

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept of Health & Human Services
 Division of Health Engineering, 10SHS
 (207)287-5672 FAX (207)287-3165

| | | | |
|------------------------------------|--|---|--|
| PROPERTY LOCATION | | >> CAUTION: PERMIT REQUIRED -- ATTACH IN SPACE BELOW << | |
| City, Town, Plantation | AUGUSTA | AUGUSTA PERMIT # 5945 TOWN COPY | |
| Street or Road | 103 LIPMAN ROAD | | |
| Subdivision, Lot # | | Date Permit Issued | 3/27/07 |
| OWNER/APPLICANT INFORMATION | | Local Plumbing Inspector Signature | \$ 3000 FEE Charged <input type="checkbox"/> If Double Fee Charged |
| Name (last, first, MI) | HUBER, CURT <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant | L.P.I. # | 100A |
| Mailing Address of Owner/Applicant | CIVES STEEL COMPANY P O BOX 1077 AUGUSTA, ME 04330 | Municipal Tax Map # 53 Lot # 21 ED | |
| Daytime Tel. # | 207/622-6141 | | |

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| OWNER OR APPLICANT STATEMENT 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. | CAUTION: INSPECTION REQUIRED I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application |
| Signature of Owner/Applicant: <i>Curt Huber</i> Date: 3/27/07 | Local Plumbing Inspector Signature: _____ (2nd) Date Approved: _____ |

| | | |
|--|---|---|
| PERMIT INFORMATION | | |
| TYPE OF APPLICATION <input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced <u>SEPTIC TANKS</u> Year installed <u>1991</u> <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 Permit | DISPOSAL SYSTEM COMPONENTS <input type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify _____ <input checked="" 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 or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pretreatment, specify: _____ <input checked="" type="checkbox"/> 12. Miscellaneous Components |
| SIZE OF PROPERTY 10+ <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres | DISPOSAL SYSTEM TO SERVE: <input type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: _____ <input type="checkbox"/> 2. Multiple Family Dwelling Unit, No. of Units: _____ <input checked="" type="checkbox"/> 3. Other <u>95 EMPLOYEE BUSINESS</u> (specify) Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped | 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 | | |

| | | | |
|---|--|---|---|
| DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3) | | | |
| TREATMENT TANK <input checked="" type="checkbox"/> 1. Concrete REPLACE EXISTING TANKS <input type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other _____ CAPACITY <u>3000</u> GAL. | DISPOSAL FIELD TYPE & SIZE <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device <input checked="" type="checkbox"/> a. cluster array <input checked="" type="checkbox"/> c. Linear <input type="checkbox"/> b. regular load <input checked="" type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other <u>EXISTING</u> SIZE <u>7040</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft. | GARBAGE DISPOSAL UNIT 1. <input checked="" type="checkbox"/> No <input type="checkbox"/> 3. Maybe 2. <input type="checkbox"/> Yes >> Specify one below: <input type="checkbox"/> a. multi-compartment 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 <u>1425</u> gallons per day BASED ON: <input type="checkbox"/> 1. Table 501.1 (dwelling unit(s)) <input checked="" type="checkbox"/> 2. Table 501.2 (other facilities) SHOW CALCULATIONS -for other facilities- 95 EMPLOYEES @ 15GPD 1425 GPD <input type="checkbox"/> 3. Section 503.0 (meter readings) ATTACH WATER METER DATA |
| SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN <u>N/A / /</u> at Observation Hole # _____ Depth _____" 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 type="checkbox"/> Extra-Large - 5.0 sq. ft./gpd N/A | EFFLUENT/EJECTOR PUMP 1. <input type="checkbox"/> Not Required 2. <input type="checkbox"/> May Be Required 3. <input checked="" type="checkbox"/> Required >> Specify only for engineered or experimental systems DOSE _____ gallons | LATITUDE AND LONGITUDE at center of disposal area Lat. _____ d _____ m _____ s Long. _____ d _____ m _____ s if gps, state margin of error: _____ |

| | | |
|--|------------------------------|--------------------------|
| SITE EVALUATOR'S STATEMENT | | |
| I certify that on <u>2/26/07</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). | | |
| <i>William P Brown</i> Site Evaluator Signature | 188 SE# | <u>2/26/2007</u> Date |
| WILLIAM P BROWN Site Evaluator Name Printed | 293-2110 Telephone Number | _____ E-mail Address |

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

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

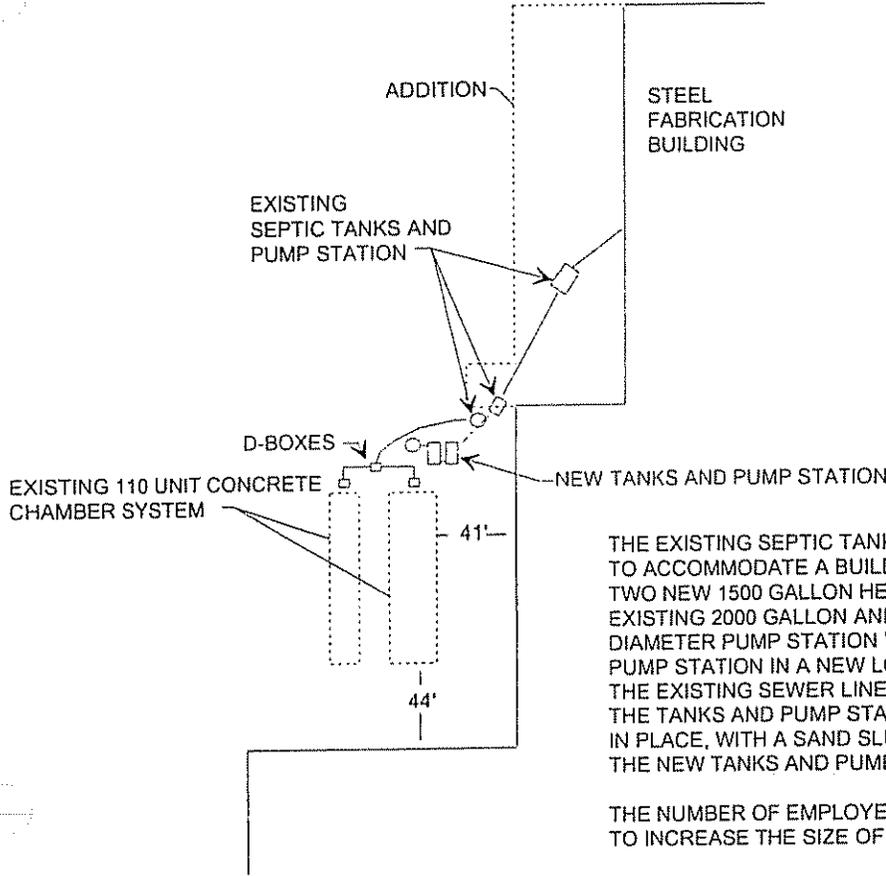
Town, City, Plantation
AUGUSTA

Street, Road, Subdivision
LIPMAN ROAD

Owners Name
CURT HUBER CIVES STEEL

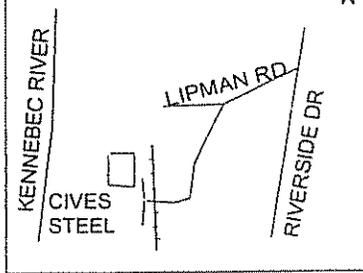
SITE PLAN

Scale 1" = 100 Ft.



SITE LOCATION PLAN

(Map from Maine Atlas recommended)



THE EXISTING SEPTIC TANKS AND PUMP STATION MUST BE RE-LOCATED TO ACCOMMODATE A BUILDING ADDITION. TWO NEW 1500 GALLON HEAVY DUTY TANKS WILL BE USED TO REPLACE THE EXISTING 2000 GALLON AND 1000 GALLON TANKS. THE EXISTING 3 FOOT DIAMETER PUMP STATION WILL BE REPLACED WITH A NEW 4 FOOT DIAMETER PUMP STATION IN A NEW LOCATION. THE EXISTING SEWER LINE WILL BE PIPED THROUGH THE EXISTING TANKS. THE TANKS AND PUMP STATION WILL BE PUMPED OUT AND BACKFILLED IN PLACE, WITH A SAND SLURRY MIX. THE NEW TANKS AND PUMP STATIONS WILL HAVE RISERS TO GRADE.

THE NUMBER OF EMPLOYEES WILL REMAIN UNCHANGED SO, THERE IS NO NEED TO INCREASE THE SIZE OF THE DISPOSAL FIELDS.

SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

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

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 | | | | |

| DEPTH BELOW MINERAL SOIL SURFACE (Inches) | Texture | Consistency | Color | Mottling |
|---|---------|-------------|-------|----------|
| 0 | | | | |
| 10 | | | | |
| 20 | | | | |
| 30 | | | | |
| 40 | | | | |
| 50 | | | | |

Soil Classification: N/A Profile: Condition:
 Slope: %
 Limiting Factor:
 Ground Water
 Restrictive Layer
 Bedrock
 Pit Depth

Soil Classification: Profile: Condition:
 Slope: %
 Limiting Factor:
 Ground Water
 Restrictive Layer
 Bedrock
 Pit Depth

WILLIAM P BROWN *William P Brown*
 Site Evaluator Signature

188
 SE #

2/26/2007
 Date

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Department of Human Services
Division of Health Engineering
Owners Name

Town, City, Plantation

Street, Road, Subdivision

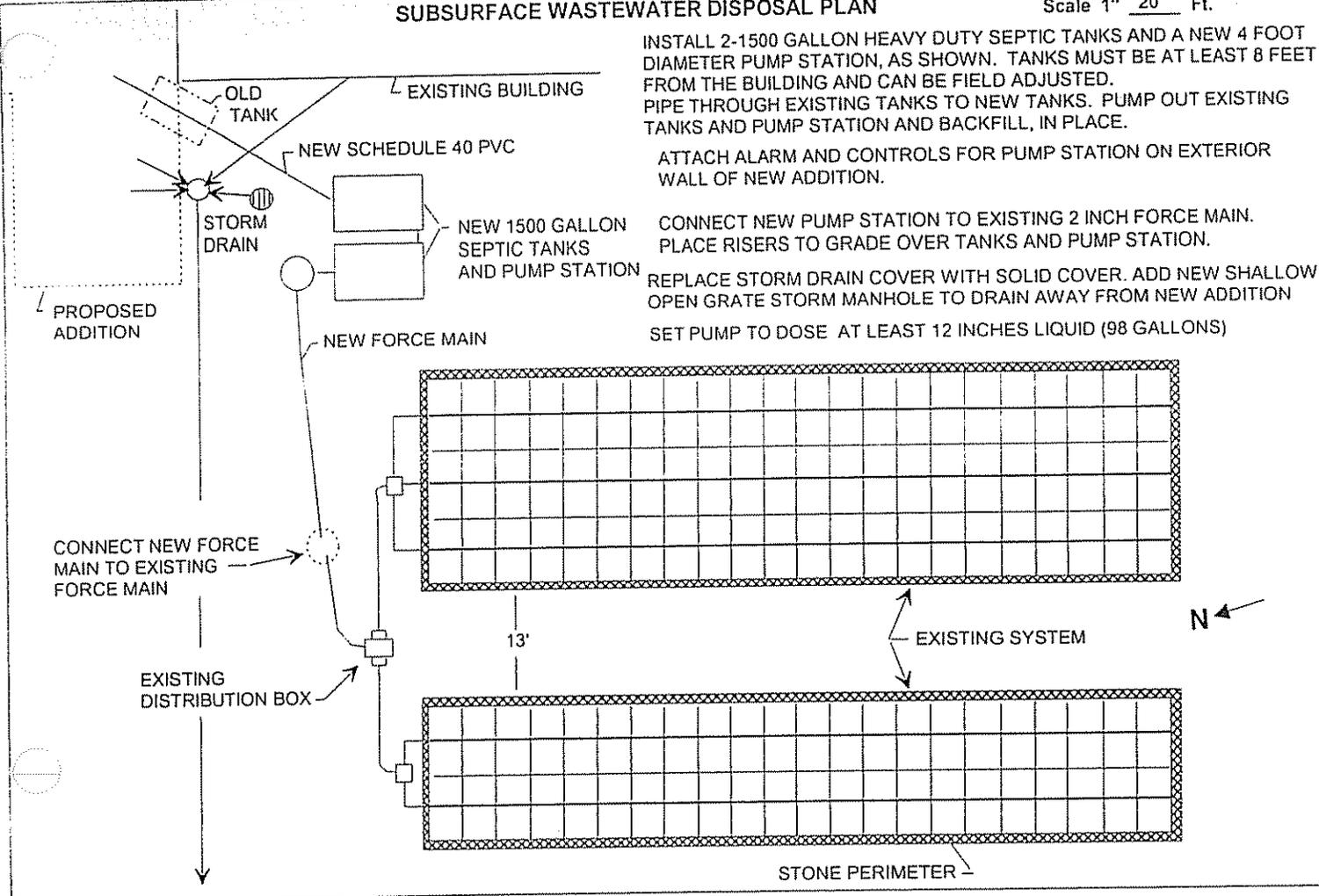
AUGUSTA

LIPMAN ROAD

CURT HUBER CIVES STEEL

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.



INSTALL 2-1500 GALLON HEAVY DUTY SEPTIC TANKS AND A NEW 4 FOOT DIAMETER PUMP STATION, AS SHOWN. TANKS MUST BE AT LEAST 8 FEET FROM THE BUILDING AND CAN BE FIELD ADJUSTED. PIPE THROUGH EXISTING TANKS TO NEW TANKS. PUMP OUT EXISTING TANKS AND PUMP STATION AND BACKFILL, IN PLACE.

ATTACH ALARM AND CONTROLS FOR PUMP STATION ON EXTERIOR WALL OF NEW ADDITION.

CONNECT NEW PUMP STATION TO EXISTING 2 INCH FORCE MAIN. PLACE RISERS TO GRADE OVER TANKS AND PUMP STATION.

REPLACE STORM DRAIN COVER WITH SOLID COVER. ADD NEW SHALLOW OPEN GRATE STORM MANHOLE TO DRAIN AWAY FROM NEW ADDITION

SET PUMP TO DOSE AT LEAST 12 INCHES LIQUID (98 GALLONS)

FILL REQUIREMENTS

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

CONSTRUCTION ELEVATIONS

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

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

DISPOSAL AREA CROSS SECTION

Scale:

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