MS/L10A AF 11/25/13

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept.Health & Human Services
Div of Environmental Health , 11 SHS
(207) 287-5672 Fax: (207) 287-4172

PROPERTY LOCATION

City, Town, or Plantation	AUGUSTA
Street or Road 981	EASTERN AVE
Subdivision, Lot #	

AUGUSTA PERMIT #6876 TOWN COPY
Date Permit Issued: 11/25/13 $ 265 fee
LPI # 1137

OWNER/APPLICANT INFORMATION

Name (last, first, MI)	LEIF LIZOTTE ☑ Owner ☑ Applicant
Mailing Address of Owner/Applicant	981 EASTERN AVE AUGUSTA, ME. 04330
Daytime Tel. #	

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 authoirzed 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: ?
Year installed: ?
3. Expanded System
☐ a. <25% Expansion
☐ b. ≥25% 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
2+ ☐ SQ. FT. ✓ ACRES

SHORELAND ZONING
☐ Yes ✓ No

DISPOSAL SYSTEM TO SERVE
✓ 1. Single Family Dwelling Unit, No. of Bedrooms: 3
☐ 2. Multiple Family Dwelling, No. of Units:
☐ 3. Other: (specify)
Current Use ☐ Seasonal ✓ Year Round ☐ Undeveloped

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: 4000 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
270 gallons per day
BASED ON:
✓ 1. Table 4A (dwelling unit(s))
☐ 2. Table 4C(other facilities)
SHOW CALCULATIONS for other facilites
☐ 3. Section 4G (meter readings)
ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS
PROFILE CONDITION
3 , 0
at Observation Hole # 1
Depth 22 "
of Most Limiting Soil Factor

DISPOSAL FIELD SIZING
☐ 1. Medium---2.6 sq. ft. / gpd
✓ 2. Medium---Large 3.3 sq. f.t / 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. 44 d 16 m 357 s
Lon. 69 d 41 m 311 s
if g.p.s, state margin of error: 10

SITE EVALUATOR STATEMENT

I certify that on 11/19/13 (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 # 256 — Date 11/19/13

JOHN PHILBRICK
Site Evaluator Name Printed — Telephone Number 547-3732 — E-mail Address

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Health & Human Services
Division of Environmental Health
(207) 287-5672 Fax: (207) 287-3165

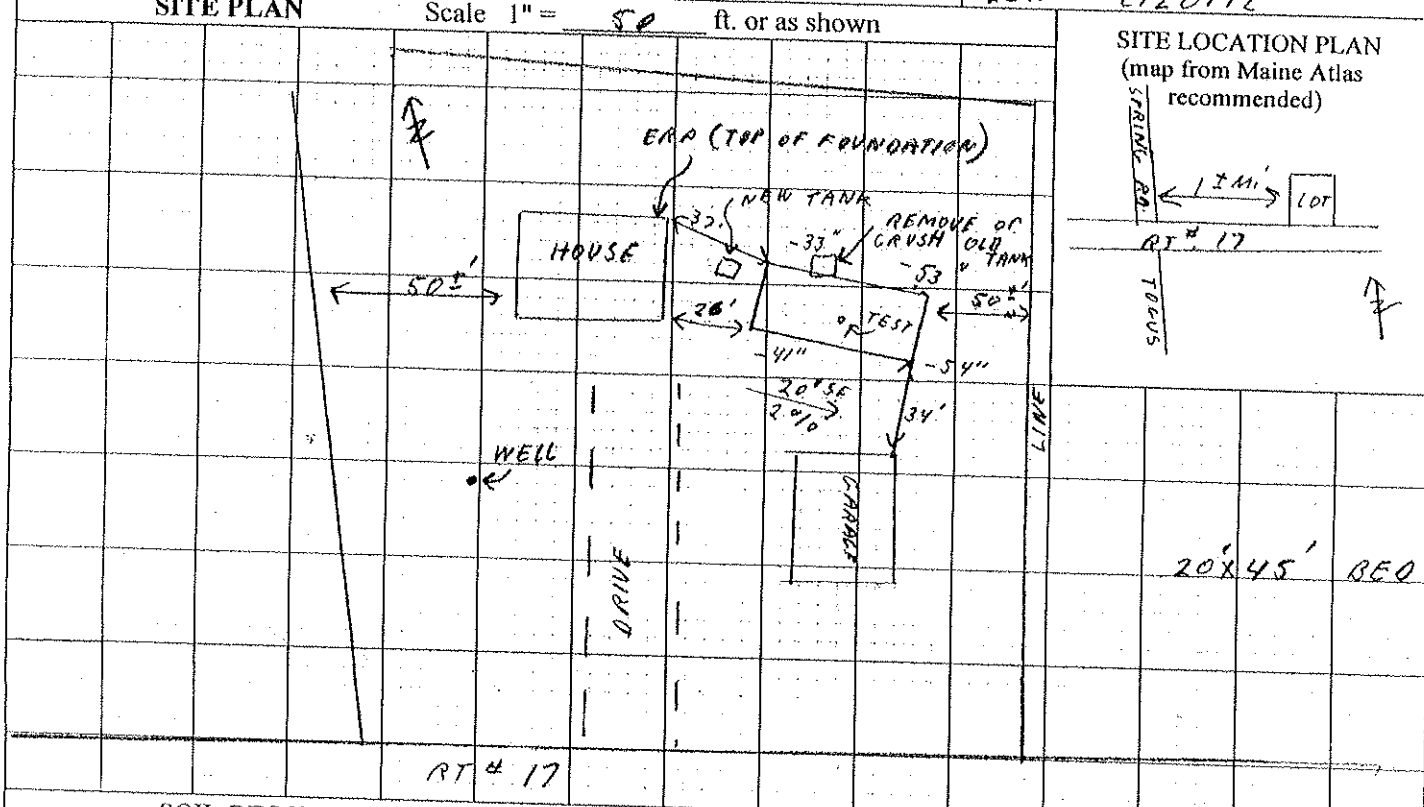
Town, City, Plantation: AUGUSTA

Street, Road, Subdivision: RT. # 17

Owner's Name: LEIF LIZOTTE

SITE PLAN

Scale 1" = 50 ft. or as shown



SITE LOCATION PLAN
(map from Maine Atlas recommended)

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

Observation Hole _____ ☐ Test Pit ☐ Boring

_____ " Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0	MIXED SANDY FILL	FRIABLE	TAN	NONE
10	BRE 74			
20	ORIGINAL LOAMY SAND		DARK GR TO YELLOW BR. TO GRAY	
30		FIRM		COMMON DISTINCT
40				
50				

Soil Classification	Slope	Limiting Factor	
3 Profile / C Condition	2 %	22"	[✓] 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	Consistency	Color	Mottling
0				
10				
20				
30				
40				
50				

Soil Classification	Slope	Limiting Factor	
_____ Profile / _____ Condition	_____ %	_____ "	[ ] Ground Water [ ] Restrictive Layer [ ] Bedrock [ ] Pit Depth

Site Evaluator Signature: [signature] SE # 256 Date 11/19/13

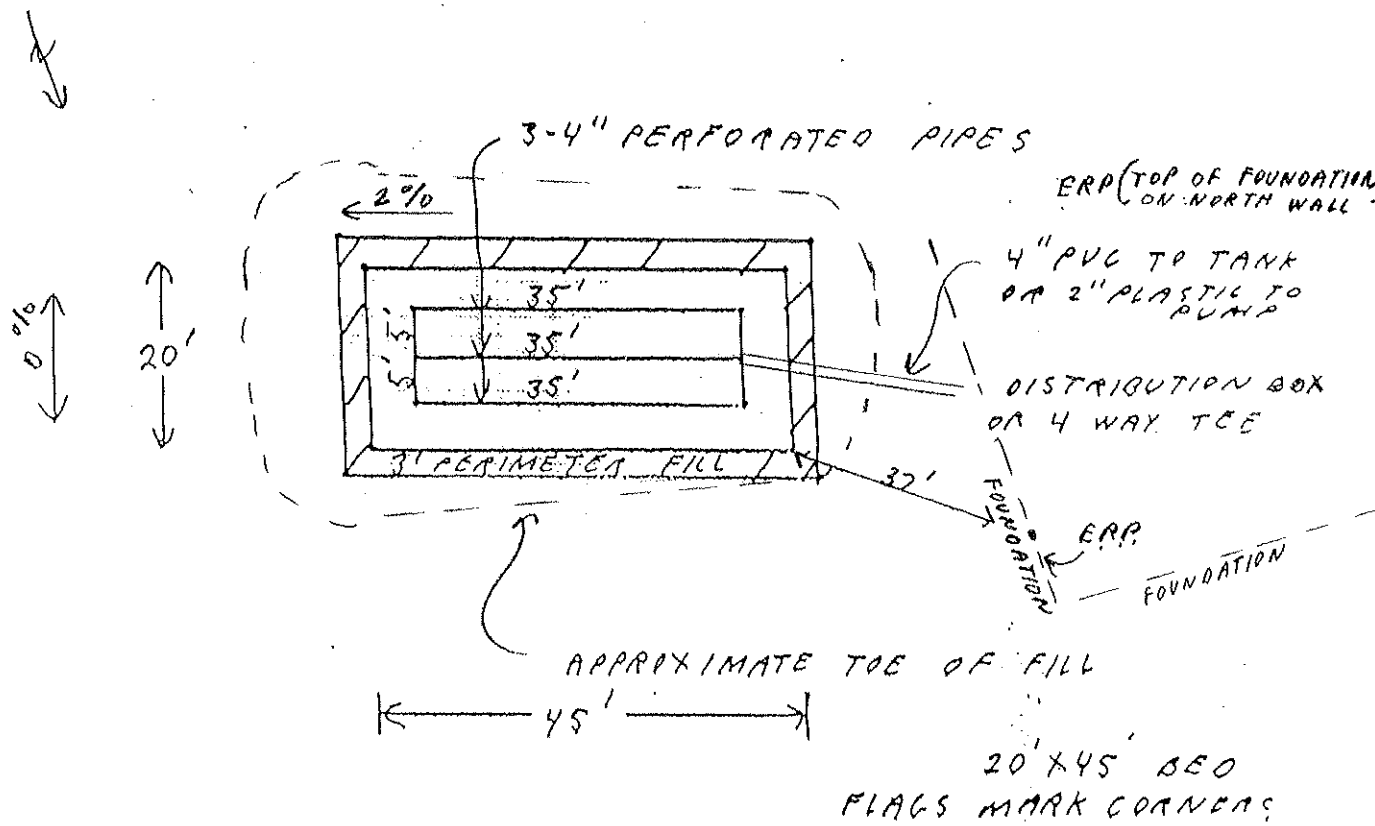
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

08246445

Town, City, Plantation	Street, Road, Subdivision	Owner's Name
AUGUSTA	RT. # 17	LEIF LIZOTTE

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 ft. or as shown



FILL REQUIREMENTS

Depth of Fill (Upslope) 5"

Depth of Fill (Downslope) 18"

CONSTRUCTION ELEVATION

Reference Elevation is 0"

Bottom of Disposal Area -59"

Top of Distribution Lines or Chambers -48"

ELEVATION REFERENCE POINT

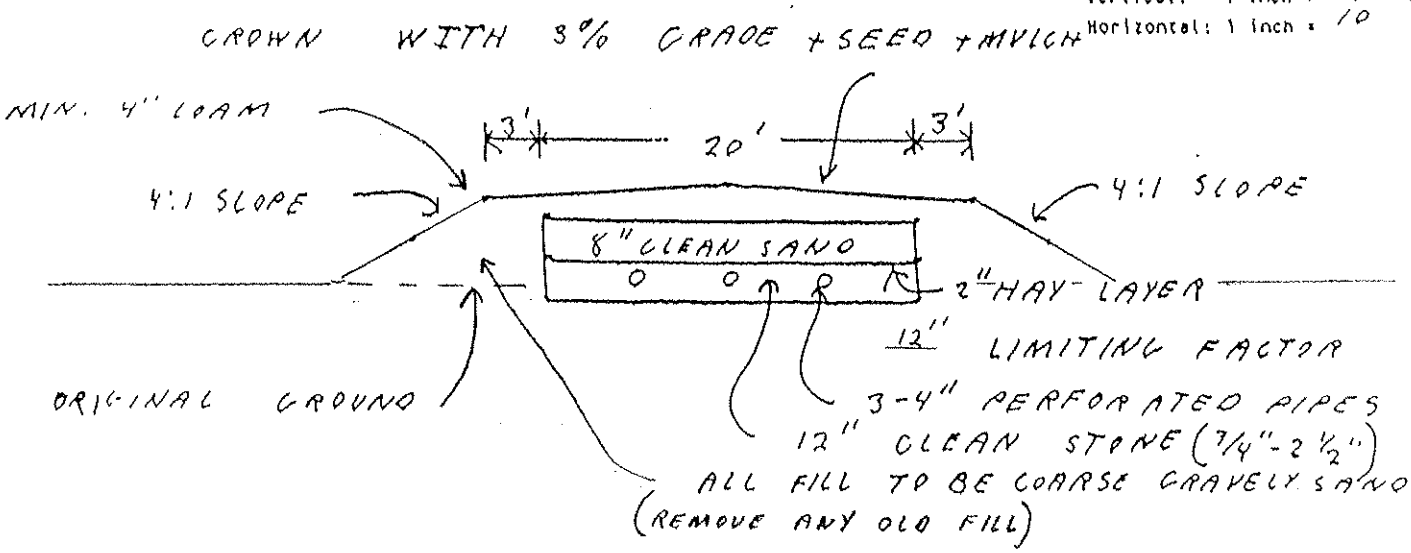
E.R.P. IS TOP OF FOUNDATION 26' WEST OF SYSTEM

DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = 5 ft.

Horizontal: 1 inch = 10 ft.



Site Evaluator Signature

256
SEN

11/19/13
Date

Approved for use as HHE 200 by Division of Health Engineering 9-87