE
 (23' ABOVE GROUND)

THE LOCATION OF THE MOBILE
 HOME, SEPTIC TANK, AND PIPING
 TO THE LEACH FIELD ARE SHOWN
 APPROXIMATELY AND MAY BE SHIFTED
 BY THE CONTRACTOR AS LONG AS
 THE INTEGRITY OF THE DESIGN IS MET.

| | | | |
|--|------------------------|---|----------------|
| PROJECT: JACK SABOURIN | SHEET TITLE: PLAN VIEW | ELEVATION REFERENCE POINT | ELEVATION: 00' |
| | | DESCRIPTION: 60d nail in 27' White Pine Tree (23' above ground) | |
| LOCATION: SPRING ROAD | SCALE: 1" = 50' | DATE: NOVEMBER 9, 2001 | |
| TOWN: AUGUSTA | COUNTY: KENNEBEC | STATE: MAINE | |
| COURT ROAD PO BOX 447 AUGUSTA, ME 04401-0447 1-800-241-4475 FOR US ONLY PO BOX 101 CALDEN, ME 04410-0101 1-800-241-4475 © 2001 | | | |
| | | | |
| PROJ. NO. 2001-437 | | HHE-200 | |

Site Evaluator's Signature *Kane P. Coffin*

SE # 331

Date: 11/19/01

