

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & 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: **PAPPY'S LANE**

Subdivision, Lot #: _____

Town: **AUGUSTA**

Date Permit Issued: **10/25/10**

PERMIT # **6510** TOWN COPY **15.00**

Local Plumbing Inspector Signature: *May R. Luthin*

L.P.I. # **850**

FEE: \$ **1201.00** (Double Fee Charged)

OWNER/APPLICANT INFORMATION

Name (Last, First, MI): **GOODCHILD, COREY**

Mailing Address of Owner/Applicant: **576 RIVERSIDE DRIVE, APT. 21
AUGUSTA, ME 04330**

Daytime Tel. #: **(207) 624-2574**

Municipal Tax Map # **15** Lot # **33**

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.

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Application.

Signature of Owner/Applicant: *Corey Goodchild*

Date: **9-13-10**

Local Plumbing Inspector Signature: *May R. Luthin*

10/29/10 (1st) Date Approved
11/8/10 (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 Variance	DISPOSAL SYSTEM COMPONENT(S) <input type="checkbox"/> 1. Complete Non-Engineered System <input type="checkbox"/> 2. Primitive System (greywater & 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) <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 2-3 <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)	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	Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK <input checked="" type="checkbox"/> 1. Concrete <input type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other _____ CAPACITY 1000 gallons	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 1200 sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT <input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, Specify one below: <input type="checkbox"/> a. Multicompartement 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 360 gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 501.1 (dwelling units) <input type="checkbox"/> 2. Table 501.2 (other facilities) SHOW CALCULATIONS -for other facilities-
SOIL DATA & DESIGN CLASS PROFILE <u>2</u> / CONDITION <u>C</u> / DESIGN <u>1</u> at Observation Hole # <u>TP</u> Depth <u>28"</u> of most limiting Soil Factor	DISPOSAL FIELD SIZING <input type="checkbox"/> 1. Small - 2.0 sq. ft./gpd <input type="checkbox"/> 2. Medium - 2.6 sq. ft./gpd <input checked="" type="checkbox"/> 3. Medium-Large - 3.3 sq. ft./gpd <input type="checkbox"/> 4. Large - 4.1 sq. ft./gpd <input type="checkbox"/> 5. Extra-Large - 5.0 - sq. ft./gpd	PUMPING <input type="checkbox"/> 1. Not Required <input checked="" type="checkbox"/> 2. May Be Required <input type="checkbox"/> 3. Required Specify only for engineered 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. 44 d 16 m 38.5 s Lon. 69 d 39 m 13.4 s if g.p.s. state margin of error:

SITE EVALUATOR'S STATEMENT

I certify that on **4/22/2010** (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)

Signature: *Richard A. Green*

Site Evaluator Signature

RICHARD A. GREEN

Site Evaluator Name Printed

195

SE#

(207)685-8141

Telephone Number

04/22/2010

Date

richard.a.green@roadrunner.com

E-mail Address

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

HHE-200 Rev. 4/05

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 (207) 287-5672 FAX (207)287-3165

Town, City, Plantation

AUGUSTA

Street, Road, Subdivision

PAPPY'S LANE

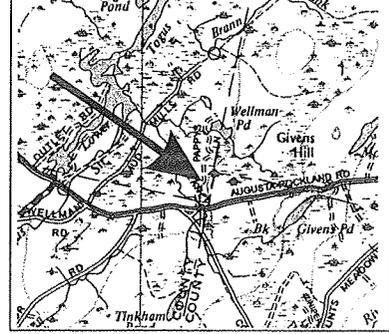
Owner or Applicant Name

GOODCHILD, COREY

SITE PLAN

Scale 1" = 50 Ft.

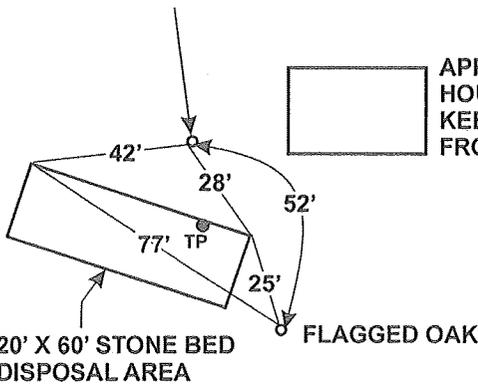
SITE LOCATION MAP
 (Attach map from Maine Atlas)



APPROXIMATE PROPOSED PROPERTY LINE

APPROXIMATE PROPERTY LINE

ELEVATION REFERENCE POINT - NAIL IN OAK



APPROXIMATE HOUSE LOCATION
 KEEP MINIMUM 20'
 FROM DISPOSAL AREA



PAPPY'S LANE

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

Observation Hole # TP Test Pit Boring

_____ " Depth of Organic Horizon Above Mineral Soil

0	Texture	Consistency	Color	Mottling
0			DARK BROWN	
6	SANDY	FRIABLE		
10	LOAM		ORANGE BROWN	
15			BROWN	
20				
30			OLIVE	COMMON
40				
50				

Soil Classification 2 C Slope 4 % Limiting Factor 28 "

Profile Condition

- Ground Water
- Restrictive Layer
- Bedrock

Observation Hole # _____ Test Pit Boring

_____ " Depth of Organic Horizon Above Mineral Soil

0	Texture	Consistency	Color	Mottling
0				
6				
10				
15				
20				
30				
40				
50				

Soil Classification _____ Slope _____ % Limiting Factor _____ "

Profile Condition

- Ground Water
- Restrictive Layer
- Bedrock

Richard A. Swan
 Site Evaluator Signature

195
 SE #

04/22/2010
 Date

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 Division of Health Engineering, Station 10
 (207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation

AUGUSTA

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PAPPY'S LANE

Owner or Applicant Name

GOODCHILD, COREY

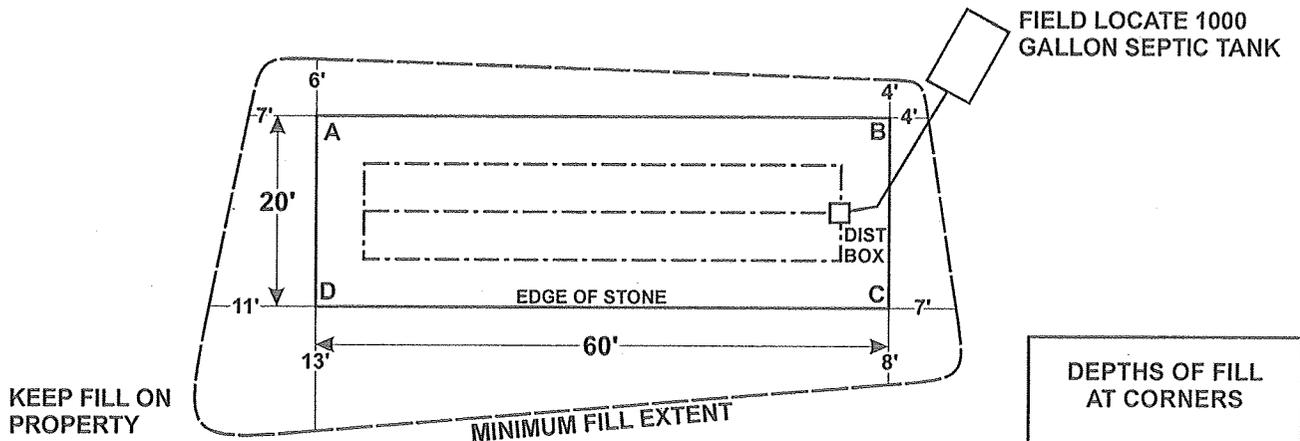
SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 ft.

NOTES:

1. INSTALL ACCORDING TO LATEST VERSION OF SUBSURFACE WASTEWATER DISPOSAL RULES. CHAPTER 241 RULES ARE ONLINE AT <http://www.maine.gov/sos/cec/rules/10/144/144c241.doc>
2. FIELD LOCATE 1000 GALLON SEPTIC TANK, AND PUMP IF NEEDED, AT LEAST 8' FROM HOUSE AND 100' FROM WELLS AND STREAMS, AT ELEVATION TO ALLOW GRAVITY FLOW IF POSSIBLE. MINIMUM ELEVATION OF TOP OF TANK OUTLET AT LOCATION SHOWN = -45" BELOW ERP. CONFIRM ELEVATIONS BEFORE STARTING.
3. FILL SHALL BE COARSE SAND TO GRAVELLY COARSE SAND MEETING THE REQUIREMENTS OF CHAPTER 8 OF THE SUBSURFACE WASTEWATER DISPOSAL RULES.
4. GRADE TO DIVERT RUNOFF AROUND DISPOSAL AREA. CONSTRUCT DIVERSION DITCH TO CONVEY RUNOFF AROUND BED.

○ ELEVATION REFERENCE POINT
 ○ NAIL SET IN OAK TREE



DEPTHS OF FILL AT CORNERS

A	15"
B	8"
C	17"
D	27"

BACKFILL REQUIREMENTS

Depth of Backfill (upslope) 8-15 "
 Depth of Backfill (downslope) 17-27 "

DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

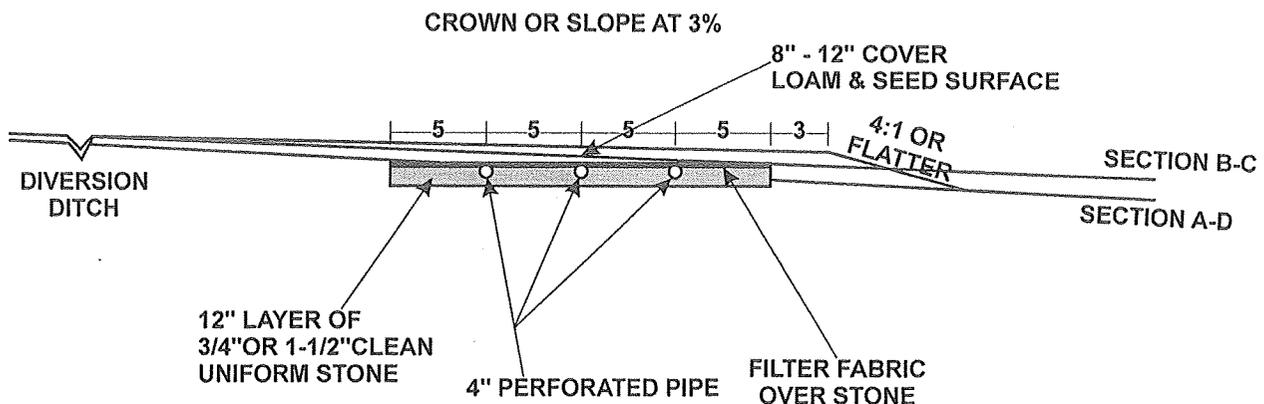
Finished Grade Elevation -45 to -49 "
 Top of Distribution Pipe or Proprietary Device -58 "
 Bottom of Disposal Field -69 "

ELEVATION REFERENCE POINT

Location & Description Nail in Oak Tree at location shown
 Reference Elevation is 0.0" or _____

DISPOSAL FIELD CROSS SECTION

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



REMOVE ORGANIC LAYER AND SCARIFY SOIL UNDER ENTIRE FILL AREA
 MIX 4-6" SANDY FILL WITH UPPER SOIL LAYER TO CREATE TRANSITION HORIZON

Richard A. [Signature]
 Site Evaluator Signature

195
 SE#

04/22/2010
 Date

Green Environmental
19 Pine Needle Alley
Wayne, ME 04284
(207)685-8141

April 22, 2010

Corey Goodchild
576 Riverside Drive, Apt. 21
Augusta, ME 04330

Subject: Site Evaluation and Septic System Design, Pappy's Lane, Augusta, Maine

Dear Corey:

Enclosed are an original and three copies of the septic system plans for your property at Pappy's Lane in Augusta. The Maine Subsurface Wastewater Disposal Rules have been referenced on the plans and contain detailed specifications for the construction of the system.

The system was designed for a four bedroom home and the location is staked out on the site. I have also marked two oak trees as benchmarks near the proposed system. It is important that these trees not be cut or disturbed until the system has been completed and inspected. The Elevation Reference Point is a nail set in one of the oak trees.

A 1000 gallon septic tank will be needed and should be located at eight feet from the house. It may be possible for wastewater to flow by gravity from the house to the leachfield as long as the plumbing and septic tank are installed at a high enough elevation.

The plans contain sufficient information for a contractor to estimate the cost of construction and build the system. Before beginning construction a permit from the town must be obtained. Please bring the original and two copies of the HHE 200 to the City of Augusta's Local Plumbing Inspector for a permit sticker. The city will retain two copies and return one to you.

The property lines shown are approximate and should be verified before starting work.

If you have any questions, please feel free to contact me at (207) 685-8141.

Sincerely,



Richard A. Green
Licensed Site Evaluator #195