SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of 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	~~CHELSEA~~ Augusta
Street or Road	OFF RT. 17 154 ALLENWOOD PARK
Subdivision, Lot #	LOT 27

AUGUSTA 4797 TOWN COPY

Date Permit Issued: 12/5/01 $ 100.00 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature L.P.I. # 808

OWNER/APPLICANT INFORMATION

Name (last, first, MI): LaFOLE BROS. ☒ Owner ☐ Applicant

Mailing Address of Owner/Applicant: 36 MOUNT VERNON AVE AUGUSTA, ME 04330

Daytime Tel. #: 207 622 1764

Municipal Tax Map # 15 Lot # 54 SL 27

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 12/28/01

CAUTION: INSPECTION REQUIRED

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. 1/10/02 (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. Minor Expansion
  - ☐ b. Major 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 Disposal Area
- ☐ 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

1.133± ☐ 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 PROPOSED

☒ 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: 891 ☒ 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 501.1 (dwelling unit(s))
- ☐ 2. Table 501.2 (other facilities)

SHOW CALCULATIONS — for other facilites —

SOIL DATA & DESIGN CLASS

PROFILE	CONDITION	DESIGN
3	C	1

at Observation Hole # TP 1

Depth 19"

of Most Limiting Soil Factor

DISPOSAL FIELD SIZING

- ☐ 1. Small—2.0 sq. ft. / gpd
- ☐ 2. Medium—2.6 sq. ft. / gpd
- ☒ 3. Medium—Large 3.3 sq. ft / gpd
- ☐ 4. Large—4.1 sq. ft. / gpd
- ☐ 5. 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

- ☐ 3. Section 503.0 (meter readings) ATTACH WATER METER DATA

SITE EVALUATOR STATEMENT

I certify that on 12/7/01 (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 12/8/01

JOHN W LORD JR

Site Evaluator Name Printed

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

Town, City, Plantation: CHELSEA

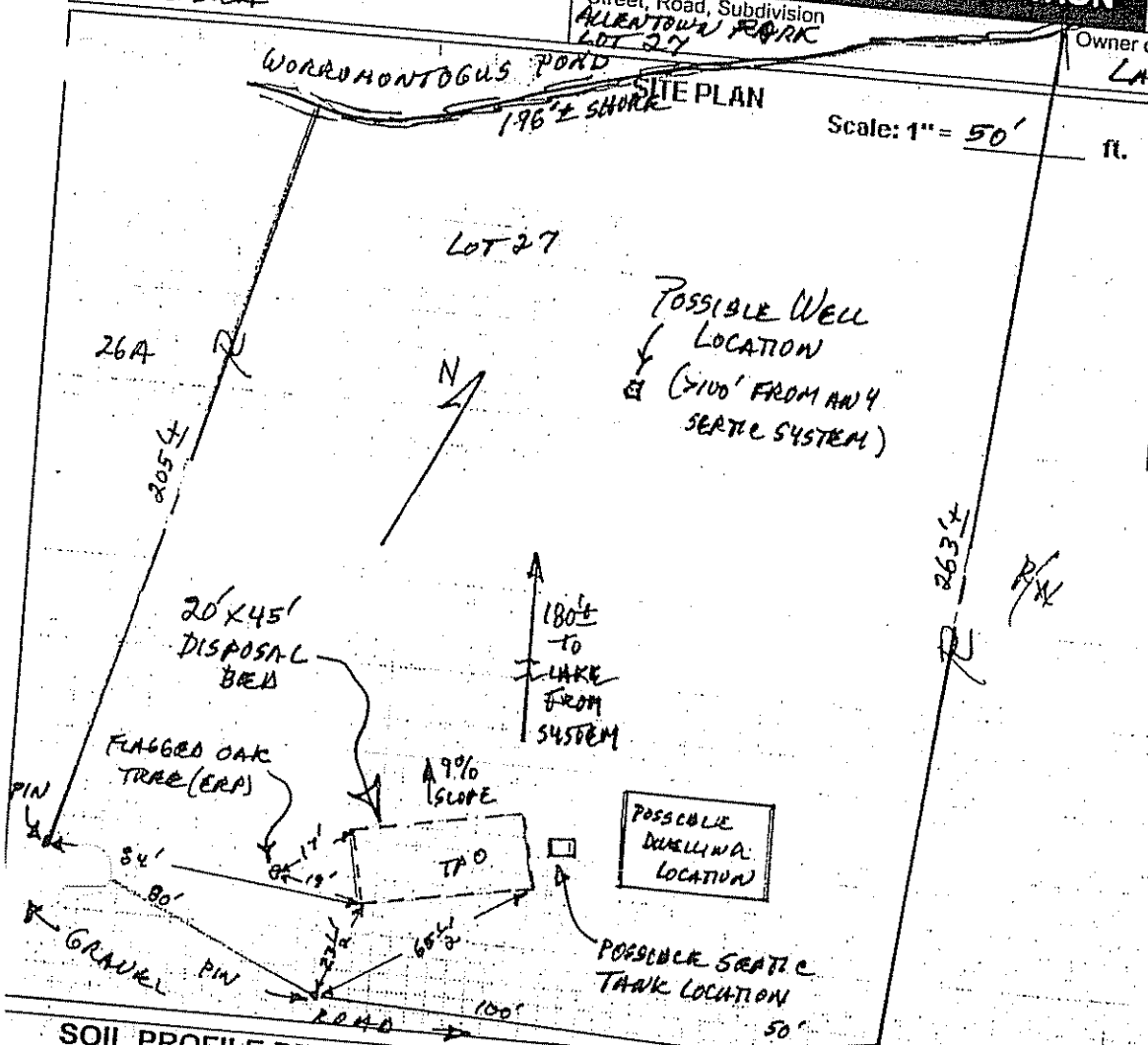
Street, Road, Subdivision: ALLENTOWN PARK LOT 27

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

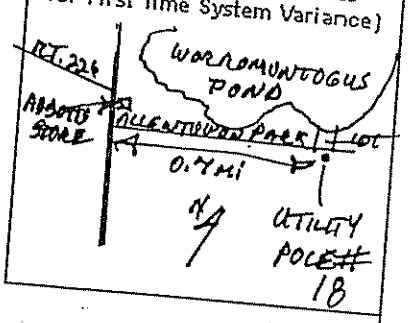
Owner or Applicant Name: LAJOIE BROS.

SITE PLAN

Scale: 1" = 50' 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 ☒ Test Pit ☐ Boring

ONE " Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0				
6	STONEY		BROWN	
			ORANGE BROWN	
12	SANDY	FRIABLE	YELLOW	
18	LOAM		BROWN	
24				
30	STONEY		OLIVE	COMMON
	FINE			
36	SANDY	FIRM	BROWN	DISTINCT
42	LOAM			
48				

Profile	Classification Condition	Slope Percent	Limiting Factor Depth	
3	C	9	19	☒ 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				
12				
18				
24				
30				
36				
42				
48				

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

Site Evaluator Signature

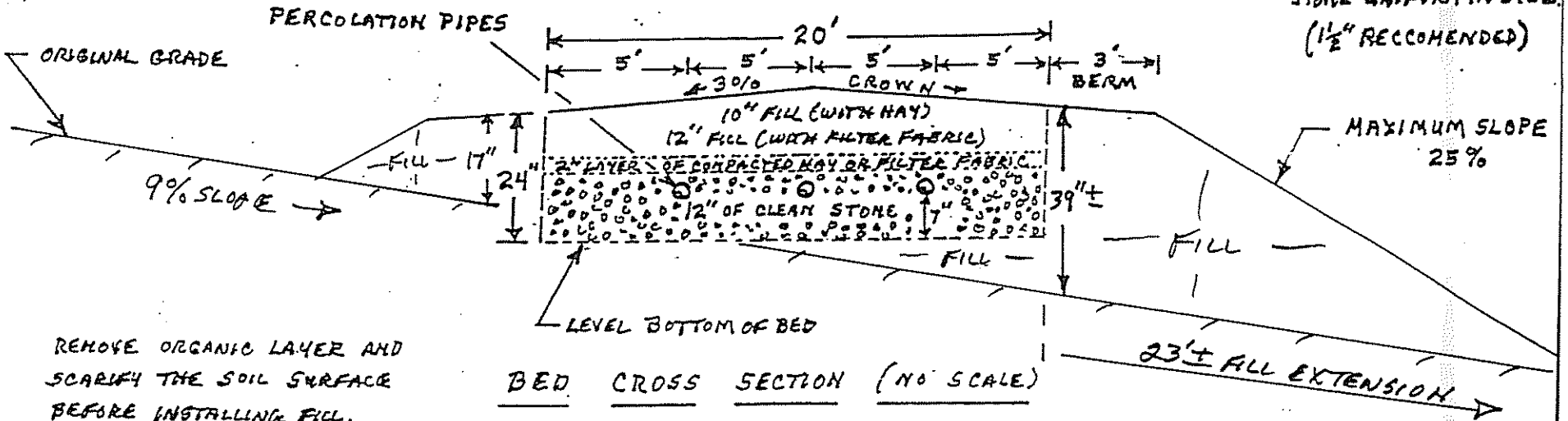
168
SE #

12/8/07

SEWAGE DISPOSAL BED DETAILS

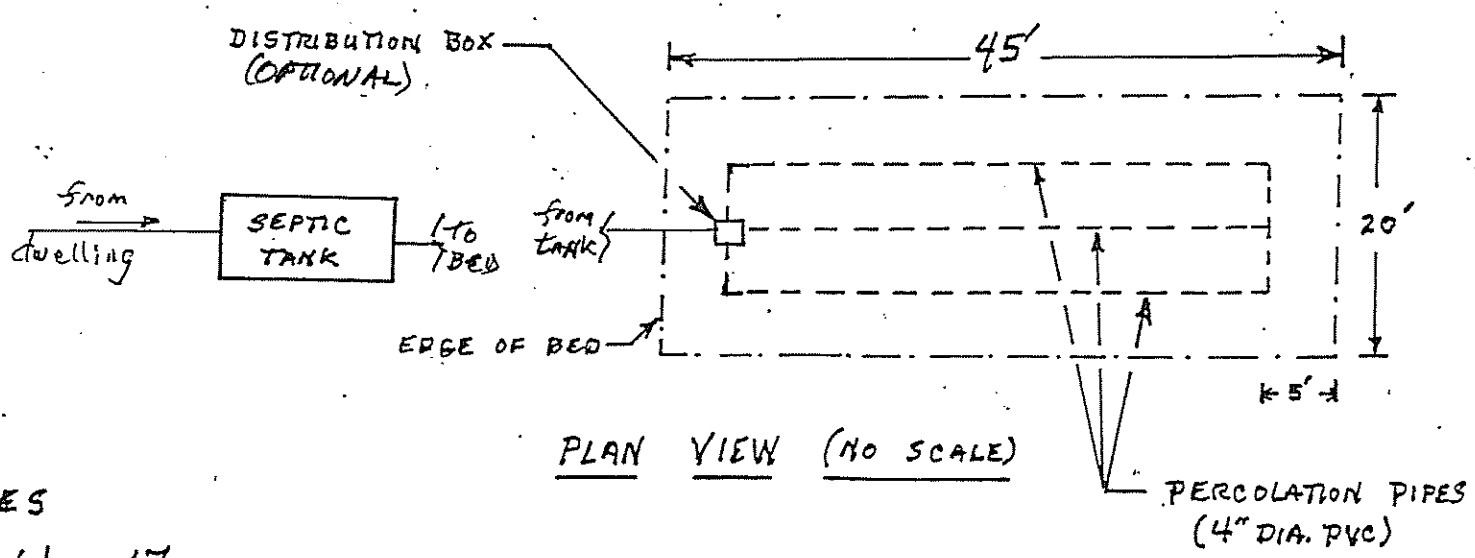
4" LOAM + M H TO COVER.

BED REQUIRES CLEAN STONE UNIFORM IN SIZE. (1½" RECCOMENDED)



REMOVE ORGANIC LAYER AND SCARIFY THE SOIL SURFACE BEFORE INSTALLING FILL.

BED CROSS SECTION (NO SCALE)



PLAN VIEW (NO SCALE)

NOTES

1.) 17 INCHES OF FILL IS REQUIRED AT UPHILL SIDE OF BED.

2.) TEXTURE OF FILL SHALL BE GRAVELLY COARSE SAND.

3.) REFER TO MAINE SUBSURFACE WASTE WATER DISPOSAL RULES FOR FURTHER DETAILS REGARDING INSTALLATION PROCEDURES.

FOR: LAPOINTE BROS.

DATE: 12/8/01

BY: JOHN W. LORD, JR. S.E. #168

3/00

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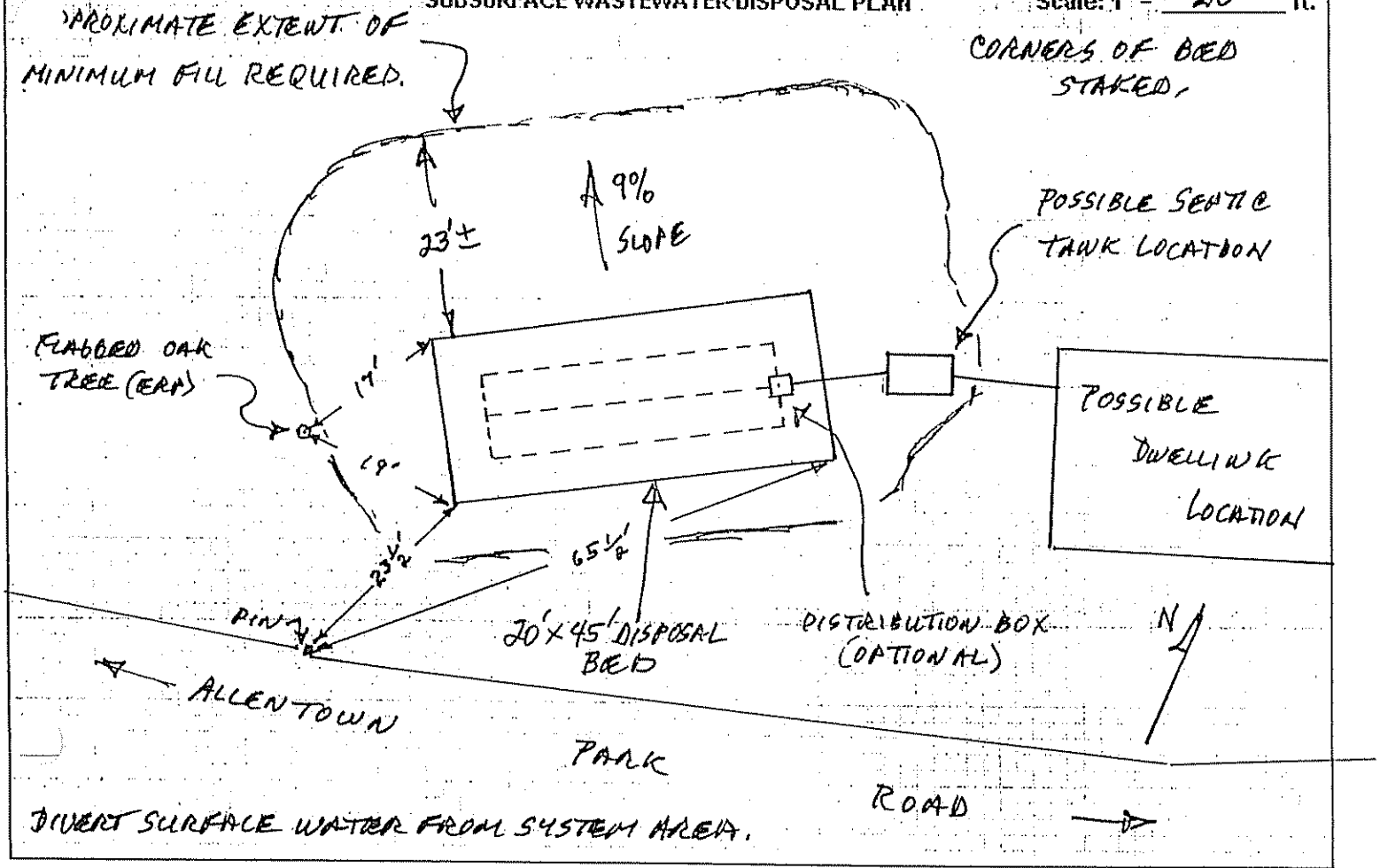
Division of Health Engineering, Station 10
(207) 287-5672 FAX (207) 287-4172

Town, City, Plantation	Street, Road, Subdivision	Owner or Applicant Name

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 ft.



BACKFILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT (ERA)
Depth of Backfill (upslope)	17 "	Finished Grade Elevation	-31 "	Location & Description: FLAGGED NAIL IN FLAGGED OAK TREE 5" ABOVE GRADE AT TREE.
Depth of Backfill (downslope)	39± "	Top of Distribution Pipe ~~of Restrictor Device~~	-44 "	
DEPTHS AT CROSS-SECTION (shown below)		Bottom of Disposal Field	-55 "	Reference Elevation is: 0.0" or: _____

DISPOSAL FIELD CROSS-SECTION

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

(SEE ATTACHED BED DIAGRAM)

Site Evaluator Signature _____ SE # 168 Date 12/8/01