

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
 Division of Health Engineering, 10 SHS
 (207) 287-5672 Fax: (207) 287-3165

50-05-080

PROPERTY LOCATION

City, Town, or Plantation: AUGUSTA

Street or Road: RIVER SIDE DRIVE

Subdivision, Lot #: _____

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

Permit # 5496

OWNER/APPLICANT INFORMATION

Name (last, first, MI): KING, BRIAN Owner Applicant

Mailing Address of Owner/Applicant: 126 WESTERN AVE. SUITE 284
AUGUSTA, ME. 04330

Daytime Tel. #: (207) 462-8550

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 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.

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 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

3 ± SQ. FT. ACRES

DISPOSAL SYSTEM TO SERVE

1. Single Family Dwelling Unit, No. of Bedrooms: 4
 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: 1800 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

360 gallons per day
 BASED ON:
 1. Table 501.1 (dwelling unit(s))
 2. Table 501.2 (other facilities)
 SHOW CALCULATIONS
 — for other facilities —

SOIL DATA & DESIGN CLASS

PROFILE CONDITION DESIGN
9 1 D 1 3
 at Observation Hole # TP
 Depth 12"
 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 7/7/05 (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).

Terry Adams 132 7/16/05
 Site Evaluator Signature SE # Date

TERRY ADAMS (207) 395-3029 adamster@ctel.net
 Site Evaluator Name Printed Telephone Number E-mail Address

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

BSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 287-5972 FAX (207) 287-4172

City, Plantation
AUGUSTA

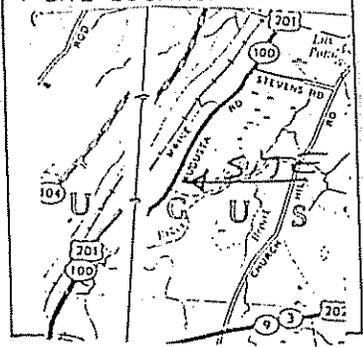
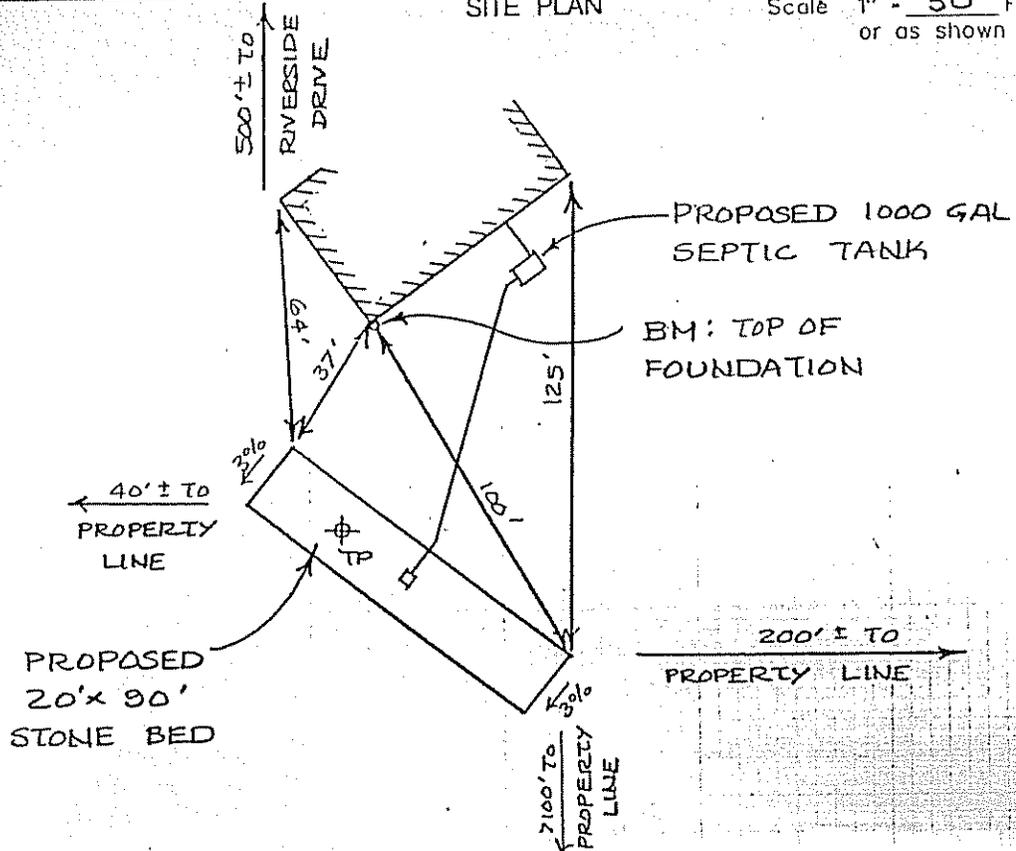
Street, Road Subdivision
RIVERSIDE DRIVE

Owner's Name
BRIAN KING

SITE PLAN

Scale 1" = 50 FL.
or as shown

"SITE LOCATION PLAN"



NOTE:
SEE "NOTES FROM THE SITE EVALUATOR"

SOIL DESCRIPTION AND CLASSIFICATION

Observation Hole TP Test Pit Boring
0 " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0			BROWN	NONE
10	LOAM	FRIABLE	LIGHT BROWN	EVIDENT
20	SILT LOAM	VERY FIRM	OLIVE	EVIDENT
30	DEPTH OBSERVED			

Soil Classification 9D Slope 3% Limiting Factor 12"
 Ground Water
 Restrictive Layer
 Bedrock
 Pit Depth

Location of Observation Holes Shown Above)

Observation Hole TP Test Pit Boring
0 " 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 _____"
 Ground Water
 Restrictive Layer
 Bedrock
 Pit Depth

T. Williams
Site Evaluator Signature

132
SE

2/16/05
Date

SURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

AUGUSTA

RIVERSIDE DRIVE

BRIAN KING

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 20 FT.

(SEE ATTACHED SUBSURFACE
 WASTEWATER DISPOSAL PLAN)

FILL REQUIREMENTS

CONSTRUCTION ELEVATIONS

ELEVATION REFERENCE POINT

Depth of Fill (Upslope) 30"-32"

Finished Grade Elevation

-34"

Location & Description: BM: TOP OF FOUNDATION.

Top of Distribution Pipe or Proprietary Device

-47"

Reference Elevation: 0"

Depth of Fill (Downslope) 26"-36"

Bottom of Disposal Area

-58"

DISPOSAL AREA CROSS SECTION

Scale

Horizontal 1" = ft.

Vertical 1" = ft.

(SEE ATTACHED CROSS SECTION A-A)

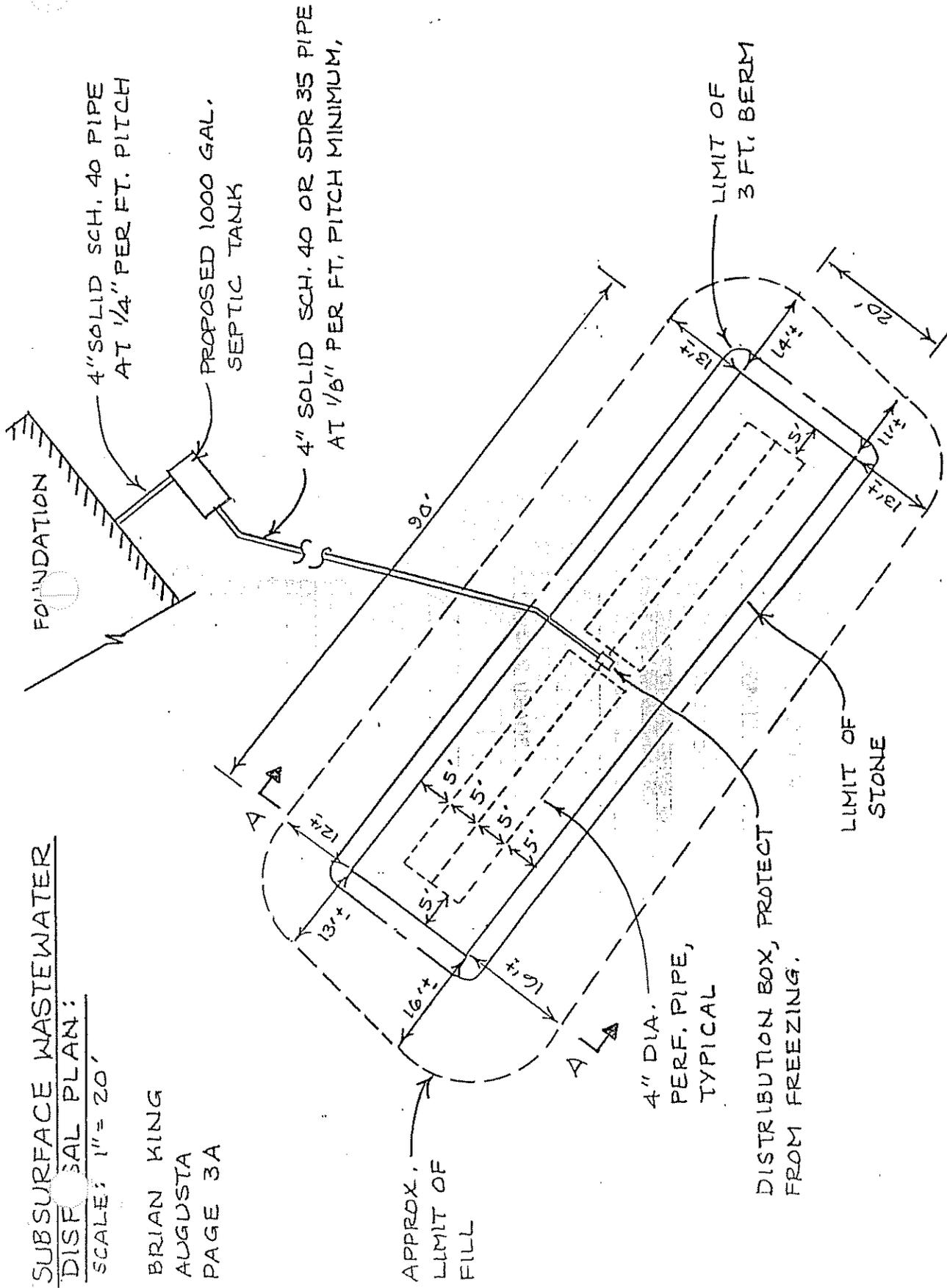
[Signature]
 Site Evaluator Signature

132
 SE #

2/15/05
 Date

SUBSURFACE WASTEWATER
DISPOSAL PLAN:
 SCALE: 1" = 20'

BRIAN KING
 AUGUSTA
 PAGE 3A

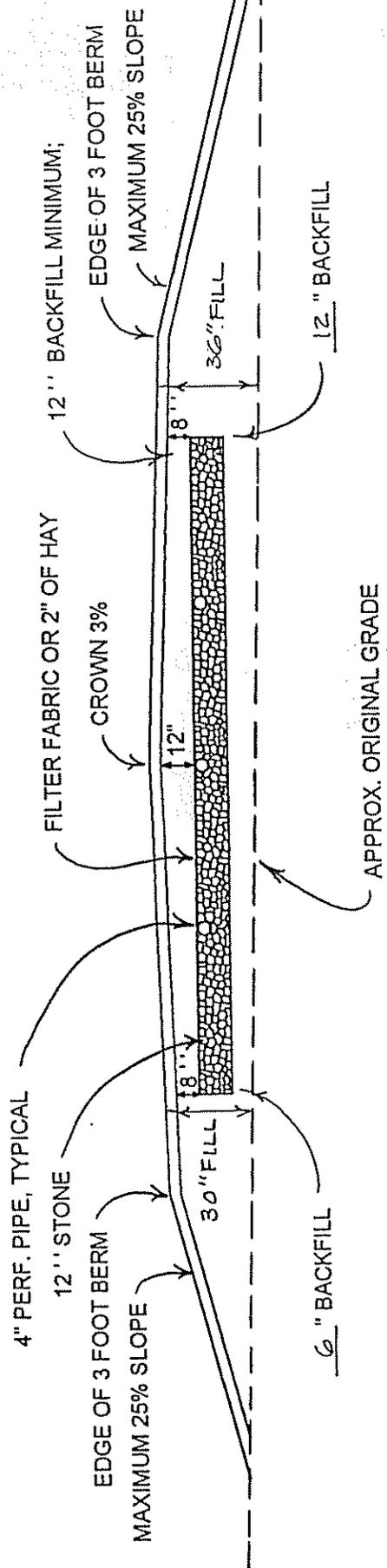
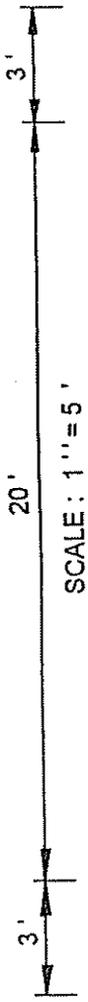


7/16/05
 DATE

132
 S.E.#

[Signature]
 SITE EVALUATOR'S SIGNATURE

BED CROSS - SECTION SECTION A - A



OWNER: BRIAN KING
LOCATION: AUGUSTA

Terry Adams
TERRY ADAMS
S.E.# 132 DATE 2/16/05

NOTES FROM THE SITE EVALUATOR

1. Systems shall be installed in accordance with the Maine State Plumbing Code.
2. Remove vegetation from the proposed disposal area and scarify original ground before placing fill.
3. Fill shall be clean, coarse sand to gravelly sand. See section 804.2 of the Maine Subsurface Waste Water Disposal rules.
4. All stone shall be uniform size and free of fines.
5. Site shall be graded in a manner, which will divert surface water from the bed.
6. Grass, clover, trefoil, vetch, perennial wild flowers or other herbaceous perennials may be planted on disposal area surfaces. Woody shrubs in conjunction with a hardy perennial ground cover may only be used on fill extensions.
7. If this application includes a new system variance request, it is assumed that this site is not part of a proposed subdivision.
8. "Permit By Rule" – When the toe of fill for a system extends closer than 100' to a wetland or water body, even though the system itself is 100' or more from the wetland or water body; or, when a system requires a Replacement System Variance, the applicant may be required to file a "Permit By Rule" notification form or a complete application form with the Department of Environmental Protection. "Permit by Rule" does not take the place of any other local, state or federal approvals, which may be needed for the proposed activity. In specific instances, the activity may require a shoreland zoning permit from the town, a lease from the Bureau of Public Lands, if the work extends onto state owned submerged lands or a permit from the U.S. Army Corps of Engineering.
9. If a system requires a pump, it shall be vented in accordance with standard practice. It is recommended that the required audible high water alarm be installed on the premises on a different electrical circuit from the pump.
10. As a general rule, a septic tank should be cleaned every two years. It is recommended that no commercial septic tank additives be used.
11. Unless otherwise stated this design does not provide for the use of a garbage disposal. If one is to be added, contact the site evaluator in order that they may alter the design to accommodate the change.
12. This site evaluation and design has been done in compliance with the Maine State Plumbing Code. The approval and/or design may be subject to more restrictive local ordinances. The Local Plumbing Inspector is to be contacted for final review approval.
13. By signature on this application, the client agrees with the location of lot lines, wells and other physical features shown and further agrees to limit the liability of the site evaluator to the original cost of installation of the system or the total fee for services rendered on this project, whichever is greater.
14. This site evaluation and septic design has been done for the owner or applicant shown of page 1 and for the structure as described to the site evaluator. Any change in ownership, house location or other data shown on the HHE 200 form will make this design null and void.

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

50-04-047

PROPERTY LOCATION		>> Caution: Permit Required – Attach In Space Below <<	
City, Town, Plantation	Augusta		
Street or Road	457 Riverside Drive		
Subdivision, Lot #	AUGUSTA Date Permit Issued: 3/1/10 Local Plumbing Inspector Signature: <i>[Signature]</i> L.P.I. # 850		
OWNER/APPLICANT INFORMATION		PERMIT # 5496 TOWN COPY	
Name (last, first, MI)	King, Brian Owner Applicant		
Mailing Address of	126 Westown Ave, Suite 284 Augusta, ME 04330		
Daytime Tel. #	462-8550		
Owner or Applicant Statement		Caution: Inspections Required	
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.		I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.	
Signature of Owner or Applicant: <i>[Signature]</i>		Local Plumbing Inspector Signature: _____	
Date: 3/16/10		(1st) Date Approved: _____	
		(2nd) Date Approved: _____	

PERMIT INFORMATION

TYPE OF APPLICATION 1. <input checked="" type="checkbox"/> First Time System 2. <input type="checkbox"/> Replacement System Type Replaced: _____ Year Installed: _____ <input type="checkbox"/> Expanded System a. <input type="checkbox"/> One-time exempted b. <input type="checkbox"/> Non-exempted 4. <input type="checkbox"/> Experimental System 5. <input type="checkbox"/> Seasonal Conversion	THIS APPLICATION REQUIRES 1. <input checked="" type="checkbox"/> No Rule Variance 2. <input type="checkbox"/> First Time System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 3. <input type="checkbox"/> Replacement System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 4. <input type="checkbox"/> Minimum Lot Size Variance 5. <input type="checkbox"/> Seasonal Conversion Approval	DISPOSAL SYSTEM COMPONENT(S) 1. <input checked="" type="checkbox"/> Complete Non-engineered System 2. <input type="checkbox"/> Primitive System (graywater & alt toilet) 3. <input type="checkbox"/> Alternative Toilet, specify: _____ 4. <input type="checkbox"/> Non-Engineered Treatment Tank (only) 5. <input type="checkbox"/> Holding Tank, _____ gallons 6. <input type="checkbox"/> Non-engineered Disposal Field (only) 7. <input type="checkbox"/> Separated Laundry System 8. <input type="checkbox"/> Complete Engineered System (2000 gpd or more) 9. <input type="checkbox"/> Engineered Treatment Tank (only) 10. <input type="checkbox"/> Engineered Disposal Field (only) 11. <input type="checkbox"/> Pre-treatment, specify: _____ 12. <input type="checkbox"/> Miscellaneous components
SIZE OF PROPERTY 3+ <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres	DISPOSAL SYSTEM TO SERVE 1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: 4 2. <input type="checkbox"/> Multiple Family Dwelling, No. of Units: _____ 3. <input type="checkbox"/> Other: _____ SPECIFY: _____	PROPOSED TYPE OF WATER SUPPLY 1. <input checked="" type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input type="checkbox"/> Public 5. <input type="checkbox"/> Other: _____

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK 1. <input checked="" type="checkbox"/> Concrete a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY 1000 gallons	DISPOSAL FIELD TYPE & SIZE 1. <input checked="" type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench 3. <input type="checkbox"/> Proprietary Device a. <input type="checkbox"/> Cluster array c. <input type="checkbox"/> Linear b. <input type="checkbox"/> Regular pad d. <input type="checkbox"/> H-20 load 4. <input type="checkbox"/> Other: _____ SIZE 1800 <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT 1. <input checked="" type="checkbox"/> No 3. <input type="checkbox"/> Maybe 2. <input type="checkbox"/> Yes >> Specify one below: a. <input type="checkbox"/> Multi-compartment Tank b. <input type="checkbox"/> Tanks in Series c. <input type="checkbox"/> Increase in Tank Capacity d. <input type="checkbox"/> Filter on Tank Outlet	DESIGN FLOW 360 gallons per day BASED ON: 1. <input checked="" type="checkbox"/> Table 501.1 (dwelling unit(s)) 2. <input type="checkbox"/> Table 501.2 (other facilities) SHOW CALCULATIONS – for other facilities –
SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN 9 1 D 1 3 at Observation Hole # TP Depth 12" Elevation -58" 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 type="checkbox"/> Medium-Large – 3.3 sq. ft./gpd 4. <input type="checkbox"/> Large – 4.1 sq. ft./gpd 5. <input checked="" type="checkbox"/> Extra Large – 5.0 sq. ft./gpd	PUMPING 1. <input type="checkbox"/> Not Required 2. <input checked="" type="checkbox"/> May Be Required 3. <input type="checkbox"/> Required >> Specify only for engineered or experimental systems: DOSE: _____ gallons	3. <input type="checkbox"/> Section 503.0 (meter readings) ATTACH WATER-METER DATA

SITE EVALUATOR STATEMENT

I certify that on 3/31/04 (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]
 Site Evaluator Signature
 TERRY Adams
 Site Evaluator Name Printed

132
 SE #
 395-3029
 Telephone #

4/15/04
 Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX (207) 287-4172

Town, City, Plantation
AUGUSTA

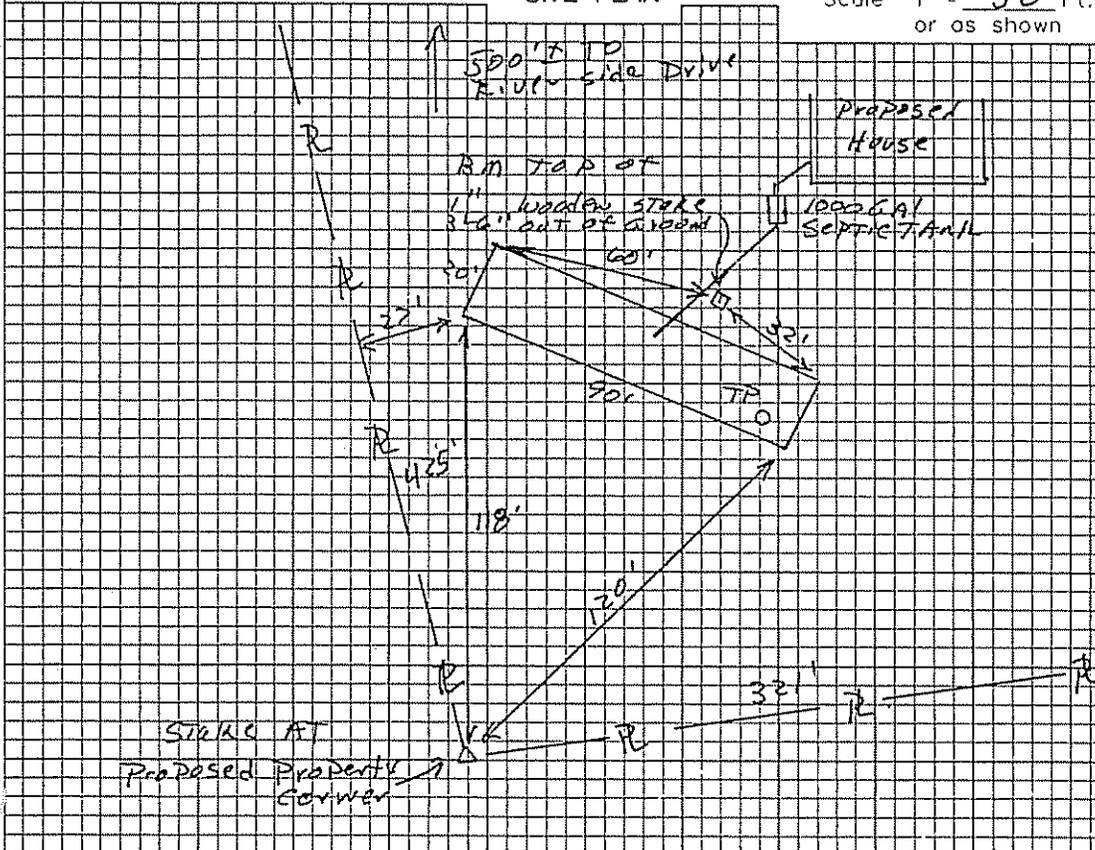
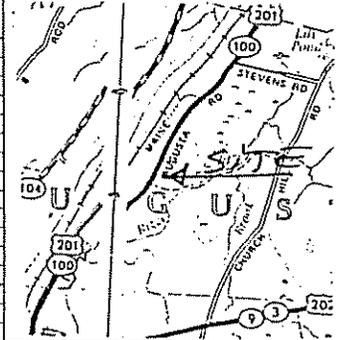
Street, Road Subdivision
River Side Drive

Owner's Name
Kins, Brian

SITE PLAN

Scale 1" = 50 Ft.
or as shown

SITE LOCATION PLAN



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

Observation Hole TP Test Pit Boring
0" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	Loam	Friable	Brown	
10			Light Brown	Evident
20	Silt Loam	Very Firm	Olive	
30	Depth observed			
40				
50				

Soil Classification: **9D**
Slope: **3%**
Limiting Factor: **12"**
 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: _____
 Ground Water
 Restrictive Layer
 Bedrock
 Pit Depth

[Signature]
Site Evaluator Signature

132
SE

4/15/04
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX (207) 287-4172

Town, City, Plantation
Augusta

Street, Road, Subdivision
River Side Drive

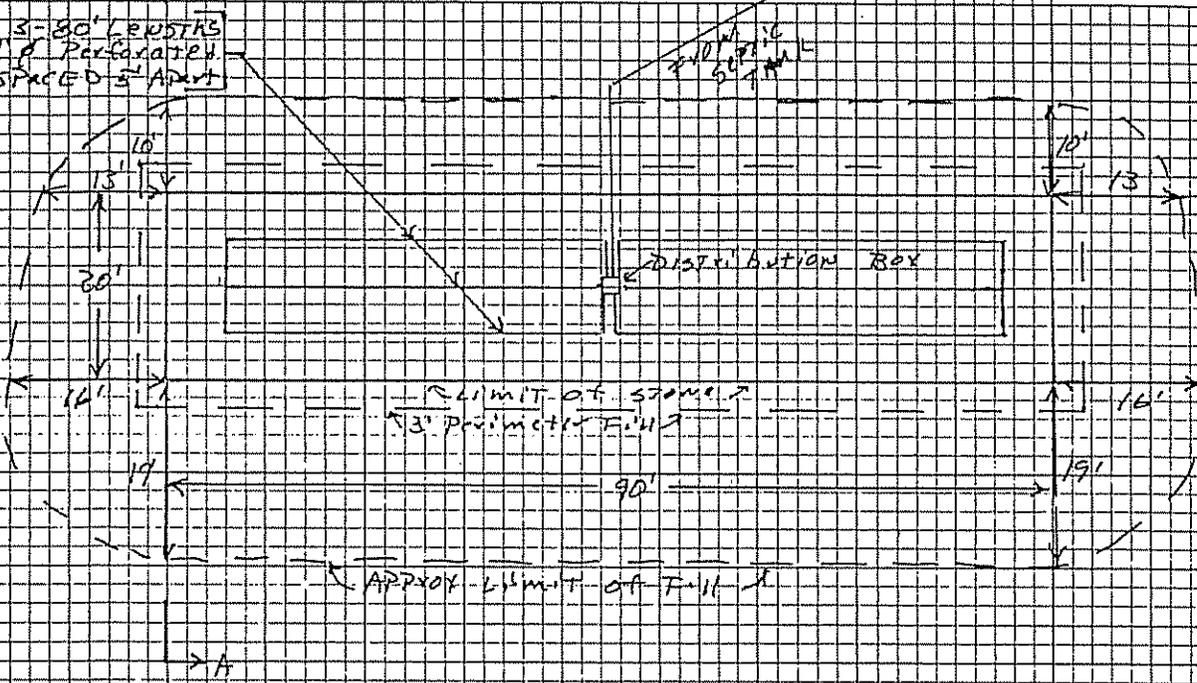
Owner's Name
KING, BRIAN

NOTE

PLACE 3-80' LENGTHS
OF 4" PERFORATED
PIPE SPACED 3' APART

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT.



FILL REQUIREMENTS

Depth of Fill (Upslope) 30"
Depth of Fill (Downslope) 36"

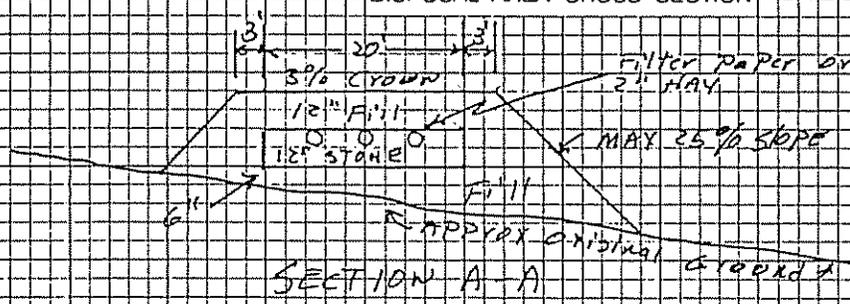
CONSTRUCTION ELEVATIONS

Finished Grade Elevation -18
Top of Distribution Pipe or Proprietary Device -31"
Bottom of Disposal Area -42"

ELEVATION REFERENCE POINT

Location & Description TOP of wooden STAKE
Reference Elevation 0.00"

DISPOSAL AREA CROSS SECTION



SCALE:
VERTICAL: 1" = 5'
HORIZONTAL: 1" = 20'

[Signature]
Site Evaluator Signature

132
SE

4/15/04
Date

NOTES FROM THE SITE EVALUATOR

1. Systems shall be installed in accordance with the Maine State Plumbing Code.
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