

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

|                           |                        |   |  |
|---------------------------|------------------------|---|--|
| <b>PROPERTY LOCATION</b>  |                        | >> Caution: Permit Required -- Attach in Space Below <<   |  |
| City, Town, or Plantation | <b>AUGUSTA</b>         |   |  |
| Street or Road            | <b>103 LIPMAN ROAD</b> |   |  |
| Subdivision, Lot #        |                        | AUGUSTA 4752 TOWN COPY<br>Date Permit Issued: <u>9/30/01</u> \$ <u>175.00</u> <input type="checkbox"/> Double Fee FEE Charged<br>L.P.I. # <u>1808</u><br>Local Plumbing Inspector Signature: <i>[Signature]</i> |  |

|                                    |   |
|------------------------------------|---|
| <b>OWNER/APPLICANT INFORMATION</b> |   |
| Name (last, first, MI)             | <b>HUBER, CURT</b><br>Owner <input type="checkbox"/> Applicant <input checked="" type="checkbox"/>  |
| Mailing Address of                 | <b>CIVES STEEL COMPANY<br/>                 P O BOX 1077<br/>                 AUGUSTA, ME 04330</b> |
| Daytime Tel. #                     | <b>622-5141</b>   |
|                                    | Municipal Tax Map # <u>53</u> Lot # <u>21</u>   |

|   |   |
|---|---|
| <b>Owner or Applicant Statement</b><br>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.<br>Signature of Owner/Applicant: <i>[Signature]</i><br>Date: <u>9/16/01</u> | <b>Caution: Inspection Required</b><br>I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application<br>Local Plumbing Inspector Signature: <i>[Signature]</i><br>Date Approved (1st): <u>11/1/2001</u><br>Date Approved (2nd): _____ |
|---|---|

|  |   |   |
|--|---|---|
| <b>PERMIT INFORMATION</b>  |   |   |
| <b>TYPE OF APPLICATION:</b><br>1. <input type="checkbox"/> First Time System<br>2. <input checked="" type="checkbox"/> Replacement System<br>Type Replaced <u>CHAMBER</u><br>Year Installed <u>1991</u><br>3. <input checked="" type="checkbox"/> Expanded System<br>a. <input type="checkbox"/> Minor Expansion<br>b. <input checked="" type="checkbox"/> Major Expansion<br>4. <input type="checkbox"/> Experimental System<br>5. <input type="checkbox"/> Seasonal Conversion | <b>THIS APPLICATION REQUIRES</b><br>1. <input checked="" type="checkbox"/> No Rule Variance<br>2. <input type="checkbox"/> First Time System Variance<br>a. <input type="checkbox"/> Local Plumbing Inspector approval<br>b. <input type="checkbox"/> State & Local Plumbing Inspector approval<br>3. <input type="checkbox"/> Replacement System Variance<br>a. <input type="checkbox"/> Local Plumbing Inspector approval<br>b. <input type="checkbox"/> State & Local Plumbing Inspector approval<br>4. <input type="checkbox"/> Minimum Lot Size Variance<br>5. <input type="checkbox"/> Seasonal Conversion Variance | <b>DISPOSAL SYSTEM COMPONENT(S)</b><br>1. <input type="checkbox"/> Complete Non-engineered System<br>2. <input type="checkbox"/> Primitive System (graywater & alt. toilet)<br>3. <input type="checkbox"/> Alternative Toilet, specify _____<br>4. <input type="checkbox"/> Non-Engineered Treatment Tank (only)<br>5. <input type="checkbox"/> Holding Tank _____ gallons<br>6. <input checked="" type="checkbox"/> Non-engineered Disposal Field (only)<br>7. <input type="checkbox"/> Separated Laundry System<br>8. <input type="checkbox"/> Complete Engineered System (2000 gpd or more)<br>9. <input type="checkbox"/> Engineered Treatment Tank (only)<br>10. <input type="checkbox"/> Engineered Disposal Field (only)<br>11. <input type="checkbox"/> Pretreatment, specify:<br>12. <input type="checkbox"/> Miscellaneous components |
| <b>SIZE OF PROPERTY</b> <input type="checkbox"/> sq. ft.<br><u>10+</u> <input checked="" type="checkbox"/> acres   | <b>DISPOSAL SYSTEM TO SERVE:</b><br>1. <input type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: _____<br>2. <input type="checkbox"/> Multiple Family Dwelling Unit, No. of Units: _____<br>3. <input checked="" type="checkbox"/> Other <u>95 EMPLOYEE BUSINESS</u><br>SPECIFY _____  | <b>TYPE OF WATER SUPPLY</b><br>1. <input checked="" type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private<br>4. <input type="checkbox"/> Public 5. <input type="checkbox"/> Other   |

|   |  |   |   |
|---|--|---|---|
| <b>DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)</b>   |  |   |   |
| <b>TREATMENT TANK</b><br>1. <input checked="" type="checkbox"/> Concrete<br>a. <input checked="" type="checkbox"/> Regular<br>b. <input type="checkbox"/> Low Profile<br>2. <input type="checkbox"/> Plastic<br>3. <input type="checkbox"/> Other <u>EXISTING</u><br>CAPACITY <u>2500</u> gallons | <b>DISPOSAL FIELD TYPE &amp; SIZE</b><br>1. <input type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench<br>3. <input checked="" type="checkbox"/> Proprietary Device<br>a. <input checked="" type="checkbox"/> Cluster Array c. <input type="checkbox"/> Linear<br>b. <input type="checkbox"/> Regular load d. <input type="checkbox"/> H-20 load<br>4. <input type="checkbox"/> Other _____<br>SIZE <u>7040</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft. | <b>GARBAGE DISPOSAL UNIT</b><br>1. <input checked="" type="checkbox"/> No 3. <input type="checkbox"/> Maybe<br>2. <input type="checkbox"/> Yes >> Specify one below:<br>a. <input type="checkbox"/> Multi-compartment Tank<br>b. <input type="checkbox"/> Tanks in Series<br>c. <input type="checkbox"/> Increase in Tank Capacity<br>d. <input type="checkbox"/> Filter on Tank Outlet | <b>DESIGN FLOW</b><br><u>1425</u> gallons per day<br>BASED ON:<br>1. <input type="checkbox"/> Table 501.1 (dwelling unit(s))<br>2. <input checked="" type="checkbox"/> Table 501.2 (other facilities)<br>SHOW CALCULATIONS -for other facilities-<br><b>95 EMPLOYEES @ 15 GPD</b><br><b>1425 GPD</b><br><b>(MINUS EXISTING SYSTEM @1050 GPD) = 375 GPD</b><br>3. <input type="checkbox"/> Section 503.0 (meter readings)<br>ATTACH WATER-METER DATA |
| <b>SOIL DATA &amp; DESIGN CLASS</b><br>PROFILE <u>8</u> / CONDITION <u>C</u> / DESIGN <u>1</u><br>at Observation Hole # <u>TP-1</u><br>Depth <u>17</u> " Elevation _____"<br>OF MOST LIMITING SOIL FACTOR _____   | <b>DISPOSAL FIELD SIZING</b><br>1. <input type="checkbox"/> Small - 2.0 sq. ft./gpd<br>2. <input type="checkbox"/> Medium - 2.6 sq. ft./gpd<br>3. <input type="checkbox"/> Medium-Large - 3.3 sq. ft./gpd<br>4. <input checked="" type="checkbox"/> Large - 4.1 sq. ft./gpd<br>5. <input type="checkbox"/> Extra-Large - 5.0 sq. ft./gpd   | <b>PUMPING</b><br>1. <input type="checkbox"/> Not Required<br>2. <input type="checkbox"/> May Be Required<br>3. <input checked="" type="checkbox"/> Required >> Specify only for engineered or experimental systems<br>DOSE _____ gallons   |   |

|  |                             |                       |
|--|-----------------------------|-----------------------|
| <b>SITE EVALUATOR'S STATEMENT</b>  |                             |                       |
| I certify that on <u>9/13/2001</u> (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: <i>[Signature]</i><br>Site Evaluator Signature  | SE# <u>188</u>              | Date <u>9/16/2001</u> |
| Name: <b>WILLIAM P BROWN</b><br>Site Evaluator Name Printed  | Telephone # <u>293-2110</u> |                       |

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering  
(207) 287-5872 FAX 207 287-4172

Town, City, Plantation

Street, Road, Subdivision

Owners Name

**AUGUSTA**

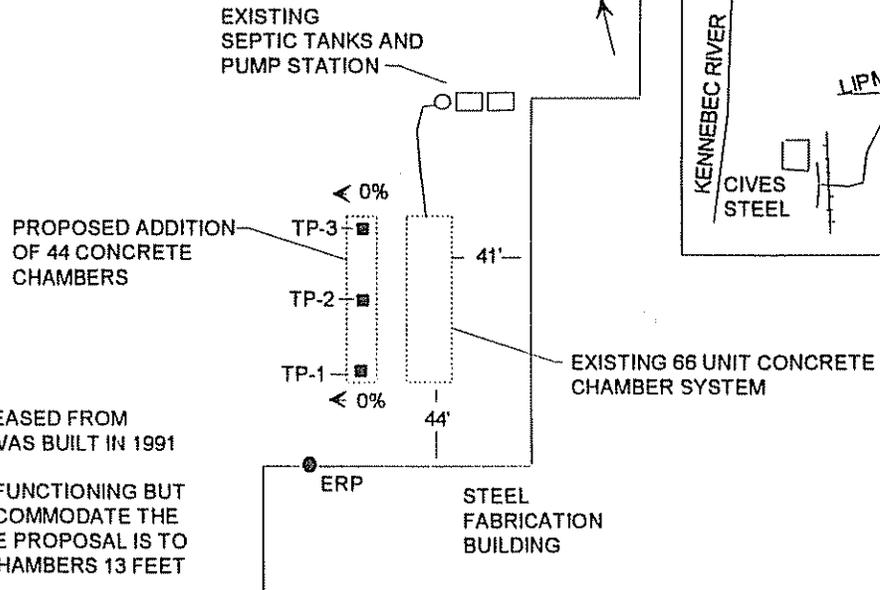
**LIPMAN ROAD**

**CURT HUBER CIVES STEEL**

**SITE PLAN** Scale 1" = 100 Ft.

**SITE LOCATION PLAN**

(Map from Maine Atlas recommended)



THE NUMBER OF EMPLOYEES HAS INCREASED FROM 70 TO 95 SINCE THE ORIGINAL SYSTEM WAS BUILT IN 1991

THE EXISTING SYSTEM APPEARS TO BE FUNCTIONING BUT NEEDS TO BE INCREASED IN SIZE TO ACCOMMODATE THE INCREASE NUMBER OF EMPLOYEES. THE PROPOSAL IS TO ADD 44- 4'X8' HEAVY DUTY CONCRETE CHAMBERS 13 FEET AWAY FROM THE EXISTING SYSTEM.

THE WASTEWATER FLOW WILL BE SPLIT EVENLY BETWEEN THE TWO SYSTEMS WITH A 5 OUTLET D-BOX OR AN ALTERNATIVE PRE-CAST STRUCTURE WHICH CAN BE USED TO EVENLY DIVIDE THE FLOW BETWEEN SYSTEMS

## SOIL DESCRIPTION AND CLASSIFICATION

## (Location of Observation Holes Shown Above)

Observation Hole TP-1  Test Pit  Boring  
0" Depth of Organic Horizon Above Mineral Soil

Observation Hole TP-2 & TP-3  Test Pit  Boring  
" Depth of Organic Horizon Above Mineral Soil

| DEPTH BELOW MINERAL SOIL SURFACE (inches) | Texture     | Consistency | Color        | Mottling |
|---|-------------|-------------|--------------|----------|
| 0   | GRAVEL FILL | FIRM        | MEDIUM BROWN |          |
| 10  | FINE SAND   | FRIABLE     | YELLOW BROWN |          |
| 20  |             |             |              | NONE     |
| 30  | SILT        | FIRM        | GRAY         | COMMON   |
| 40  |             |             |              |          |
| 50  |             |             |              |          |

| DEPTH BELOW MINERAL SOIL SURFACE (inches) | Texture     | Consistency | Color        | Mottling |
|---|-------------|-------------|--------------|----------|
| 0   | GRAVEL FILL | FIRM        | MEDIUM BROWN | NONE     |
| 10  | FINE SAND   |             | YELLOW BROWN |          |
| 20  |             | FRIABLE     |              |          |
| 30  |             |             |              |          |
| 40  |             |             |              |          |
| 50  |             |             |              |          |

|  |                     |                                |  |
|--|---------------------|--------------------------------|--|
| Soil Classification<br><b>8</b><br>Profile | Slope<br><b>0</b> % | Limiting Factor<br><b>17</b> " | <input checked="" type="checkbox"/> Ground Water<br><input type="checkbox"/> Restrictive Layer<br><input type="checkbox"/> Bedrock<br><input type="checkbox"/> Pit Depth |
| <b>D</b><br>Condition                      |                     |                                |  |

|  |                     |                                |   |
|--|---------------------|--------------------------------|---|
| Soil Classification<br><b>5</b><br>Profile | Slope<br><b>0</b> % | Limiting Factor<br><b>NONE</b> | <input type="checkbox"/> Ground Water<br><input type="checkbox"/> Restrictive Layer<br><input type="checkbox"/> Bedrock<br><input type="checkbox"/> Pit Depth |
| <b>B</b><br>Condition                      |                     |                                |   |

**WILLIAM P BROWN** *William P Brown*  
Site Evaluator Signature

188  
SE #

9/16/2001  
Date

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Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

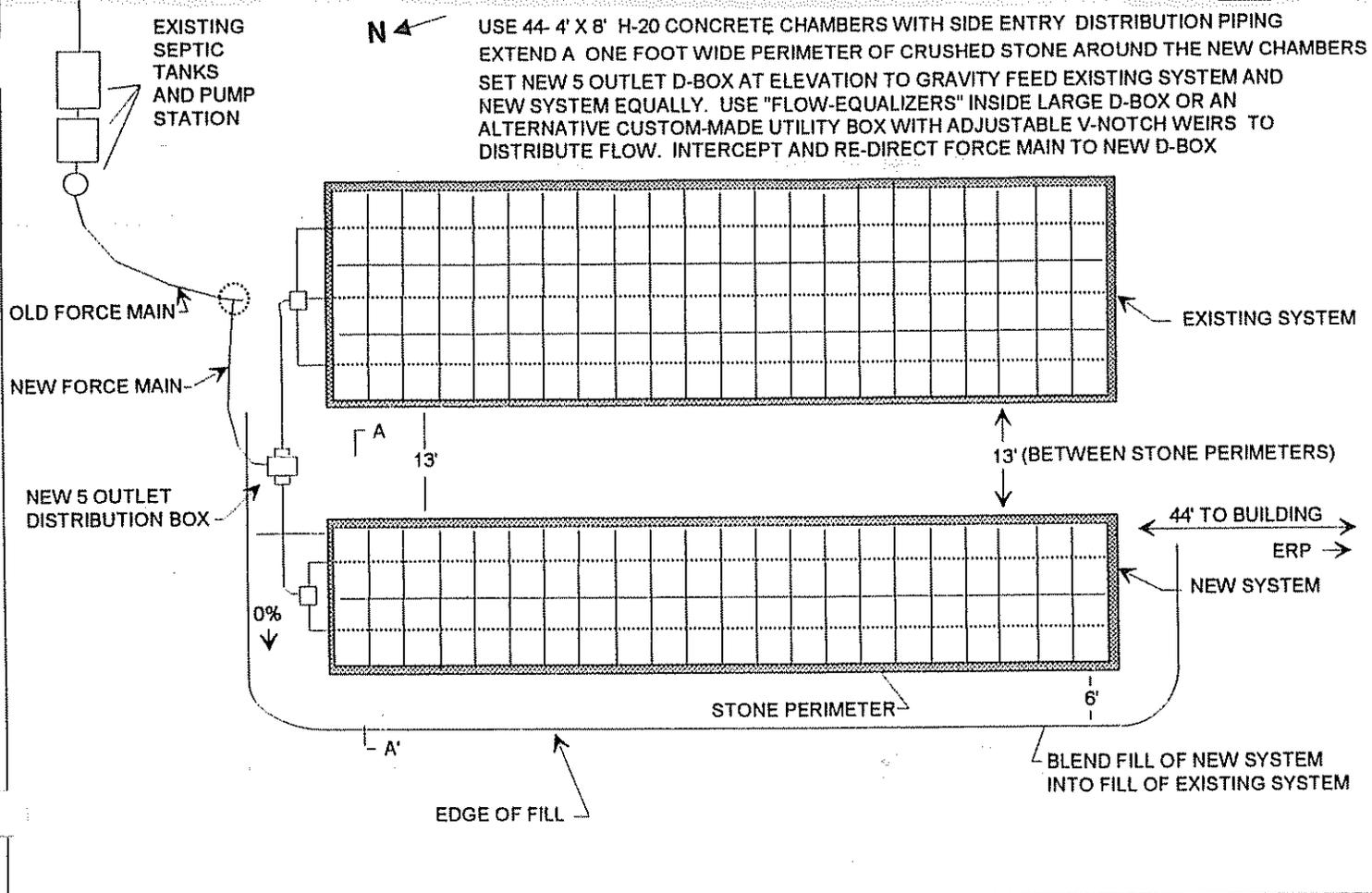
**AUGUSTA**

**LIPMAN ROAD**

**CIVES STEEL**

## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.



### FILL REQUIREMENTS

Depth of Fill (Upslope)  
Depth of Fill (Downslope)

9-12"  
9-12"

### CONSTRUCTION ELEVATIONS

Reference Elevation is  
Bottom of Disposal Area  
Top of distribution Lines or Chambers

00"  
-30"  
-17"

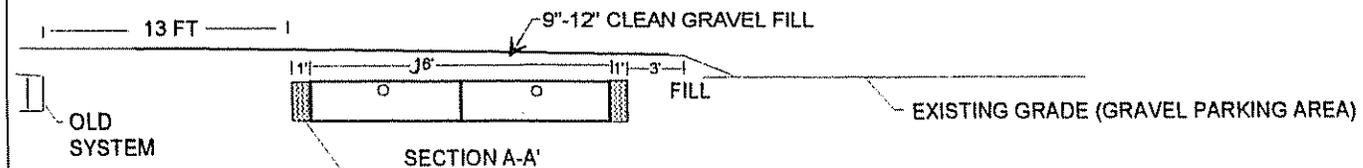
### ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

**TOP OF CONCRETE SILL AT BUILDING DOORWAY**

### DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 Inch = 5 Ft.  
Horizontal: 1 Inch = 10 Ft.



REMOVE GRAVEL FILL AND COMPACTED SOIL TO ELEVATION (-48") IN DISPOSAL AREA AND 3 FT AROUND SYSTEM  
 SCARIFY SUBSOIL, REPLACE TO (-30") WITH GRAVELLY COARSE SAND  
 ALL FILL SHALL BE GRAVELLY COARSE SAND  
 INSTALL CHAMBERS PER MANUFACTURER'S INSTRUCTIONS  
 SLOPE FINISH GRAVEL SURFACE ALL ONE-WAY AT 3%

**WILLIAM P BROWN**

Site Evaluator Signature

**188**

SE #

**9/16/2001**

Date

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