

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept of Health & Human Services
 Division of Health Engineering, 10SHS
 (207)287-5672 FAX (207)287-3165

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

City, Town, Plantation: **AUGUSTA 750**

Set or Road: **ROUTE 17 Eastern Ave**

Subdivision, Lot #: _____

OWNER/APPLICANT INFORMATION

Name (last, first, MI): **ELLIOTT, ERIC** Owner Applicant

Mailing Address of Owner/Applicant: **816 NECK ROAD SOUTH CHINA, ME 04358**

Daytime Tel. #: **207/692-2464**

Municipal Tax Map # **14** Lot # **c** Part of **Lot 25**

Date Permit Issued: **5/20/08** Fee: **\$100.00** Double Fee Charged

Local Plumbing Inspector Signature: *Way R. Little* L.P.I. # **850**

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: *Eric Elliott* 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: *Way R. Little* Date Approved: **5/17/08**

PERMIT INFORMATION

<p>TYPE OF APPLICATION</p> <p><input checked="" type="checkbox"/> 1. First Time System</p> <p><input type="checkbox"/> 2. Replacement System</p> <p>Type replaced _____</p> <p>Year installed _____</p> <p><input type="checkbox"/> 3. Expanded System</p> <p><input type="checkbox"/> a. Minor Expansion</p> <p><input type="checkbox"/> b. Major Expansion</p> <p><input type="checkbox"/> 4. Experimental System</p> <p><input type="checkbox"/> 5. Seasonal Conversion</p>	<p>THIS APPLICATION REQUIRES</p> <p><input checked="" type="checkbox"/> 1. No Rule Variance</p> <p><input type="checkbox"/> 2. First Time System Variance</p> <p><input type="checkbox"/> a. Local Plumbing Inspector approval</p> <p><input type="checkbox"/> b. State & Local Plumbing Inspector approval</p> <p><input type="checkbox"/> 3. Replacement System Variance</p> <p><input type="checkbox"/> a. Local Plumbing Inspector approval</p> <p><input type="checkbox"/> b. State & Local Plumbing Inspector approval</p> <p><input type="checkbox"/> 4. Minimum Lot Size Variance</p> <p><input type="checkbox"/> 5. Seasonal Conversion Permit</p>	<p>DISPOSAL SYSTEM COMPONENTS</p> <p><input checked="" type="checkbox"/> 1. Complete Non-engineered System</p> <p><input type="checkbox"/> 2. Primitive System (graywater & alt. toilet)</p> <p><input type="checkbox"/> 3. Alternative Toilet, specify _____</p> <p><input type="checkbox"/> 4. Non-Engineered Treatment Tank (only)</p> <p><input type="checkbox"/> 5. Holding Tank, _____ gallons</p> <p><input type="checkbox"/> 6. Non-engineered Disposal Field (only)</p> <p><input type="checkbox"/> 7. Separated Laundry System</p> <p><input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more)</p> <p><input type="checkbox"/> 9. Engineered Treatment Tank (only)</p> <p><input type="checkbox"/> 10. Engineered Disposal Field (only)</p> <p><input type="checkbox"/> 11. Pretreatment, specify: _____</p> <p><input type="checkbox"/> 12. Miscellaneous Components</p>
<p>SIZE OF PROPERTY</p> <p>148 <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres</p>	<p>DISPOSAL SYSTEM TO SERVE</p> <p><input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: 4</p> <p><input type="checkbox"/> 2. Multiple Family Dwelling Unit, No. of Units: _____</p> <p><input type="checkbox"/> 3. Other _____ (specify)</p> <p>Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped</p>	<p>TYPE OF WATER SUPPLY</p> <p><input checked="" type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private</p> <p><input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other</p>
<p>SHORELAND ZONING</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p><input checked="" type="checkbox"/> 1. Concrete</p> <p><input checked="" type="checkbox"/> a. Regular</p> <p><input type="checkbox"/> b. Low Profile</p> <p><input type="checkbox"/> 2. Plastic</p> <p><input type="checkbox"/> 3. Other _____</p> <p>CAPACITY 1000 GAL.</p>	<p>DISPOSAL FIELD TYPE & SIZE</p> <p><input checked="" type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench</p> <p><input type="checkbox"/> 3. Proprietary Device</p> <p><input type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear</p> <p><input type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load</p> <p><input type="checkbox"/> 4. Other _____</p> <p>SIZE 1200 <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.</p>	<p>GARBAGE DISPOSAL UNIT</p> <p>1. <input checked="" type="checkbox"/> No <input type="checkbox"/> 3. <input type="checkbox"/> Maybe</p> <p>2. <input type="checkbox"/> Yes -> Specify one below:</p> <p><input type="checkbox"/> a. multi-compartment tank</p> <p><input type="checkbox"/> b. _____ tanks in series</p> <p><input type="checkbox"/> c. increase in tank capacity</p> <p><input type="checkbox"/> d. Filter on Tank Outlet</p>	<p>DESIGN FLOW</p> <p>360 gallons per day</p> <p>BASED ON:</p> <p><input checked="" type="checkbox"/> 1. Table 501.1 (dwelling unit(s))</p> <p><input type="checkbox"/> 2. Table 501.2 (other facilities)</p> <p>SHOW CALCULATIONS -for other facilities-</p>
<p>SOIL DATA & DESIGN CLASS</p> <p>PROFILE CONDITION DESIGN</p> <p>3 / C / 1</p> <p>at Observation Hole # TP-1</p> <p>Depth 18 "</p> <p>of Most Limiting Soil Factor</p>	<p>DISPOSAL FIELD SIZING</p> <p>1. <input type="checkbox"/> Small - 2.0 sq. ft./gpd</p> <p>2. <input type="checkbox"/> Medium - 2.6 sq. ft./gpd</p> <p>3. <input checked="" type="checkbox"/> Medium-Large - 3.3 sq. ft./gpd</p> <p>4. <input type="checkbox"/> Large - 4.1 sq. ft./gpd</p> <p>5. <input type="checkbox"/> Extra-Large - 5.0 sq. ft./gpd</p>	<p>EFFLUENT/EJECTOR PUMP</p> <p>1. <input checked="" type="checkbox"/> Not Required</p> <p>2. <input type="checkbox"/> May Be Required</p> <p>3. <input type="checkbox"/> Required -> Specify only for engineered or experimental systems</p> <p>DOSE _____ gallons</p>	<p><input type="checkbox"/> 3. Section 503.0 (meter readings)</p> <p>ATTACH WATER METER DATA</p> <p>LATITUDE AND LONGITUDE</p> <p>at center of disposal area</p> <p>Lat. 44 d 17 m 26 s</p> <p>Long. 69 d 42 m 25 s</p> <p>if gps, state margin of error: 30 ft</p>

SITE EVALUATOR'S STATEMENT

I certify that on **5/7/08** (date) I completed a site evaluation on this property and state that the data reported are accurate and the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

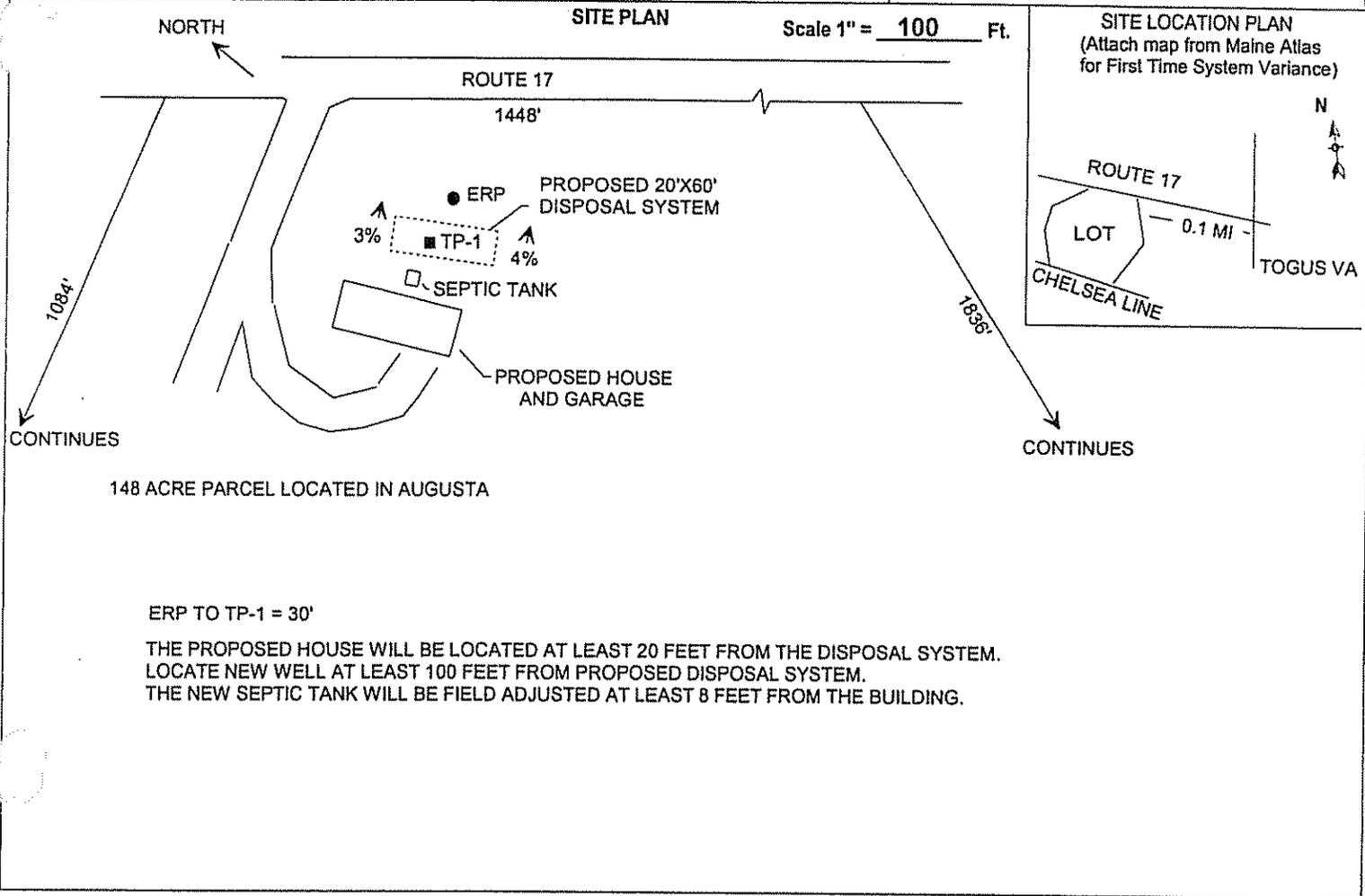
Signature: *William P Brown* SE# **188** Date: **5/7/2008**

Site Evaluator Name Printed: **WILLIAM P BROWN** Telephone Number: **293-2110** E-mail Address: _____

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
 Division of Health Engineering, Station 10
 (207) 287-5672 FAX 207 287-4165

Town, City, Plantation AUGUSTA	Street, Road, Subdivision ROUTE 17	Owner or Applicant Name ERIC ELLIOTT
--	--	--



SOIL PROFILE DESCRIPTION AND CLASSIFICATION					(Location of Observation Holes Shown Above)					
Observation Hole # <u>TP-1</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring <u>1</u> " Depth of organic horizon above mineral soil					Observation Hole # _____ <input type="checkbox"/> Test Pit <input type="checkbox"/> Boring _____ " Depth of organic horizon above mineral soil					
DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling	DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling	
0	SANDY LOAM WITH LARGE BOULDERS	FRIABLE	ORANGE BROWN	NONE COMMON	0					
10			LIGHT BROWN							
20			OLIVE BRN							
30		FIRM			30					
40					40					
50					50					
	Soil Profile 3	Classification Condition C	Slope Percent 3-4%	Limiting Factor Depth 18"		Soil Profile	Classification Condition	Slope %	Limiting Factor Depth	
				<input checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock					<input type="checkbox"/> Groundwater <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock	

WILLIAM P BROWN *William P Brown*
 Site Evaluator Signature

188
 SE #

5/7/2008
 Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10

Town, City, Plantation

Street, Road, Subdivision

Owner or Applicant Name

AUGUSTA

ROUTE 17

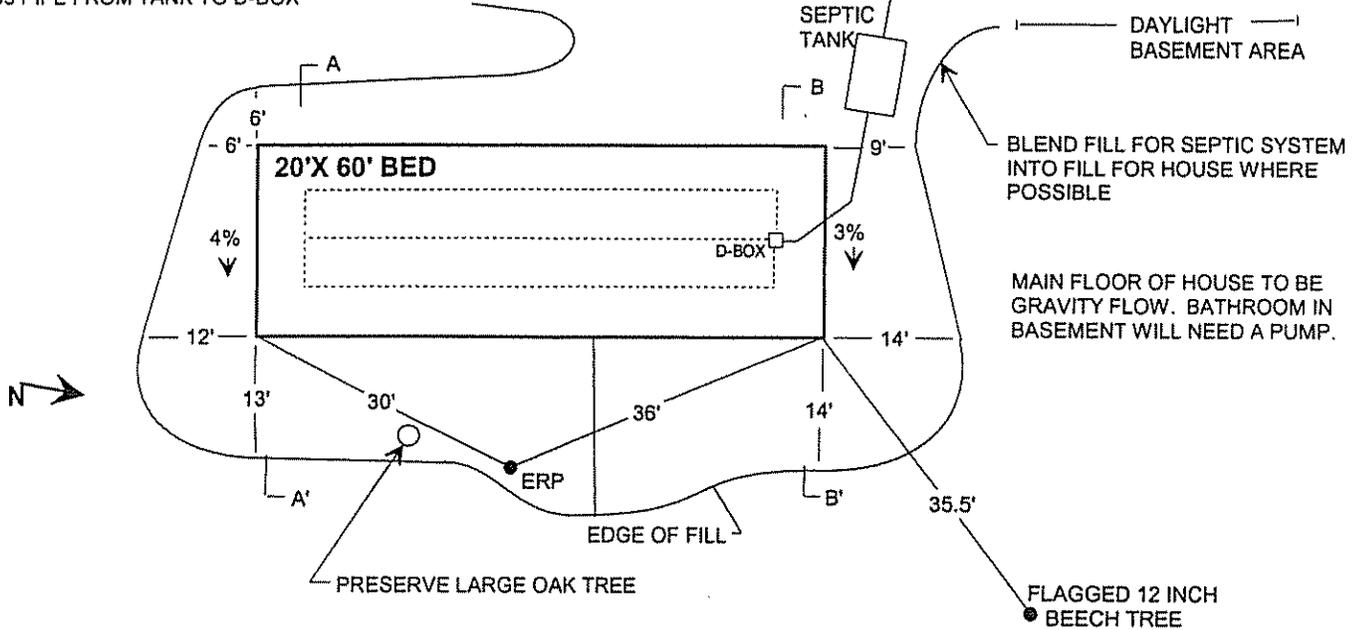
ERIC ELLIOTT

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.

LOCATE HOUSE WITH FULL FOUNDATION AT LEAST 20 FEET FROM THE DISPOSAL SYSTEM. NEW 1000 GALLON SEPTIC TANK TO BE FIELD ADJUSTED AT LEAST 8 FEET FROM HOUSE. LOCATE WELL AT LEAST 100 FT FROM DISPOSAL SYSTEM. D-BOX MAY BE LOCATED IN MIDDLE OR END (AS SHOWN)

USE SCHEDULE 40 PVC FROM HOUSE TO SEPTIC TANK
USE SDR 35 PIPE FROM TANK TO D-BOX



BACKFILL REQUIREMENTS

Depth of Fill (Upslope) **18-25"**
Depth of Fill (Downslope) **28-39"**
DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

Finished Grade Elevation **VARIES**
Top of Distribution Pipe or Proprietary device **-17"**
Bottom of Disposal Area **-28"**

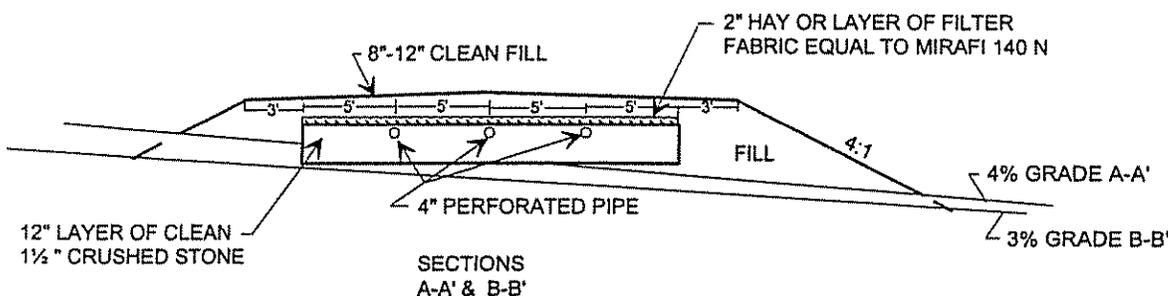
ELEVATION REFERENCE POINT

Location and Description:
FLAGGED NAIL IN 7 INCH BEECH TREE,
3 FEET ABOVE GROUND
Reference Elevation is: **00.0"**

DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = 5 Ft.
Horizontal: 1 inch = 10 Ft.



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

WILLIAM P BROWN
Site Evaluator Signature

188
SE #

5/7/2008
Date

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HHE-200 Rev. 10/02

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Division of Health Engineering, 10SHS
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PROPERTY LOCATION

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

Town, Location	AUGUSTA
Street or Road	ROUTE 17
Subdivision, Lot #	
OWNER/APPLICANT INFORMATION	
Name (last, first, MI)	ELLIOT, ERIC <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant
Mailing Address of Owner/Applicant	816 NECK ROAD SOUTH CHINA, ME 04358
Daytime Tel. #	207/692-2464

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 with this application and the Maine Subsurface Wastewater Disposal Rules

Municipal Tax Map # _____ Lot # _____

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.

Eric Elliot 7/2/2008
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 _____
(2nd) Date Approved _____

PERMIT INFORMATION

TYPE OF APPLICATION <input checked="" type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type replaced _____ Year installed _____ <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. Minor Expansion <input type="checkbox"/> b. Major Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	THIS APPLICATION REQUIRES <input checked="" type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector approval <input type="checkbox"/> b. State & Local Plumbing Inspector approval <input type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector approval <input type="checkbox"/> b. State & Local Plumbing Inspector approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	DISPOSAL SYSTEM COMPONENTS <input checked="" type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify _____ <input type="checkbox"/> 4. Non-Engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pretreatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous Components
SIZE OF PROPERTY 148 <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres	DISPOSAL SYSTEM TO SERVE: <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>4</u> <input type="checkbox"/> 2. Multiple Family Dwelling Unit, No. of Units: _____ <input type="checkbox"/> 3. Other _____ (specify) Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped	TYPE OF WATER SUPPLY <input checked="" type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other
SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK <input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other _____ CAPACITY <u>1000</u> GAL.	DISPOSAL FIELD TYPE & SIZE <input checked="" type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear <input type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other _____ SIZE <u>1200</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT 1. <input checked="" type="checkbox"/> No <input type="checkbox"/> 3. Maybe 2. <input type="checkbox"/> Yes >> Specify one below: <input type="checkbox"/> a. multi-compartment tank <input type="checkbox"/> b. _____ tanks in series <input type="checkbox"/> c. increase in tank capacity <input type="checkbox"/> d. Filter on Tank Outlet	DESIGN FLOW <u>360</u> gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 501.1 (dwelling unit(s)) <input type="checkbox"/> 2. Table 501.2 (other facilities) SHOW CALCULATIONS -for other facilities-
SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN <u>3 / C / 1</u> at Observation Hole # <u>TP-1</u> Depth <u>18</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 checked="" type="checkbox"/> Medium-Large - 3.3 sq. ft./gpd 4. <input type="checkbox"/> Large - 4.1 sq. ft./gpd 5. <input type="checkbox"/> Extra-Large - 5.0 sq. ft./gpd	EFFLUENT/EJECTOR PUMP 1. <input checked="" type="checkbox"/> Not Required 2. <input type="checkbox"/> May Be Required 3. <input type="checkbox"/> Required >> Specify only for engineered or experimental systems DOSE _____ gallons	<input type="checkbox"/> 3. Section 503.0 (meter readings) ATTACH WATER METER DATA LATITUDE AND LONGITUDE at center of disposal area Lat. <u>44</u> d <u>17</u> m <u>26</u> s Long. <u>69</u> d <u>42</u> m <u>27</u> s if gps, state margin of error: <u>30</u> ft.

SITE EVALUATOR'S STATEMENT

I certify that on 5/7/08 & 6/23/08 (date) I completed a site evaluation on this property and state that the data reported are accurate and the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

William P Brown _____ 188 _____ 5/7/2008 REVISED 6/23/2008
 Site Evaluator Signature SE# Date

WILLIAM P BROWN _____ 293-2110 _____
 Site Evaluator Name Printed Telephone Number E-mail Address

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept of Health & Human Services
 Division of Health Engineering, 10SHS
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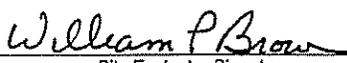
PROPERTY LOCATION		>> CAUTION: PERMIT REQUIRED -- ATTACH IN SPACE BELOW <<
City, Town, or Plantation	AUGUSTA	
Street or Road	ROUTE 17	

OWNER/APPLICANT INFORMATION		The Subsurface Wastewater Disposal System <i>shall not</i> 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 with this application and the Maine Subsurface Wastewater Disposal Rules
Name (last, first, MI)	ELLIOT, ERIC <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	
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Daytime Tel. #	207/692-2464	

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 Signature of Owner/Applicant		_____ Local Plumbing Inspector Signature	
8/11/2008 Date		(1st) Date Approved	
		(2nd) Date Approved	

PERMIT INFORMATION			
TYPE OF APPLICATION <input checked="" type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type replaced _____ Year installed _____ <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. Minor Expansion <input type="checkbox"/> b. Major Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	THIS APPLICATION REQUIRES <input checked="" type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector approval <input type="checkbox"/> b. State & Local Plumbing Inspector approval <input type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector approval <input type="checkbox"/> b. State & Local Plumbing Inspector approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	DISPOSAL SYSTEM COMPONENTS <input checked="" type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify _____ <input type="checkbox"/> 4. Non-Engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pretreatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous Components	DISPOSAL SYSTEM TO SERVE: <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>4</u> <input type="checkbox"/> 2. Multiple Family Dwelling Unit, No. of Units: _____ <input type="checkbox"/> 3. Other _____ (specify) Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped
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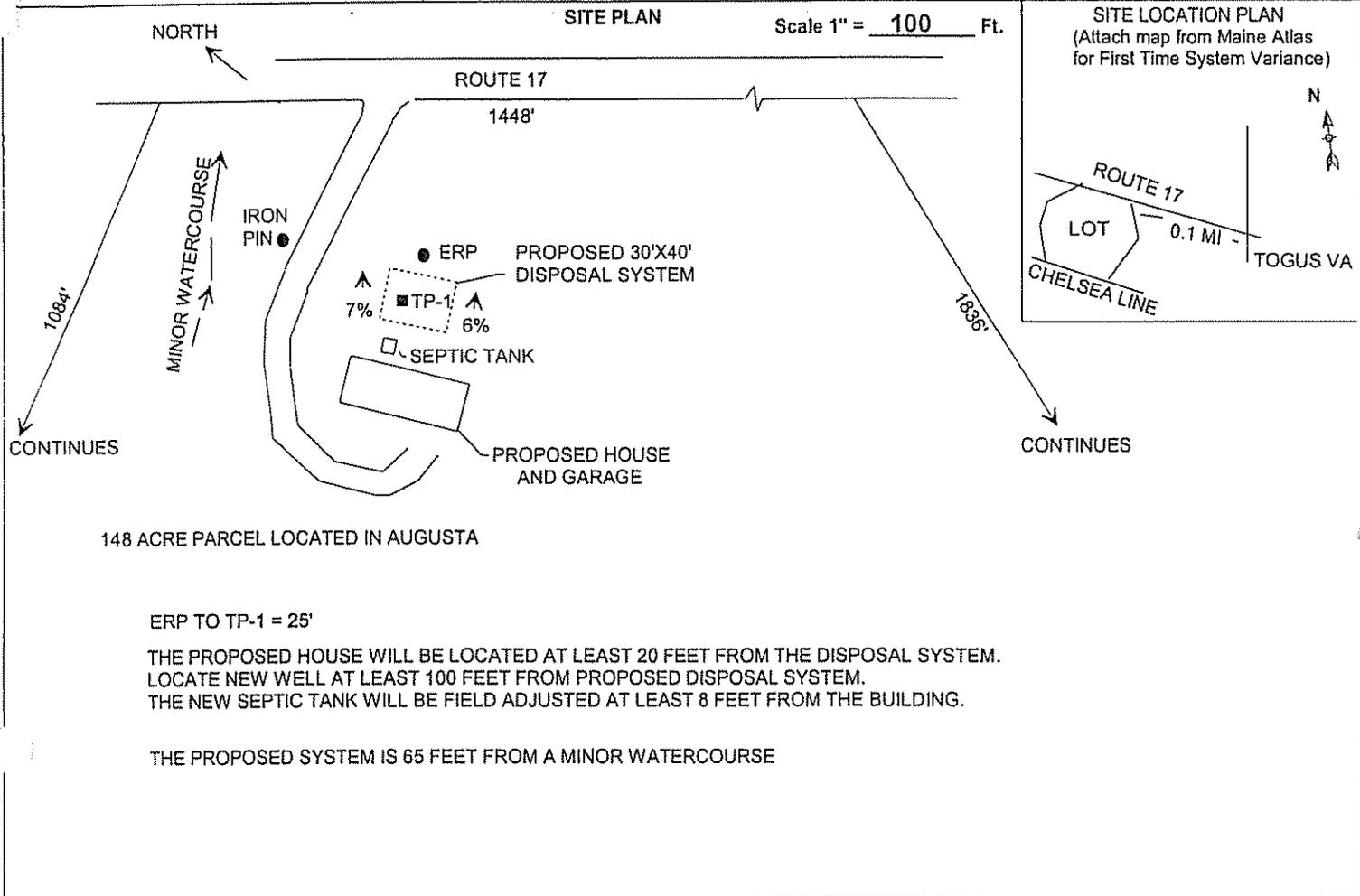
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SOIL DATA & DESIGN CLASS PROFILE <u>3</u> / CONDITION <u>C</u> / DESIGN <u>1</u> at Observation Hole # <u>TP-1</u> Depth <u>18</u> " of Most Limiting Soil Factor	DISPOSAL FIELD SIZING 1. <input type="checkbox"/> Small - 2.0 sq. ft./gpd 2. <input type="checkbox"/> Medium - 2.6 sq. ft./gpd 3. <input checked="" type="checkbox"/> Medium-Large - 3.3 sq. ft./gpd 4. <input type="checkbox"/> Large - 4.1 sq. ft./gpd 5. <input type="checkbox"/> Extra-Large - 5.0 sq. ft./gpd	EFFLUENT/EJECTOR PUMP 1. <input checked="" type="checkbox"/> Not Required 2. <input type="checkbox"/> May Be Required 3. <input type="checkbox"/> Required >> Specify only for engineered or experimental systems DOSE _____ gallons	LATITUDE AND LONGITUDE at center of disposal area Lat. <u>44</u> d <u>17</u> m <u>26</u> s Long. <u>69</u> d <u>42</u> m <u>27</u> s If gps, state margin of error: <u>30</u> ft

SITE EVALUATOR'S STATEMENT			
I certify that on <u>5/7/08 & 6/23/08</u> (date) I completed a site evaluation on this property and state that the data reported are accurate and the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).			
	188	5/7/2008 REVISED 6/23/2008 & 8/11/08	
Site Evaluator Signature	SE#	Date	
WILLIAM P BROWN	293-2110		
Site Evaluator Name Printed	Telephone Number	E-mail Address	

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Town, City, Plantation: **AUGUSTA** Street, Road, Subdivision: **ROUTE 17** Owner or Applicant Name: **ERIC ELLIOT**



SOIL PROFILE DESCRIPTION AND CLASSIFICATION				(Location of Observation Holes Shown Above)			
Observation Hole # TP-1 <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring				Observation Hole # _____ <input type="checkbox"/> Test Pit <input type="checkbox"/> Boring			
1" Depth of organic horizon above mineral soil				_____ " Depth of organic horizon above mineral soil			
Texture	Consistency	Color	Mottling	Texture	Consistency	Color	Mottling
SANDY LOAM	FRIABLE	DARK BRN					
		ORANGE BROWN					
		LIGHT BROWN	NONE COMMON				
	FIRM	OLIVE BRN					
PTH BELOW MINERAL SOIL SURFACE (Inches)				DEPTH BELOW MINERAL SOIL SURFACE (Inches)			
0				0			
10				10			
20				20			
30				30			
40				40			
50				50			
Soil Profile 3	Classification Condition C	Slope Percent 6-7%	Limiting Factor Depth 18"	Soil Profile _____	Classification Condition _____	Slope Percent _____	Limiting Factor Depth _____
			<input checked="" type="checkbox"/> Groundwater				<input type="checkbox"/> Groundwater
			<input type="checkbox"/> Restrictive Layer				<input type="checkbox"/> Restrictive Layer
			<input type="checkbox"/> Bedrock				<input type="checkbox"/> Bedrock

WILLIAM P BROWN *William P Brown*
 Site Evaluator Signature

188
 SE #

5/7/2008 REVISED 6/23/08 & 8/11/08 Page 2 of 3
 Date HHE-200 Rev. 10/02

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10

Town, City, Plantation

Street, Road, Subdivision

Owner or Applicant Name

AUGUSTA

ROUTE 17

ERIC ELLIOT

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.

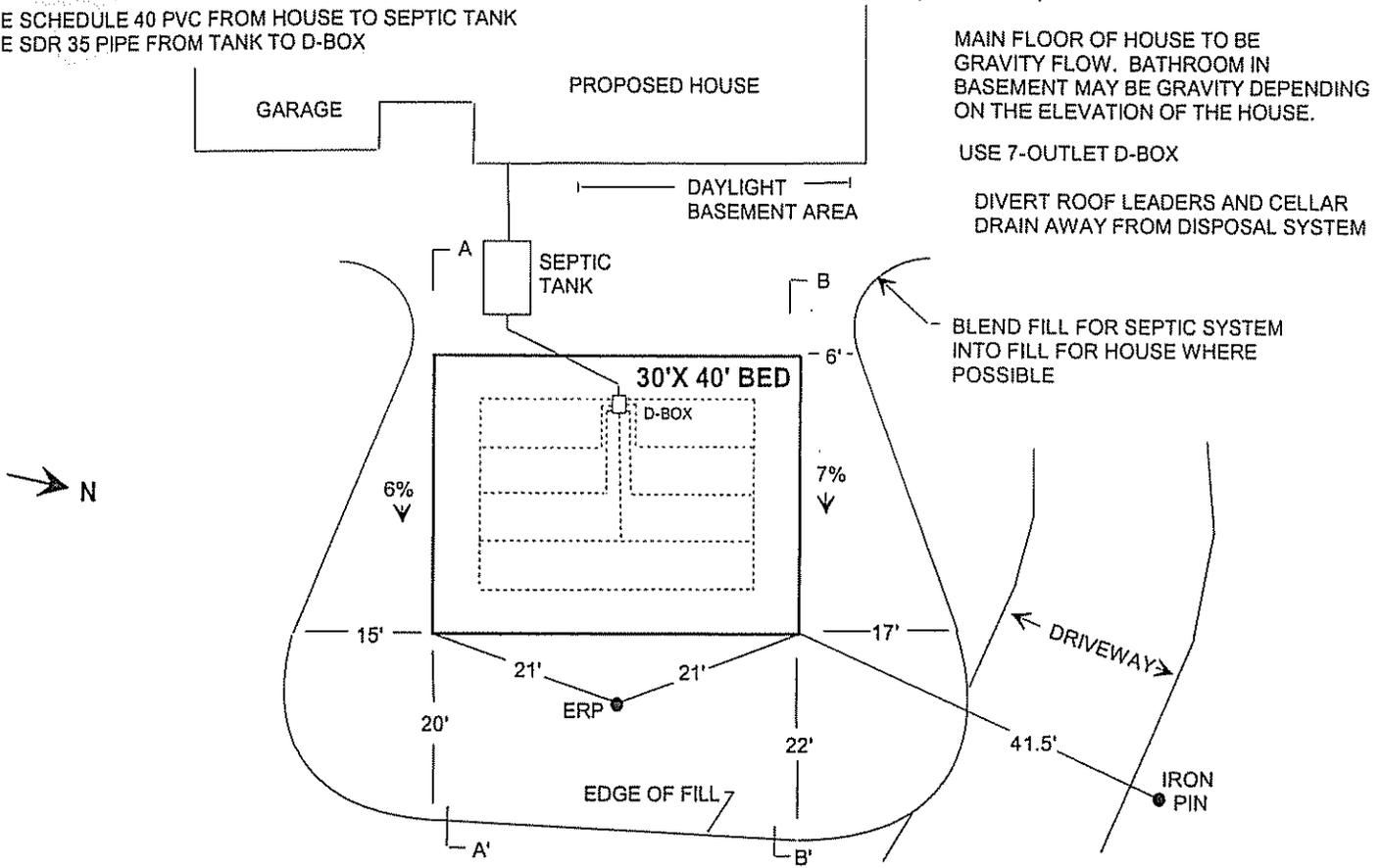
LOCATE HOUSE WITH FULL FOUNDATION AT LEAST 20 FEET FROM THE DISPOSAL SYSTEM. NEW 1000 GALLON SEPTIC TANK TO BE FIELD ADJUSTED AT LEAST 8 FEET FROM HOUSE.
LOCATE WELL AT LEAST 100 FT FROM DISPOSAL SYSTEM. D-BOX MAY BE LOCATED IN MIDDLE (AS SHOWN) OR END
USE SCHEDULE 40 PVC FROM HOUSE TO SEPTIC TANK
USE SDR 35 PIPE FROM TANK TO D-BOX

MAIN FLOOR OF HOUSE TO BE GRAVITY FLOW. BATHROOM IN BASEMENT MAY BE GRAVITY DEPENDING ON THE ELEVATION OF THE HOUSE.

USE 7-OUTLET D-BOX

DIVERT ROOF LEADERS AND CELLAR DRAIN AWAY FROM DISPOSAL SYSTEM

BLEND FILL FOR SEPTIC SYSTEM INTO FILL FOR HOUSE WHERE POSSIBLE



BACKFILL REQUIREMENTS

Depth of Fill (Upslope) **3-18"**
Depth of Fill (Downslope) **40-43"**
DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

Finished Grade Elevation **VARIES**
Top of Distribution Pipe or Proprietary device **-22"**
Bottom of Disposal Area **-33"**

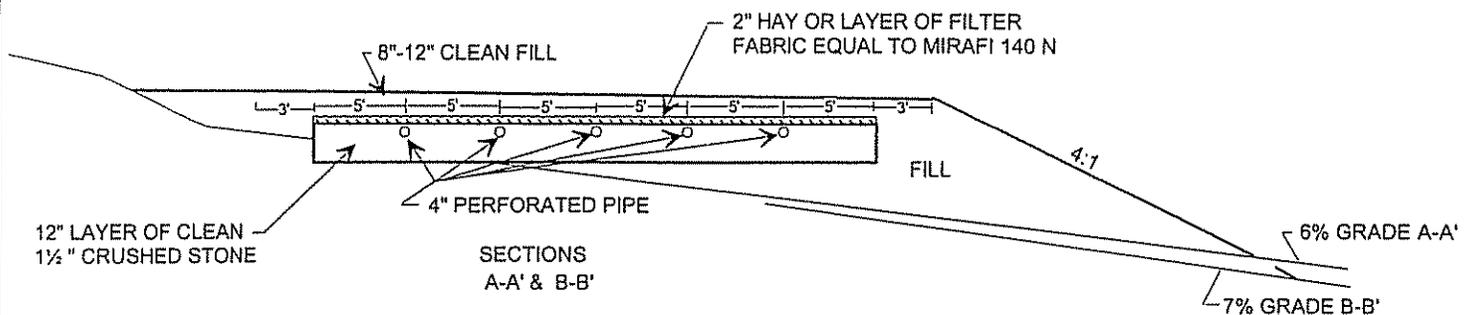
ELEVATION REFERENCE POINT

Location and Description:
FLAGGED NAIL IN 12 INCH BEECH TREE,
5 FEET ABOVE GROUND
Reference Elevation is: **00.0"**

DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = 5 Ft.
Horizontal: 1 inch = 10 Ft.



REMOVE STUMPS AND VEGETATION IN DISPOSAL AREA
AERIFY ENTIRE FILL AREA
MIX 4 INCHES OF FILL MATERIAL THOROUGHLY WITH EXISTING SOIL TO FORM A TRANSITION ZONE (ACCORDING TO CHAPTER 8, PLUMBING CODE)
ALL FILL SHALL BE GRAVELLY COARSE SAND
SLOPE FINISH GRADE ALL ONE-WAY (AS SHOWN)
LOAM, SEED, MULCH DISTURBED AREAS

WILLIAM P BROWN
Site Evaluator Signature

William P Brown

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Date HHE-200 Rev. 10/02