

PROPERTY LOCATION		>> Caution: Permit Required -- Attach in Space Below <<	
City, Town, or Plantation	AUGUSTA	AUGUSTA Date Permitted: <u>9/11/01</u> Issued: <u>[Signature]</u> Local Plumbing Inspector Signature 4736 TOWN COPY \$ <u>1600.00</u> <input type="checkbox"/> If Double Fee Charged L.P.I. # <u>100</u>	
Street or Road	780 RIVERSIDE DRIVE		
Subdivision, Lot #			
OWNER/APPLICANT INFORMATION			
Name (last, first, MI)	GALLANT, JEAN		
Mailing Address of	816 RIVERSIDE DRIVE		
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	AUGUSTA, ME 04330		
Daytime Tel. #	622-5946	Municipal Tax Map # <u>54</u> Lot # <u>2-13</u>	
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. <u>[Signature]</u> <u>9/14/01</u> Signature of Owner/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 <u>3/15/02</u> <u>[Signature]</u> Local Plumbing Inspector Signature (1st) Date Approved (2nd) Date Approved	

PERMIT INFORMATION			
TYPE OF APPLICATION: 1. <input type="checkbox"/> First Time System 2. <input checked="" type="checkbox"/> Replacement System Type Replaced <u>TRENCH</u> Year Installed <u>60'S</u> 3. <input type="checkbox"/> Expanded System a. <input type="checkbox"/> Minor Expansion b. <input type="checkbox"/> Major Expansion 4. <input type="checkbox"/> Experimental System 5. <input type="checkbox"/> Seasonal Conversion	THIS APPLICATION REQUIRES 1. <input 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 checked="" type="checkbox"/> Replacement System Variance a. <input checked="" 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 Variance	DISPOSAL SYSTEM COMPONENT(S) 1. <input checked="" type="checkbox"/> Complete Non-engineered System 2. <input type="checkbox"/> Primitive System (graywater & all. 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"/> Pretreatment, specify: 12. <input type="checkbox"/> Miscellaneous components	
SIZE OF PROPERTY 1 <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres	DISPOSAL SYSTEM TO SERVE: 1. <input type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: 2. <input checked="" type="checkbox"/> Multiple Family Dwelling Unit, No. of Units: <u>3-APTS</u> 3. <input type="checkbox"/> Other _____ SPECIFY _____	TYPE OF WATER SUPPLY 1. <input type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input checked="" 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 <u>1500</u> 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 load d. <input type="checkbox"/> H-20 load 4. <input type="checkbox"/> Other _____ SIZE <u>1800</u> <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 <u>540</u> 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- 2- 1 BDRM APTS @ 180 GPD EACH AND 1- 2 BDRM APT @ 180 GPD 3. <input type="checkbox"/> Section 503.0 (meter readings) ATTACH WATER-METER DATA
SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN <u>3 / D / 3</u> at Observation Hole # <u>TP-1</u> Depth <u>12</u> " Elevation _____ " 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 checked="" 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	PUMPING 1. <input checked="" type="checkbox"/> Not Required 2. <input type="checkbox"/> May Be Required 3. <input type="checkbox"/> Required >> Specify only for engineered or experimental systems DOSE _____ gallons	

SITE EVALUATOR'S STATEMENT		
I certify that on <u>8/27/2001</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).		
<u>[Signature]</u> Site Evaluator Signature	188 SE#	<u>8/27/2001</u> Date
WILLIAM P BROWN Site Evaluator Name Printed	293-2110 Telephone #	Page 1 of 3 HHE-200 Rev. 6/00

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

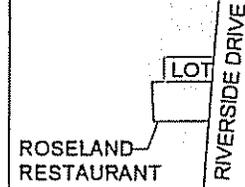
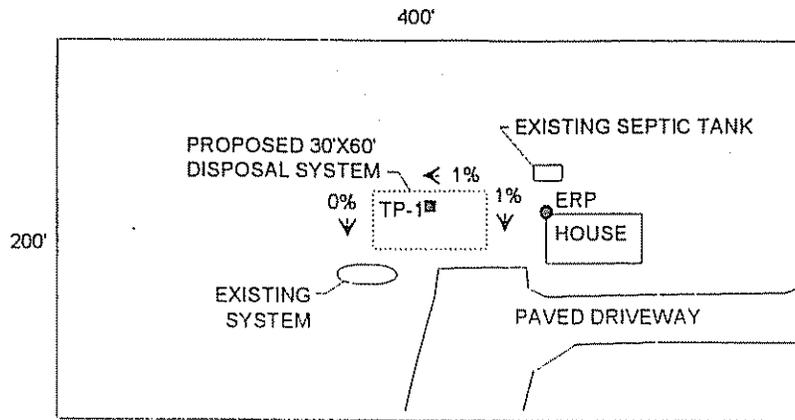
RIVERSIDE DRIVE

JEAN GALLANT

SITE PLAN

Scale 1" = 100 Ft.

SITE LOCATION PLAN
(Map from Maine Atlas recommended)



ROSELAND RESTAURANT

ERP TO TP-1 = 50'

THE AREA OF THE PROPOSED SEPTIC SYSTEM IS A FILLED AREA
IT APPEARS THAT THE FILL WAS PLACED PRIOR TO JULY 1, 1974 AND IS
OF SUITABLE TEXTURE, CONSISTENCY, DEPTH, EXTENT, AND STRUCTURE
TO BE OF EQUIVALENT OF ORIGINAL SOIL FOR DESIGN PURPOSES.
THE FILL MATERIAL CONSISTS OF SANDY LOAM AND LOAMY SAND SOILS
AND IS FREE OF ORGANIC MATERIALS.

SOIL DESCRIPTION AND CLASSIFICATION

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

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	FINE SAND FILL	FRIABLE	YELLOW BROWN	
10	SANDY LOAM FILL	FIRM	DARK BROWN	NONE COMMON
20	LOAMY SAND FILL	FRIABLE	BROWN	
30				
40				
50				

Soil Classification 3 Profile	Slope D Condition	Limiting Factor 0-1%	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
		12"	

(Location of Observation Holes Shown Above)

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 Profile	Slope Condition	Limiting Factor %	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth

WILLIAM P BROWN

Site Evaluator Signature

William P Brown

188
SE #

8/27/2001

Date

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SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation
AUGUSTA

Street, Road, Subdivision
RIVERSIDE DRIVE

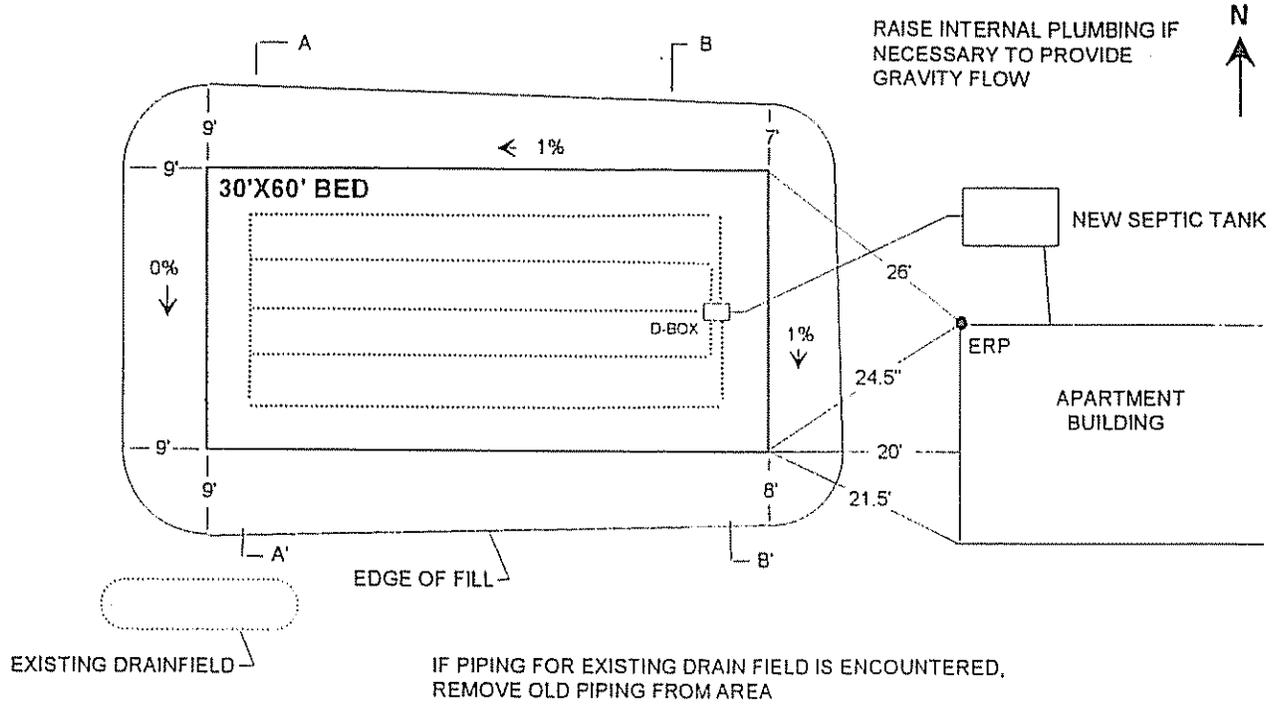
Owners Name
JEAN GALLANT

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.

REMOVE VEGETATION AND APPROXIMATELY 18 INCHES OF FINE SAND AND FIRM SANDY LOAM SOILS. REPLACE WITH 12 INCHES OF GRAVELLY COARSE SAND. SOME PORTIONS OF THE EXCAVATED SOILS MAY BE SUITABLE FOR USE AS FILL. OTHER PORTIONS OF FILL ARE NOT SUITABLE FOR USE AS FILL. THESE AREAS OF COMPACT SANDY LOAM FOUND AT A DEPTH OF 10 TO 17 INCHES MAY BE USED AS FILL IN OTHER AREAS ON THE PROPERTY

REMOVE EXISTING 1000 GALLON SEPTIC TANK AND REPLACE WITH NEW 1500 GALLON SEPTIC TANK IN SAME LOCATION



FILL REQUIREMENTS

Depth of Fill (Upslope) **17-25"**
Depth of Fill (Downslope) **20-25"**

CONSTRUCTION ELEVATIONS

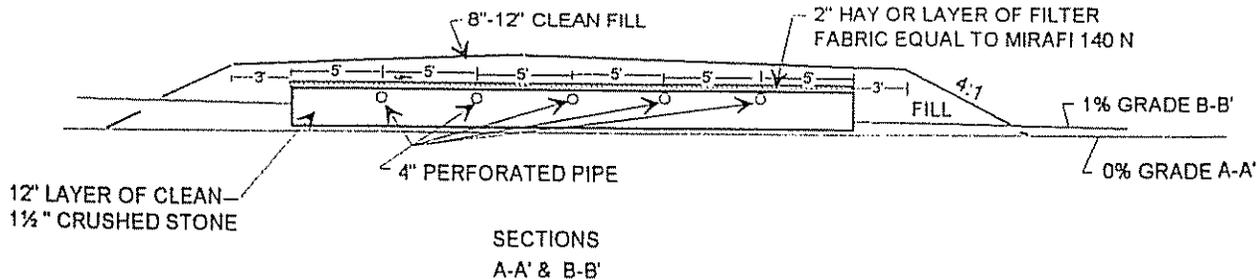
Reference Elevation Is **00"**
Bottom of Disposal Area **-58"**
Top of distribution Lines or Chambers **-47"**

ELEVATION REFERENCE POINT
LOCATION & DESCRIPTION
BOTTOM OF CORNER TRIM OF VINYL SIDING AT BACK OF HOUSE

DISPOSAL AREA CROSS SECTION

Scale:

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



REMOVE VEGETATION IN DISPOSAL AREA
REMOVE APPROX 18 INCHES OF FINE SANDY LOAM TO EXPOSE COARSE LOAMY SAND BELOW
PLACE GRAVELLY COARSE SAND TO ELEVATION OF SYSTEM
FILL SHALL BE GRAVELLY COARSE SAND
CROWN FINISH GRADE FROM CENTER AT 3%
LOAM, SEED, MULCH DISTURBED AREAS

WILLIAM P BROWN
Site Evaluator Signature

188
SE #

8/27/2001
Date

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SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY LOCATION		>> Caution: Permit Required – Attach in Space Below <<	
City, Town, or Plantation	Augusta		
Street or Road	780 Riverside Drive		
Subdivision, Lot #	New Office Building		
OWNER/APPLICANT INFORMATION			
Name (last, first, MI)	Gallant, Jean	<input checked="" type="checkbox"/> Owner	<input type="checkbox"/> Applicant
Mailing Address of Owner/Applicant	816 Riverside Drive Augusta, ME 04330		
Daytime Tel. #	(207) 622-5946	Municipal Tax Map #	Lot #
Owner/Applicant Statement		Caution: Inspections Required	
<p><i>I state and acknowledge that the information submitted is correct to the best of my knowledge, that I have read and agree with the conditions on the back of this form, and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit.</i></p> <p>Signature of Owner/Applicant: <u>Jean Gallant</u> Date: <u>4-13-04</u></p>		<p><i>I have inspected the installation authorized above and on back of this form and found it to be in compliance with the Subsurface Wastewater Disposal Rules and local ordinances.</i></p> <p>Local Plumbing Inspector Signature: <u>[Signature]</u> (1st) Date Approved: <u>7/15/04</u> (2nd) Date Approved: _____</p>	
PERMIT INFORMATION			
TYPE OF APPLICATION	THIS APPLICATION REQUIRES	DISPOSAL SYSTEM COMPONENT(S)	
1. <input type="checkbox"/> First Time System 2. <input checked="" type="checkbox"/> Replacement System Type Replaced: <u>septic tanks</u> Year Installed: <u>1986</u> 3. <input type="checkbox"/> Expanded System a. <input type="checkbox"/> Minor Expansion b. <input type="checkbox"/> Major Expansion 4. <input type="checkbox"/> Experimental System 5. <input type="checkbox"/> Seasonal Conversion	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. Replacement System Variance a. <input type="checkbox"/> Local Plumbing Inspector approval b. <input type="checkbox"/> State & Local Plumbing Inspector approval 5. <input type="checkbox"/> Minimum Lot Size Variance 6. <input type="checkbox"/> Seasonal Conversion Variance	1. <input 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 Disposal Area 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) 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 checked="" type="checkbox"/> Miscellaneous components	
SIZE OF PROPERTY	DISPOSAL SYSTEM TO SERVE:		TYPE OF WATER SUPPLY
<input type="checkbox"/> sq. ft. 3.72 <input checked="" type="checkbox"/> acres	1. <input type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: _____ 2. <input type="checkbox"/> Multiple Family Dwelling, No. of Units: _____ 3. <input checked="" type="checkbox"/> Other: <u>proposed office building</u> Specify _____ Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped		1. <input type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input checked="" type="checkbox"/> Public 5. <input type="checkbox"/> Other: _____
SHORELAND ZONING			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK	DISPOSAL AREA TYPE/SIZE	GARBAGE DISPOSAL UNIT	DESIGN FLOW
1. <input checked="" type="checkbox"/> Concrete <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY: <u>4500</u> Gallons	1. <input type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench 3. <input type="checkbox"/> Proprietary Device <input type="checkbox"/> Cluster array <input checked="" type="checkbox"/> Linear <input type="checkbox"/> Regular load <input type="checkbox"/> H-20 load 4. <input type="checkbox"/> Other: _____ SIZE: <input type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	1. <input type="checkbox"/> No 2. <input type="checkbox"/> Yes 3. <input checked="" type="checkbox"/> Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> Multi-compartment tank <input type="checkbox"/> _____ Tanks in series <input type="checkbox"/> Increase in tank capacity <input checked="" type="checkbox"/> Filter on tank outlet	180 gallons per day BASED ON: 1. <input type="checkbox"/> Table 501.1 (dwelling unit(s)) 2. <input checked="" type="checkbox"/> Table 501.2 (other facilities) SHOW CALCULATIONS --for other facilities-- 120 employees @ 15 gpd
SOIL DATA & DESIGN CLASS	DISPOSAL FIELD SIZING	EFFLUENT/EJECTOR PUMP	
PROFILE CONDITION DESIGN _____ / _____ / _____ at Observation Hole # _____ Depth: _____" OF MOST LIMITING SOIL FACTOR _____	1. <input type="checkbox"/> Small 2.0 sq. ft./gpd. 2. <input type="checkbox"/> Medium 2.6 sq. ft./gpd. 3. <input checked="" 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.	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 read.) ATTACH WATER-METER DATA
SITE EVALUATOR COMMENTS			
A 4500 gallon septic tank is to be installed that will feed into the existing siphon tank that goes into the existing leach field. SEE SITE PLAN			
SITE EVALUATOR STATEMENT			

I Certify that on April 9, 2004 (date) I completed a site evaluation on this project and state that the data reported is accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241) as interpreted by me.

Kane P. Coffin
Kane P. Coffin, an agent of E.S. Coffin Engineering & Surveying, Inc.
E.S. Coffin Engineering & Surveying, Inc.
432 Cony Road P.O. Box 4687
Augusta, Maine 04330-1687

SE #331
Licensed Site Evaluator
(207) 623-9475 or 1-800-244-9475

April 10, 2004
Date
Fax (207)623-0016

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator
See back of this form for conditions of permit