SUBSURFACE WASTEWATER DISPOSAL SYS

Maine Dept Health & Human Services

AUGUSTA PERMIT #6970 TOWN COPY
Date Permit Issued: 7/31/14 $ 250.00 fee
15.00
LPI # 850

PROPERTY LOCATION

City, Town, or Plantation	AUGUSTA
Street or Road	373 SPRING ROAD
Subdivision, Lot #	M15/L5

OWNER/APPLICANT INFORMATION

Name (last, first, MI)	McCLARY, TIM ☒ Owner ☐ Applicant
Mailing Address of Owner/Applicant	310 HORSEPOINT ROAD BELGRADE, ME 04917
Daytime Tel. #	207 215 2734

Municipal Tax Map # 15 Lot # 5

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.

(1st) date approved

Local Plumbing Inspector Signature (2nd) date approved

PERMIT INFORMATION

TYPE OF APPLICATION
- ☐ 1. First Time System
- ☒ 2. Replacement System
  - Type replaced: METAL TANK + WALKWAY
  - Year installed: 1960±
- ☐ 3. Expanded System
  - ☐ a. <25% Expansion
  - ☐ b. >25% Expansion
- ☐ 4. Experimental System
- ☐ 5. Seasonal Conversion

SIZE OF PROPERTY
7,500 ☒ SQ. FT. ☐ ACRES

SHORELAND ZONING
☐ Yes ☒ No

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 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

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

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: 900 ☒ 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 4A (dwelling unit(s))
- ☐ 2. Table 4C(other facilities)
  SHOW CALCULATIONS for other facilities
- ☐ 3. Section 4G (meter readings)
  ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS
PROFILE CONDITION 1
12/9/ C
at Observation Hole # TP 1 & 3
Depth 25"
of Most Limiting Soil Factor
OLD FILLED LAND

DISPOSAL FIELD SIZING
- ☐ 1. Medium---2.6 sq. ft. / gpd
- ☐ 2. Medium---Large 3.3 sq. ft / gpd
- ☐ 3. Large---4.1 sq. ft. / gpd
- ☒ 4. 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. N 44 d 17 m 15.4 s
Lon. W 69 d 41 m 59.1 s
if g.p.s, state margin of error: 22'±

SITE EVALUATOR STATEMENT

I certify that on 11/25/13 (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 # 168	Date 11/26/13
Site Evaluator Name Printed: TOM W. LORD, JR.	Telephone Number: 207 445 3402	E-mail Address: TWLOMAX@FAIRPOINT.NET

Note : Changes to or deviations from the design should be confirmed with the Site Evaluator.
DESIGN SUBJECT TO LOCAL, STATE + FEDERAL ORDINANCES.

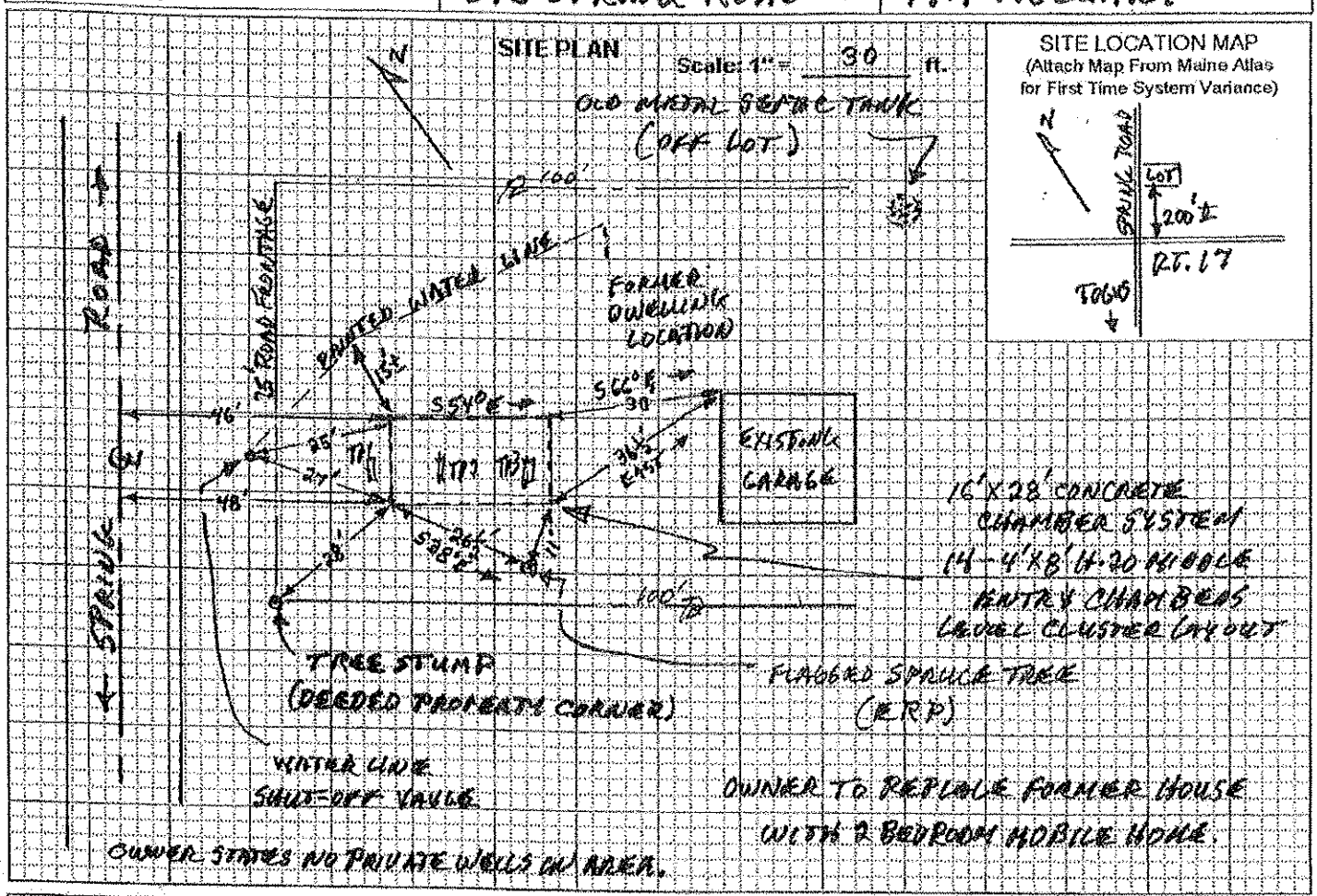
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services
Division of Environmental Health, STS 11
(207) 287-5338 FAX (207) 287-3165

Town, City, Plantation	Street, Road, Subdivision	Owner or Applicant Name
AUGUSTA	373 SPRING ROAD	TIM McCLARY

SITE PLAN

Scale: 1" = 30 ft.



SITE LOCATION MAP

(Attach Map From Maine Atlas for First Time System Variance)

SOIL PROFILE DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole # TP 1, 2 + 3 ☒ Test Pits ☐ Boring

0 " Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–6	OLD			
6–12	GRAVEL	LOOSE	10YR 3/3	
12–18	FILL			
18–24				
24–30	SILTY	VERY		MANY
30–36	CLAY	FIRM	5Y5/2	PROMINENT
36–42				
42–48				

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	
12/9	C	level	25	☒ Groundwater ☒ Restrictive Layer ☐ Bedrock

Observation Hole # _____ ☐ Test Pit ☐ Boring

_____ " Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–6				
6–12				
12–18				
18–24				
24–30				
30–36				
36–42				
42–48				

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	
				☐ Groundwater ☐ Restrictive Layer ☐ Bedrock

Site Evaluator Signature: [signature] SE # 168 Date 11/26/13

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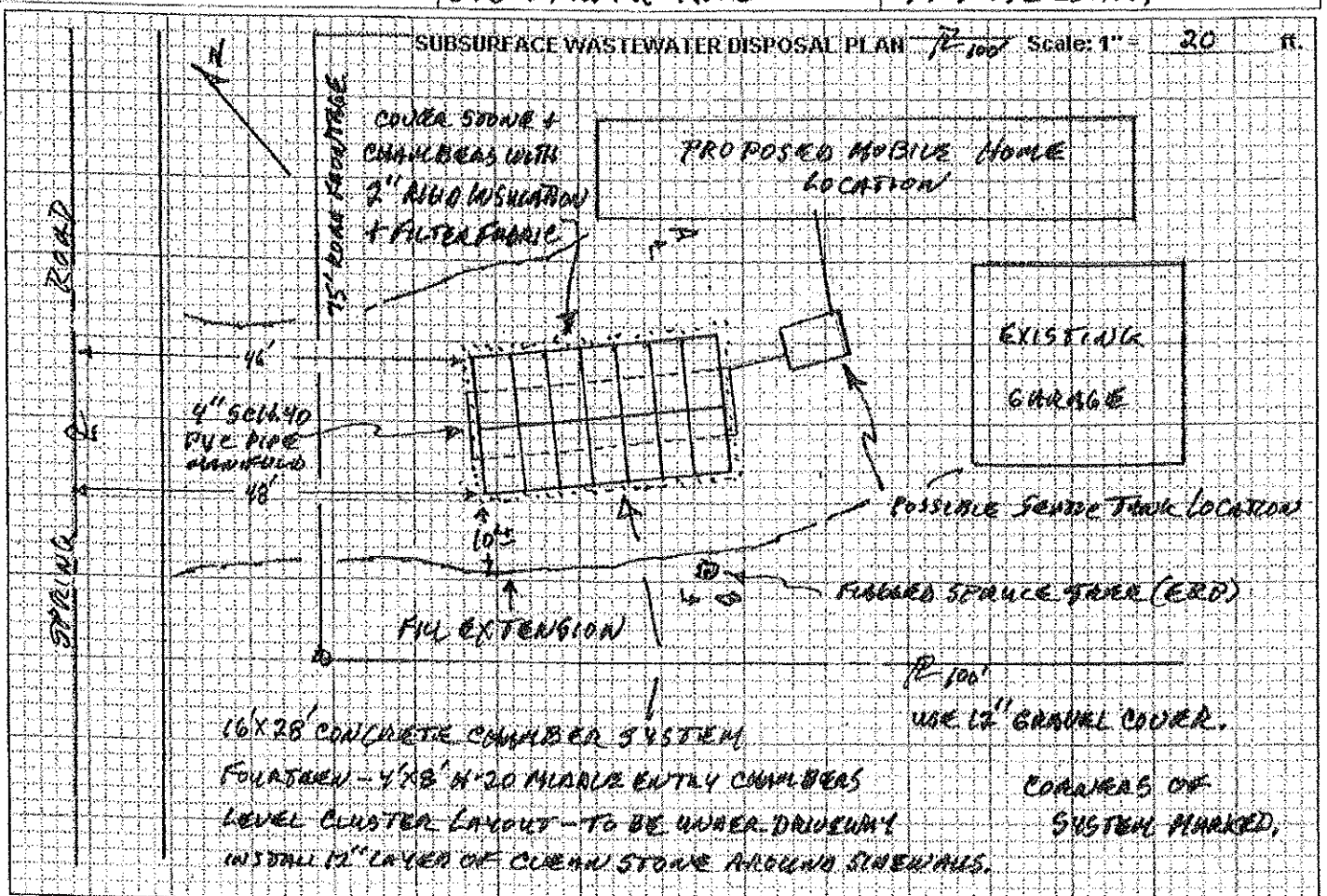
SUBSURFACE WASTEWATER DISPOSAL PLAN

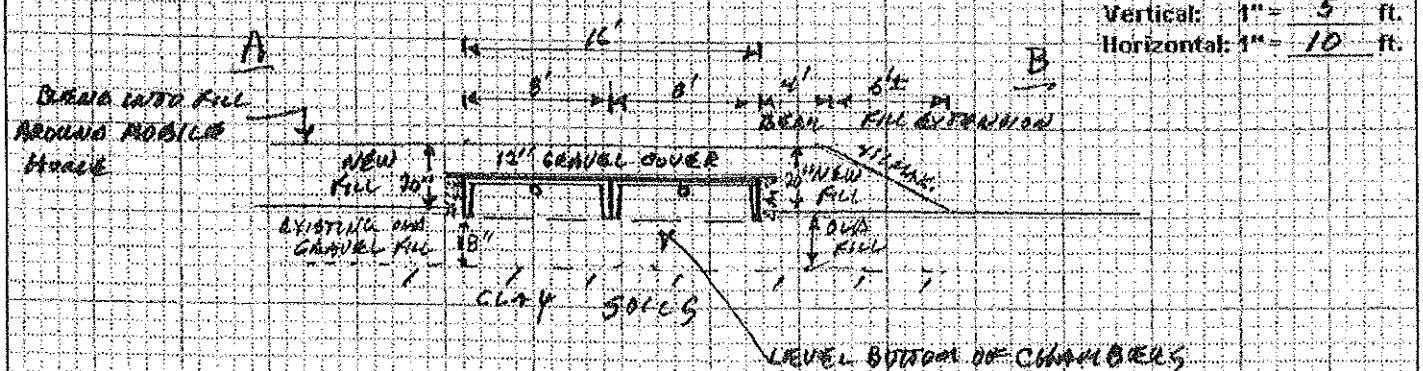
R-100' Scale: 1" = 20 ft.



BACKFILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT (ERP)
Depth of Backfill (upslope)	20± "	Finished Grade Elevation	-33 "	Location & Description: FLAGGED NAIL IN
Depth of Backfill (downslope)	20± "	Top of ~~Distribution Pipe of~~ Proprietary Device	-47 "	SPRUCE TREE 48" ABOVE GRADE AT TREE
DEPTHS AT CROSS-SECTION (shown below)		Bottom of Disposal Field	-60 "	Reference Elevation is: 0.0" at

DISPOSAL FIELD CROSS-SECTION

Scales: Vertical: 1" = 5 ft. Horizontal: 1" = 10 ft.



REMOVE ORGANICS AND SCARIFY SOILS BEFORE INSTALLING CHAMBERS.
TEXTURE OF FILL TO BE GRAMULLY COARSE SAND.
FOLLOW EROSION & SEDIMENT CONTROL BEST MANAGEMENT PRACTICES.
REFER TO MAINE STATE PLUMBING CODE & MANUFACTURERS SPECIFICATIONS.

Site Evaluator Signature | 168 SE # | 11/26/13 Date