called 11/12 12:00

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

City, Town, or Plantation	AUGUSTA
Street or Road	562 RIVERSIDE DRIVE
Subdivision, Lot #	

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

AUGUSTA PERMIT # 6237 TOWN COPY

Date Permit Issued: 11/12/08 $ 175.00 FEE ☐ # Double Fee Charged

Local Plumbing Inspector Signature L.P.I. # 1064

OWNER/APPLICANT INFORMATION

Name (last, first, MI): CARON, RITA ☒ Owner ☐ Applicant

Mailing Address of Owner/Applicant: 106A ROCKWOOD ESTATES, WEST GARDINER, ME 04345

Daytime Tel. #: 582-7745

Municipal Tax Map # 51 Lot # 10

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 11/12/08

CAUTION: INSPECTION REQUIRED

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. 10/30/08 (1st) date approved

Local Plumbing Inspector Signature — 12/1/08 (2nd) date approved

PERMIT INFORMATION

TYPE OF APPLICATION

- ☐ 1. First Time System
- ☒ 2. Replacement System
  - Type replaced: TRENCH
  - 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 Pump Station

SIZE OF PROPERTY

± 0.37 ☐ 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: 1000 GAL. EXISTING

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: ENVIROSEPTICS

SIZE: 1200 ☒ 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

- ☐ 3. Section 503.0 (meter readings)

ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS

PROFILE / CONDITION / DESIGN

at Observation Hole # 2

Depth 15" 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

LATITUDE AND LONGITUDE

(at center of disposal area)

Lat. 44 d 19 m 45 s

Lon. 69 d 46 m 00 s

If g.p.s, state margin of error: _____

SITE EVALUATOR STATEMENT

I certify that on 11/03/08 (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 — SMITH SE # 226 — Date 11/6/08

VAUGHN L. SMITH — Site Evaluator Name Printed

724-5635 — Telephone Number

SOILTESTMAN@AOL.COM — E-mail Address

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

HHE-200 Rev. 4/05

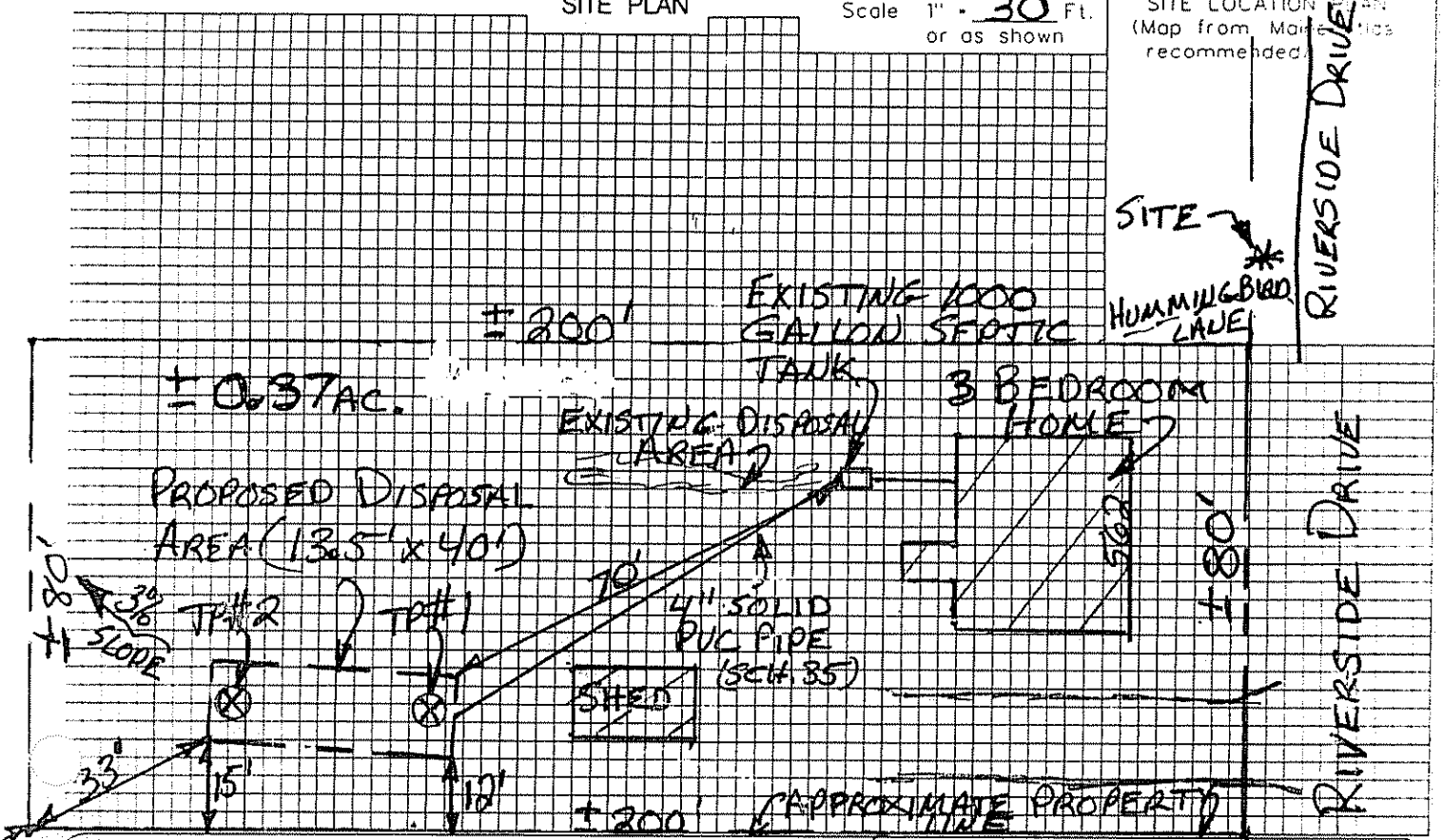
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation: AUGUSTA
Street, Road Subdivision: 562 RIVERSIDE DRIVE
Owner's Name: RITA CARON

SITE PLAN

Scale 1" = 30 Ft. or as shown



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

Observation Hole #1 ☐ Test Pit ☐ Boring
1 " Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0–10	LOAM	FRIABLE	BROWN	NONE
10–20	LOAMY FINE SAND		LIGHT OLIVE BROWN	
20–30				FEW
30–40	SILT LOAM	FIRM	PALE OLIVE	FAINT

Soil Classification: Profile 7, Condition C; Slope 2%; Limiting Factor 16"; ☒ Ground Water ☐ Restrictive Layer ☐ Bedrock ☐ Pit Depth

Observation Hole #2 ☒ Test Pit ☐ Boring
1 " Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0–10		FRIABLE	BROWN	NONE
10–20	SILT		OLIVE BROWN	
20–30	LOAM	FIRM	PALE OLIVE	FEW FAINT
30–40				

Soil Classification: Profile 1, Condition C; Slope 3%; Limiting Factor 15"; ☒ Ground Water ☒ Restrictive Layer ☐ Bedrock ☐ Pit Depth

Vaughn L. Hutton
Site Evaluator Signature

STATE OF MAINE
VAUGHN
226
LICENSED
SITE EVALUATOR

SE

11/6/08
Date

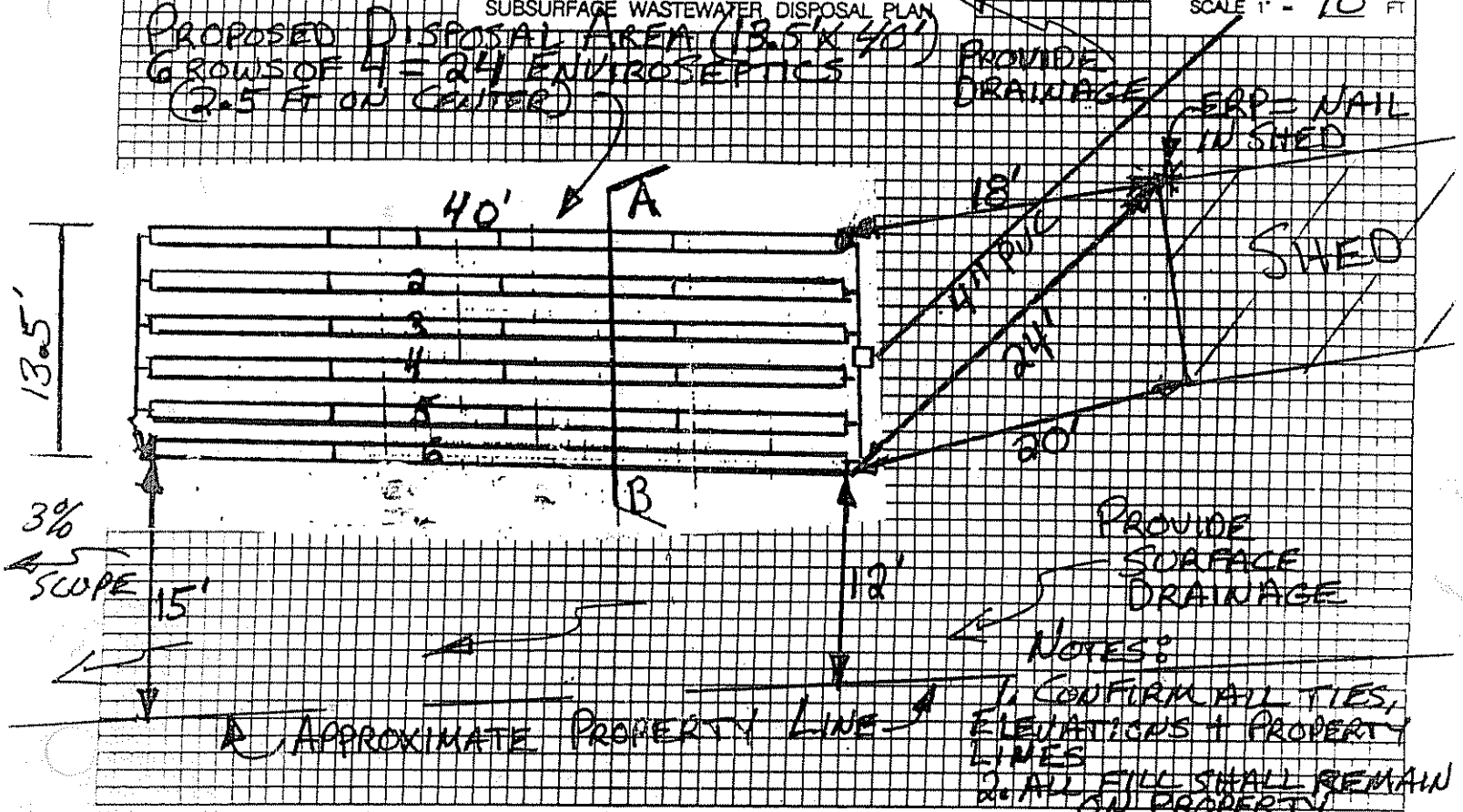
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation	Street, Road, Subdivision	Owner's Name
AUGUSTA	562 RIVERSIDE DRIVE	RITA CARON

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 10 FT

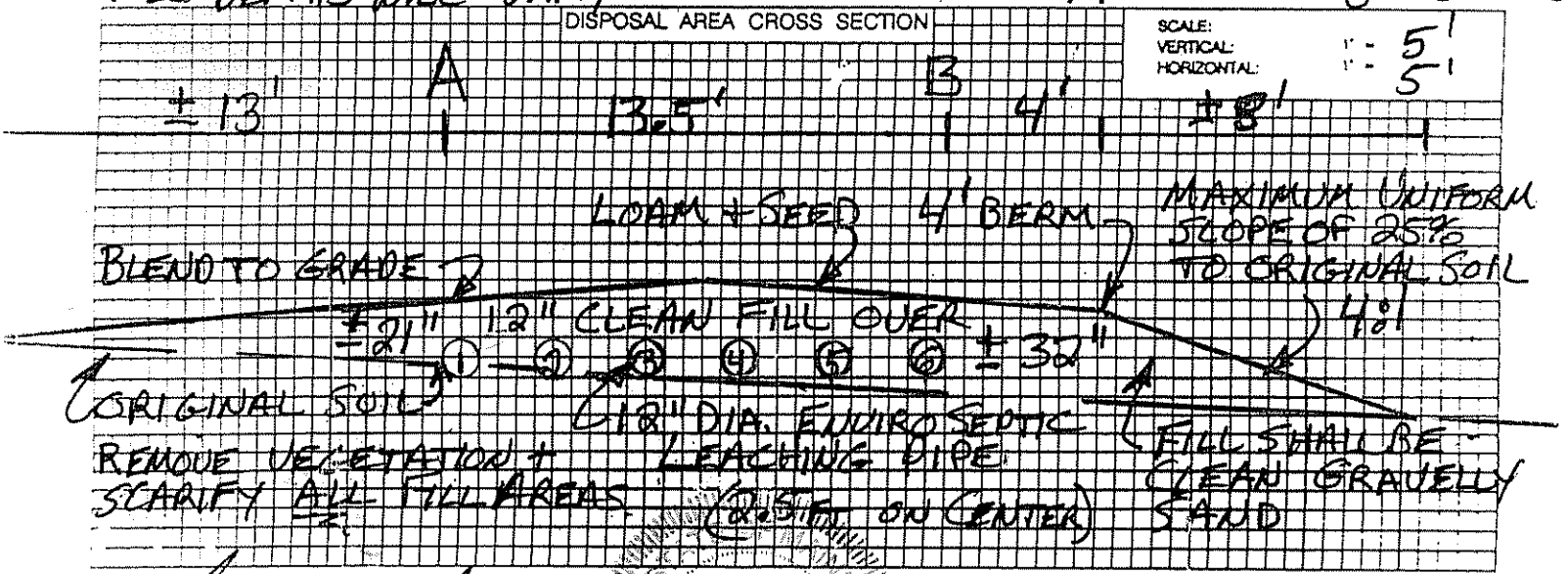


NOTES:
1. CONFIRM ALL TIES, ELEVATIONS + PROPERTY LINES
2. ALL FILL SHALL REMAIN ON PROPERTY

FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT	
Depth of Fill (Upslope)	±21"	Finished Grade Elevation	-50"	Location & Description	NAIL IN SHED 44" ABOVE
Depth of Fill (Downslope)	±32"	Top of Distribution Pipe or Proprietary Device	-62"	Reference Elevation	0" GROUND
FILL DEPTHS WILL VARY		Bottom of Disposal Area	-74"		

DISPOSAL AREA CROSS SECTION

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



Vaughn L. Lister
Site Evaluator Signature

226
SE

11/6/08
Date

VAUGHN
SMITH
226
LICENSED
SITE EVALUATOR

Amendment Permit #6237 11/26/07

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

City, Town, or Plantation: AUGUSTA
Street or Road: 562 RIVERSIDE DRIVE
Subdivision, Lot #:

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

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.

OWNER/APPLICANT INFORMATION

Name (last, first, MI): CARON, RITA ☒ Owner ☐ Applicant
Mailing Address of Owner/Applicant: 1064 ROCKWOOD ESTATES, WEST GARDINER, ME 04345
Daytime Tel. #: 582-7745

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 _____ (1st) date approved _____ (2nd) date approved _____

PERMIT INFORMATION

TYPE OF APPLICATION
☐ 1. First Time System
☒ 2. Replacement System
Type replaced: TRENCH
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
±0.37 ☐ 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: 1000 GAL.
EXISTING

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: ENVIROSEPTICS
SIZE: 1200 ☒ 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 facilities
☐ 3. Section 503.0 (meter readings)
ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS
PROFILE / CONDITION / DESIGN
1 / C /
at Observation Hole # 2
Depth 15"
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

LATITUDE AND LONGITUDE
at center of disposal area
Lat. 41 d 19 m 23 s
Lon. 69 d 46 m 28 s
If g.p.s., state margin of error: _____

SITE EVALUATOR STATEMENT

I certify that on 11/03/08 (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).

Vaughn L. Smith — Site Evaluator Signature
226 — SE #
11/6/08 — Date
REVISED 11/24/08 VLS
VAUGHN L. SMITH — Site Evaluator Name Printed
724-5635 — Telephone Number
SOILTESTMAN@AOL.COM — E-mail Address

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

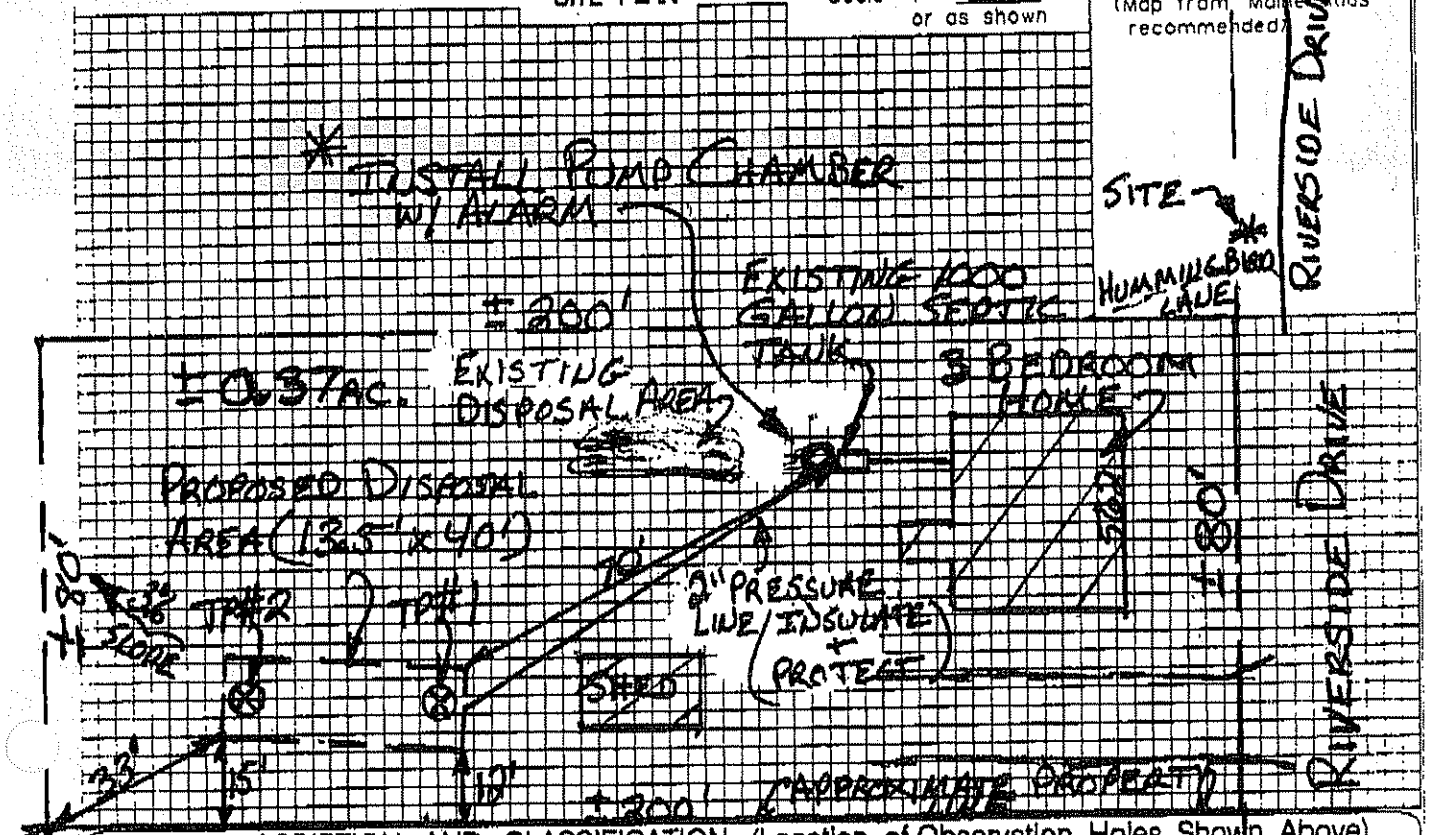
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation: AUGUSTA
Street, Road, Subdivision: 562 RIVERSIDE DRIVE
Owner's Name: RITA CARON

SITE PLAN — Scale 1" = 30 Ft. or as shown

SITE LOCATION PLAN (Map from Maine Atlas recommended)



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

Observation Hole #1 ☐ Test Pit ☐ Boring
1" Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0	LOAM	FRIABLE	BROWN	
10	LOAMY FINE SAND		LIGHT OLIVE BROWN	NONE
20				
30				FEW
40	SILT LOAM	FIRM	PALE OLIVE	FAINT
50				

Soil Classification: Profile	Condition	Slope	Limiting Factor	
I	C	2%	16"	☒ Ground Water ☐ Restrictive Layer ☐ Bedrock ☐ Pit Depth

Observation Hole #2 ☒ Test Pit ☐ Boring
1" Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0			BROWN	
10	SILT	FRIABLE	OLIVE BROWN	NONE
20				
30	LOAM	FIRM	PALE OLIVE	FEW FAINT
40				
50				

Soil Classification: Profile	Condition	Slope	Limiting Factor	
I	C	3%	15"	☒ Ground Water ☒ Restrictive Layer ☐ Bedrock ☐ Pit Depth

Site Evaluator Signature: [signature] — SE 226 — Date 11/6/08

REVISED 11/24/08 (YES)

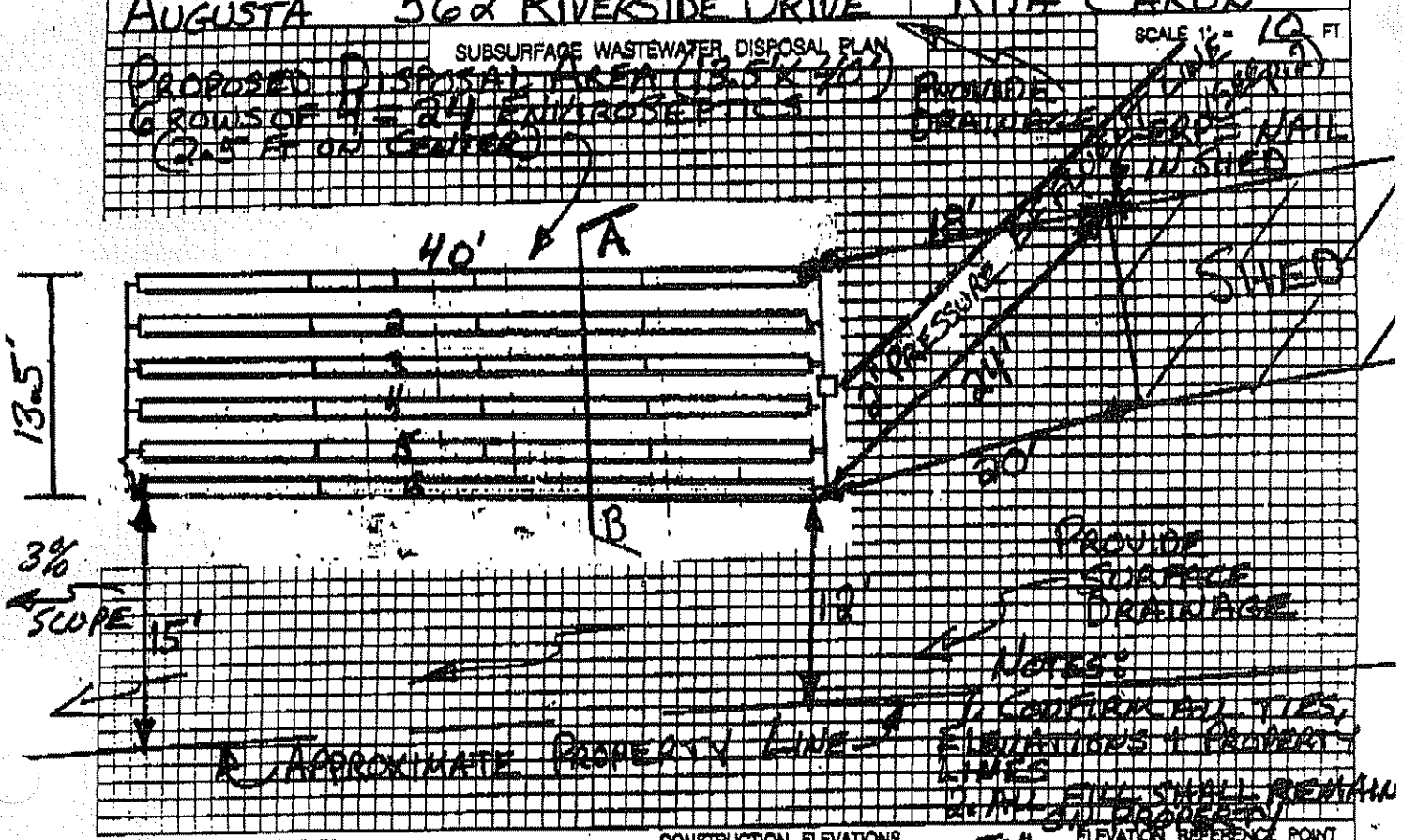
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation: AUGUSTA
Street, Road, Subdivision: 562 RIVERSIDE DRIVE
Owner's Name: RITA CARON

SCALE 1" = 10 FT.

SUBSURFACE WASTEWATER DISPOSAL PLAN

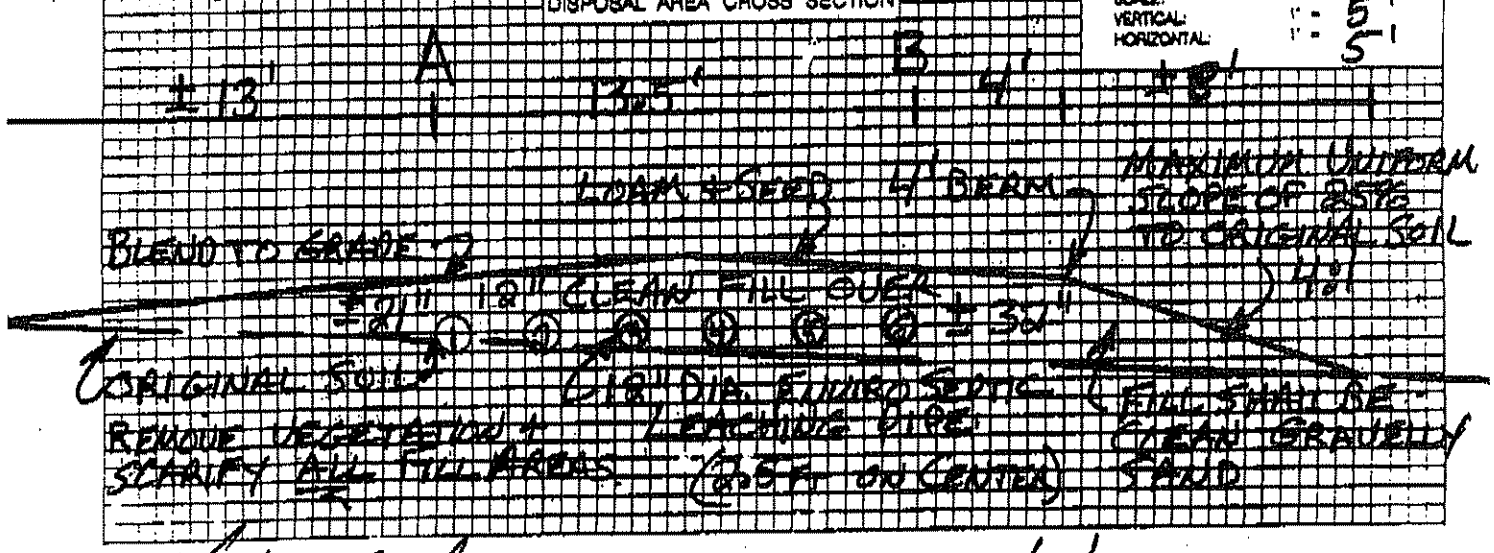


NOTES:
1. CONFIRM ALL TIES, ELEVATIONS + PROPERTY LINES
2. ALL FILL SHALL REMAIN ON PROPERTY

FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT	
Depth of Fill (Upslope)	±21"	Finished Grade Elevation	-50"	Location & Description	NAIL IN SHED 44" ABOVE
Depth of Fill (Downslope)	±32"	Top of Distribution Pipe or Proprietary Device	-62"	Reference Elevation	0" GROUND
FILL DEPTHS WILL VARY		Bottom of Disposal Area	-74"		

DISPOSAL AREA CROSS SECTION

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



Vaughn L. [signature] — Site Evaluator Signature
226 — SE #
11/6/08 — Date

REVISED 11/24/08 (VG)

VSA VAUGHN SMITH ASSOCIATES
Septic Design • Wetland Analysis • Soil Mapping

RECEIVED
NOV 26 2008
By

ATTN: GEORGE SOUCY

ADDED PUMP CHAMBER TO DESIGN

1006 Hallowell/Litchfield Road, West Gardiner, ME 04345 • 207-724-5635

Plumbing Permit #6237 11/26/08

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

City, Town, or Plantation	AUGUSTA
Street or Road	562 RIVERSIDE DRIVE
Subdivision, Lot #	

OWNER/APPLICANT INFORMATION

Name (last, first, MI): CARON, RITA — [X] Owner [ ] Applicant

Mailing Address of Owner/Applicant: 10GA ROCKWOOD ESTATES, WEST GARDINER, ME 04345

Daytime Tel. #: 582-7745

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Signature of Owner or Applicant _____ Date _____

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Municipal Tax Map # _____ Lot # _____

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
- [X] 2. Replacement System
  - Type replaced: TRENCH
  - Year installed: _____
- [ ] 3. Expanded System
  - [ ] a. Minor Expansion
  - [ ] b. Major Expansion
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- [ ] 5. Seasonal Conversion

THIS APPLICATION REQUIRES

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DISPOSAL SYSTEM COMPONENTS

- [ ] 1. Complete Non-engineered System
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- [ ] 5. Holding Tank, _____ gallons
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- [ ] 8. Complete Engineered System (2000 gpd or more)
- [ ] 9. Engineered Treatment Tank (only)
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- [ ] 11. Pre-treatment, specify: _____
- [ ] 12. Miscellaneous Components

SIZE OF PROPERTY

±0.37 [ ] SQ. FT. [X] ACRES

SHORELAND ZONING

[ ] Yes [X] No

DISPOSAL SYSTEM TO SERVE

- [X] 1. Single Family Dwelling Unit, No. of Bedrooms: 3
- [ ] 2. Multiple Family Dwelling, No. of Units: _____
- [ ] 3. Other: _____ (specify)

Current Use [ ] Seasonal [X] Year Round [ ] Undeveloped

TYPE OF WATER SUPPLY

[ ] 1. Drilled Well [ ] 2. Dug Well [ ] 3. Private

[X] 4. Public [ ] 5. Other

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- [X] 1. Concrete
  - [X] a. Regular
  - [ ] b. Low Profile
- [ ] 2. Plastic
- [ ] 3. Other: _____

CAPACITY: 1000 GAL. EXISTING

DISPOSAL FIELD TYPE & SIZE

- [ ] 1. Stone Bed [ ] 2. Stone Trench
- [X] 3. Proprietary Device
  - [ ] a. cluster array [ ] c. Linear
  - [X] b. regular load [ ] d. H-20 load
- [ ] 4. Other: ENVIROSEPTICS

SIZE: 1200 [X] sq. ft. [ ] lin. ft.

GARBAGE DISPOSAL UNIT

[X] 1. No [ ] 2. Yes [ ] 3. Maybe

If Yes or Maybe, specify one below:

- [ ] a. multi-compartment tank
- [ ] b. ___ tanks in series
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DESIGN FLOW

270 gallons per day

BASED ON:

- [X] 1. Table 501.1 (dwelling unit(s))
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SHOW CALCULATIONS for other facilities

- [ ] 3. Section 503.0 (meter readings)

ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS

PROFILE	CONDITION	DESIGN
1	C	

at Observation Hole # 2

Depth 15

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
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EFFLUENT/EJECTOR PUMP

- [ ] Not Required
- [X] 2. May Be Required
- [ ] 3. Required

Specify only for engineered systems:

DOSE: _____ gallons

LATITUDE AND LONGITUDE

(at center of disposal area)

Lat. 44 d 19 m 42 s

Lon. 69 d 46 m 28 s

If g.p.s., state margin of error: _____

SITE EVALUATOR STATEMENT

I certify that on 11/03/08 (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).

Vaughn L. Smith — Site Evaluator Signature

226 — SE # — 11/6/08 — Date

REVISED 11/24/08 VLS

VAUGHN L. SMITH — Site Evaluator Name Printed

724-5635 — Telephone Number

SOILTEST@AOL.COM — E-mail Address

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

HHE-200 Rev. 4/05