

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	895 Young Road	
Subdivision, Lot #		

AUGUSTA Date Permit Issued: 11/16/00 4533 TOWN DP# 1201 if Double Fee Charged

May R. Fuller L.P.I. # 859
Local Plumbing Inspector Signature

OWNER/APPLICANT INFORMATION	
Name (last, first, MI)	Marin, Kenneth <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant
Mailing Address of <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	309 Water Street Hallowell, ME 04347
Daytime Tel. #	<u>622-3286</u>

Municipal Tax Map # 72 Lot # 3

Owner/Applicant Statement
I state 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.

Kenneth Marin
Signature of Owner/Applicant

10-15-00
Date

Caution: Inspections Required
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.

May R. Fuller
Local Plumbing Inspector Signature

Oct. 2000
(1st) Date Approved
12/5/01
(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>unknown</u> Year Installed: <u>1960's</u> 3. <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 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 checked="" type="checkbox"/> Local Plumbing Inspector approval b. <input checked="" type="checkbox"/> State & Local Plumbing Inspector approval 5. <input type="checkbox"/> Minimum Lot Size Variance 6. <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 & 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) 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 _____ sq. ft. 1 <input checked="" type="checkbox"/> acres	DISPOSAL SYSTEM TO SERVE: 1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: <u>2</u> 2. <input type="checkbox"/> Multiple Family Dwelling, No. of Units: _____ 3. <input type="checkbox"/> Other: _____ specify _____

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK 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>1000</u> Gallons	DISPOSAL AREA TYPE/SIZE 1. <input type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench 3. <input checked="" type="checkbox"/> Proprietary Device <input checked="" type="checkbox"/> Cluster array <input type="checkbox"/> Linear <input checked="" type="checkbox"/> Regular load <input type="checkbox"/> H-20 load 4. <input type="checkbox"/> Other: _____ SIZE: <u>594</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT 1. <input type="checkbox"/> No 3. <input checked="" type="checkbox"/> Maybe 2. <input type="checkbox"/> Yes >> (specify one below): <input type="checkbox"/> Multi-compartment tank <input type="checkbox"/> Tanks in series <input type="checkbox"/> Increase in tank capacity <input type="checkbox"/> Filter on tank outlet	DESIGN FLOW <u>180</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--
SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN <u>3</u> / <u>D</u> / <u>3D</u> at Observation Hole # <u>TP-1</u> Depth: <u>12"</u> Elevation: <u>-56</u> 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 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	

SITE EVALUATOR STATEMENT
I Certify that on September 30, 2000 (date) I completed a site evaluation on this project and state that the data reported is accurate and 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).

Kane A. Coffin
Kane A. Coffin, an agent of Coffin Engineering & Surveying

SE #331
Licensed Site Evaluator

October 11, 2000
Date

Coffin Engineering & Surveying, LLC
(207) 623-9475

P.O. Box 4687
Augusta, Maine 04330-1687

See back of this form for conditions of permit

ATTACHMENT FOR HHE-200 FORM

1. The OWNER/APPLICANT, by signing the front of this form, agrees to provide payment for services rendered as quoted and billed by COFFIN ENGINEERING & SURVEYING (CE&S). Payment on all billings are due within 30 days of billing date, otherwise a late charge of 1.5% per month (18% per year), simple interest, will be added to the total amount. In the event that any portion, or all of the final billing, remains unpaid for a period of 60 days, the OWNER/APPLICANT shall pay all costs of collection, including actual attorney's fees, court costs, CE&S's cost to collect bill. PLEASE NOTE THAT THE PERSON SIGNING THIS FORM UNDER OWNER/APPLICANT IS RESPONSIBLE FOR PAYMENT OF SERVICES AND SHOULD CONTACT CE&S IF HE/SHE HAS NOT RECEIVED A BILL.
2. All construction shall conform with Title 22 MRSA, §42, 10-144A CMR 241 "Maine-Subsurface Waste Water Disposal Rules," and all other pertinent sections. The OWNER/APPLICANT is responsible for the contractor installing the proposed septic system correctly and for obtaining all necessary permits. The OWNER/APPLICANT shall carefully examine all documents submitted by CE&S and promptly notify CE&S upon becoming aware of any defects. The OWNER/APPLICANT agrees to limit the liability of the site evaluator and/or CE&S to the amount of the total fee paid to CE&S.
3. This disposal system form shall not be transferable and becomes invalid if the authorized work has not commenced within two years after the issue date of the disposal system.
4. The OWNER/APPLICANT shall accurately describe the intended uses (present and future) for the system to the site evaluator. By signing the front of this form, the OWNER/APPLICANT agrees that the uses shown on said form is what was described to the site evaluator. Any change from the intended use described on this form requires a new design. Applicability of design must be reevaluated when location of structures are substantially different from those shown on the site plan or when other structures, additions, or appurtenances (i.e. swimming pools, garbage disposals) are considered. Property lines shown are as provided by the owner, or his agent and no guarantee of accuracy is implied. Actual property lines must be confirmed by a boundary survey.

INSTALLATION REQUIREMENTS

1. SETBACKS (under 1000 gpd) - Keep tank and leach fields 100 feet from wells, 50 feet from minor water courses, 100 feet from major water courses, and 10 feet from property lines, unless noted elsewhere on the forms. Septic tanks shall be a minimum of 8 feet from buildings and leach fields shall be 20 feet from buildings with basements and 15 feet from buildings with no full basement.
2. DRAINAGE - water runoff and drainage from basements, footings, or roofs shall not drain into the septic system and shall be diverted away from the disposal field.
3. DISCHARGE - hot tubs shall not discharge into any disposal system utilized for any other waste water, but may be discharged into a separate laundry disposal field. No paint, paint thinner, commercial grease and oil, darkroom chemicals, etc. shall be disposed of in the disposal field.
4. CONDITIONS - excavations shall not be carried out when the soil moisture content is above the plastic limit. Disposal fields should not be installed in frozen ground or when the ambient air temperature is below freezing.
5. SITE PREPARATION - prior to placing backfill material, the vegetation shall be cut and removed. In areas adjacent to water bodies or wetland, erosion and sediment control measures shall be employed. The area under the disposal field and backfill extensions shall be plowed or disked to produce a thoroughly roughened surface to a depth of 6 to 8 inches. Surface water shall be diverted away from the disposal field.
6. EXCAVATION - the bottom of the each disposal field shall be installed at the elevation specified on this form. Avoid compaction of both sidewalls and bottom area. Make sure heavy equipment is not driven over the exposed bottom of the disposal field. If any portion of the bottom or sidewalls becomes smeared or compacted, that portion must be scarified to reopen soil pores.
7. BACKFILLING - At least 4 inches of cover material, suitable for establishment of a good vegetative cover shall be placed over the entire filled area including the fill material extensions. Backfill material shall be a minimum of 8 inches in thickness and consist of coarse sand to gravely coarse sand. Final grading shall be completed so that surface water will not collect over the disposal field. Immediately after completion of final grading, the fill material surface shall be stabilized by mulching and seeding to establish a good vegetative cover to prevent erosion. Grass, clover, trefoil, vetch, perennial wild flowers, or other herbaceous perennials may be utilized for disposal field surfaces. Woody shrubs or trees are unacceptable on disposal field surfaces.
8. SEPTIC TANK - The septic tank must be installed level and all joints, inspection covers, etc. must be water tight (the same is necessary for a pump tank if the system requires one). The outlet invert elevation should be equal to or higher than the finish grade of the septic field to avoid flooding of the tank and solids entering the field. Install a Zabel Industries, Inc. filter or equivalent on the outlet end of the septic tank when possible. Provide low profile septic tank when determined as necessary in the field. Septic tanks should be pumped out and checked every three years or more often to prolong the life of the waste water system.
9. FREEZING - Protect tanks, force mains, pump stations, D-boxes, etc. from freezing by either adequate ground cover or insulating.
10. The LPI shall inform the owner and designer of any local ordinance exceeding the Rules (Chapter 241) prior to issuing a permit, so that the application may be properly amended to conform to such ordinances.



STATE OF MAINE
DEPARTMENT OF HUMAN SERVICES
DIVISION OF HEALTH ENGINEERING
10 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0010

ANGUS S. KING, JR.
GOVERNOR

KEVIN W. CONCANNON
COMMISSIONER

November 1, 2000

Kenneth Marin
309 Water Street
Hallowell ME 04347

Subject: Approval, Replacement System Variance Request, Marin property, Young Road, Augusta

Dear Mr. Marin:

The Division has reviewed a Replacement System Variance Request for the subject property. The state variance requested is to allow the installation of a subsurface wastewater disposal system with a reduction in the setback distance to a neighbor's well from the disposal field to 56 feet. Other variances required are reduced setback distances of 60 feet (septic tank) to a neighbor's well and 82 feet (disposal field), 60 feet (septic tank) to a major watercourse. The system design prepared by Kane Coffin, SE, dated 10-11-00, is found to be in compliance with the Maine Subsurface Wastewater Disposal Rules.

We approve the requested variances with the following requirements:

1. A permit for system installation is to be obtained from the Local Plumbing Inspector in advance of the start of system construction.
2. The system is to be installed in accordance with the submitted and approved system design. Should alterations be required at the time of system installation, the system designer must be notified prior to making any changes.
3. The variance approval is based only on the rules administered by this department. The approval of the variance request does not relieve the property owner from compliance with all other state and local requirements pertaining to the installation, use, and operation of the wastewater disposal system.

By accepting this approval and the associated plumbing permit, the owner agrees to comply fully with the conditions of approval and the Subsurface Wastewater Disposal Rules.

Because installation and owner maintenance has a significant effect on the working order of onsite sewage disposal systems, including their components, the Division makes no representation or guarantee as to the efficiency and/or operation of the system.

Should you or others have any questions regarding this review and/or approval, please feel free to contact me at 287-5687.

Sincerely,

Linda S. Robinson
Wastewater & Plumbing Control Program
Division of Health Engineering
e-mail: linda.robinson@state.me.us

/lsr
Enclosure: Well Setback Release Form (original)
cc: Gary Fuller, *EPF AIF*
Kane Coffin, SE



PRINTED ON RECYCLED PAPER



ANGUS S. KING, JR.
GOVERNOR

STATE OF MAINE
DEPARTMENT OF HUMAN SERVICES
DIVISION OF HEALTH ENGINEERING
10 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0010



WELL SETBACK RELEASE FORM

We, the undersigned, are the owner(s) of the well and/or property herein described. We have read and understand the following information concerning the proposed separation distance between our well and the subsurface waste water disposal system for which a variance is being requested. We are prepared to accept any risk that the subsurface waste water disposal system may pose to our well.

All wells should be located a safe distance from all possible sources of contamination; in this case a subsurface waste water disposal system. The Maine Subsurface Waste Water Disposal Rules require a minimum of 100 feet between a <1000 gpd disposal system and a well; 200 feet between a 1000-2000 gpd disposal system and a well; and 300 feet between a >2000 gpd disposal system and a well. (Please circle the appropriate category.)

Since the safety of a well primarily depends on considerations of good well construction, geology and adequate maintenance of the subsurface waste water disposal system, the best means of protecting the well water quality is to maintain the maximum distance between a well and a disposal system. The Department of Human Services suggests that a maximum setback distance should be maintained.

The separation distance between our well and the subsurface wastewater disposal system for which this well release approval is requested is: component shown in plan included 500 feet.
component _____ / _____ feet

Address of Property with Disposal System: 895 Young Rd, Augusta ME 04347
(Include Municipal Book & Page No. or Map & Lot No.) Book 4983 Page 53
Map 72 Lot 3

Owner(s) of Property with Disposal System: Kenneth D. Martin

Address of Property with Well: RR1, RT RT Box 900 (Exbury Rd), Augusta, Me 04330
(Include Municipal Book & Page No. or Map & Lot No.) Book 101807 Page 45
Map 73 Lot 4

Owner(s) of Property with Well: Kevin McKenna Penny McKenna

We, the undersigned, release the site evaluator, well driller, the municipality and the State of Maine from liability should our well become contaminated. (Note: If the subject well has more than one owner, all well owner signatures must appear on this document.)

Well Owner(s) Signature Kevin McKenna Date 10/27/00
Penny J McKenna Date 10-27-00

State of Maine
County of Androscoggin, ss Date 10/27/00

Then personally appeared the above named Kevin McKenna (and Penny
McKenna) and (severally) acknowledged the foregoing instrument to be his

(or their) free act and deed.

Before me, Sandra R. Doherty
Justice of the Peace or Notary Public
Commission expires 12/3/00

REPLACEMENT SYSTEM VARIANCE REQUEST

THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

This form shall be attached to an application (HHE-200) for the proposed replacement system which requires a variance to the Rules. The LPI shall review the Replacement System Variance Request an HHE-200 and may approve the Request if all of the following requirements can be met, and the variance(s) requested fall within the limits of LPI's authority.

1. The proposed design meets the definition of a Replacement System as defined in the Rules (Sec. 2006)
2. There will be no change in use of the structure except as authorized for one-time exempted expansions outside the shoreland zone of major waterbodies/courses.
3. The replacement system is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.
4. The BOD5 plus S.S. content of the wastewater is no greater than that of normal domestic effluent.

GENERAL INFORMATION	
Permit No. _____	Town of <u>Angusta</u>
Property Owner's Name: <u>Kenneth Main</u>	Date Permit Issued _____
System's Location: <u>895 Young Rd.</u>	Tel. No.: _____
Property Owner's Address: <u>309 Water Street</u>	
(if different from above) <u>Hallowell, Me. 04317</u>	

SPECIFIC INSTRUCTIONS TO THE:

LOCAL PLUMBING INSPECTOR (LPI):
If any of the variances exceed your approval authority and/or do not meet all of the requirements listed under the Limitations Section above, then you are to send this Replacement System Variance Request, along with the Application, to the Department for review and approval consideration before issuing a Permit. (See reverse side for Comments Section and your signature.)

SITE EVALUATOR:
If after completing the Application, you find that a variance for the proposed replacement system is needed, complete the Replacement Variance Request with your signature on reverse side of form.

PROPERTY OWNER:
If has been determined by the Site Evaluator that a variance to the Rules is required for the proposed replacement system. This variance request is due to physical limitations of the site and/or soil conditions. Both the Site Evaluator and the LPI have considered the site/soil restrictions and have concluded that a replacement system in total compliance with the Rules is not possible.

PROPERTY OWNER

I understand that the proposed system requires a variance to the Rules. Should the proposed system malfunction, I release all concerned provided they have performed their duties in a reasonable and proper manner, and I will promptly notify the Local Plumbing Inspector and make any corrections required by the Rules. By signing the variance request form, I acknowledge permission for representatives of the Department to enter onto the property to perform such duties as may be necessary to evaluate the variance request.

[Signature]
SIGNATURE OF OWNER

10-18-00
DATE

LOCAL PLUMBING INSPECTOR

I, Mary R. Fuller, the undersigned, have visited the above property and have determined to the best of my knowledge that it cannot be installed in compliance with the Rules. As a result of my review of the Replacement Variance Request, the Application, and my on-site investigation, I (check and complete either a or b):

a. (approve, disapprove) the variance request based on my authority to grant this variance. Note: If the LPI does not give his approval, he shall list his reasons for denial in **Comments** Section below and return to the applicant. **-OR-**

b. find that one or more of the requested Variances exceeds my approval authority as LPI. I (recommend, do not recommend) the Department's approval of the variances. Note: If the LPI does not recommend the Department's approval, she shall state his reasons in **Comments** Section below as to why the proposed replacement system is not being recommended.

Comments: _____

[Signature]
LPI SIGNATURE

10/19/00
DATE

Replacement System Variance Request

VARIANCE CATEGORY	LIMIT OF LPI'S APPROVAL AUTHORITY						VARIANCE REQUESTED TO:	
SOILS								
Soil Profile	Ground Water Table			to 7"			12	Inches
Soil Condition	Restrictive Layer			to 7"				Inches
from HHE-200	Bedrock			to 12'				Inches
SETBACK DISTANCES (in feet)	Disposal Fields			Septic Tanks			Disposal Fields	Septic Tanks
From	Less than 1000 gpd	1000 to 2000 gpd	Over 2000 gpd	Less than 1000 gpd	1000 to 2000 gpd	Over 2000 gpd	To	To
Wells with water usage of 2000 or more gpd or public water supply wells	300 ft [a]	300 ft [a]	300 ft [a]	100 ft [a]	100 ft [a]	100 ft [a]		
Owner's wells	100 down to 60 ft	200 down to 100 ft	300 down to 150 ft	100 down to 50 ft [b]	100 down to 50 ft	100 down to 50 ft	n/a	n/a
Neighbor's wells	100 down to 60 ft [b]	200 down to 120 ft [b]	300 down to 180 ft [b]	100 down to 50 ft [b]	100 down to 75 ft [b]	100 down to 75 ft [b]	56'	60'+
Water supply line	10 ft [a]	20 ft [a]	25 ft [a]	10 ft [a]	10 ft [a]	10 ft [a]		
Water course, major - for replacements only, see Table 400.4 for major expansions	100 down to 60 ft	200 down to 120 ft	300 down to 180 ft	100 down to 50 ft	100 down to 50 ft	100 down to 50 ft	82'	60'+
Water course, minor	50 down to 25 ft	100 down to 50 ft	150 down to 75 ft	50 down to 25 ft	50 down to 25 ft	50 down to 25 ft		
Drainage ditches	25 down to 12 ft	50 down to 25 ft	75 down to 35 ft	25 down to 12 ft	25 down to 12 ft	25 down to 12 ft		
Edge of fill extension - Coastal wetlands, special freshwater wetlands, great ponds, rivers, streams	25 ft [d]	25 ft [d]	25 ft [d]	25 ft [d]	25 ft [d]	25 ft [d]		
Slopes greater than 3:1	10 ft	18 ft	25 ft	N/A	N/A	N/A		
No full basement [e.g. slab, frost wall, columns]	15 down to 7 ft	30 down to 15 ft	40 down to 20 ft	8 down to 5 ft	14 down to 7 ft	20 down to 10 ft		
Full basement [below grade foundation]	20 down to 10 ft	30 down to 15 ft	40 down to 20 ft	8 down to 5 ft	14 down to 7 ft	20 down to 10 ft		
Property lines	10 down to 5 ft [c]	18 down to 9 ft [c]	20 down to 10 ft [c]	10 down to 4 ft [c]	15 down to 7 ft [c]	20 down to 10 ft [c]		
Burial sites or graveyards, measured from the down toe of the fill extension	25 ft	25 ft	25 ft	25 ft	25 ft	25 ft		

OTHER

1. Fill extension Grade - to 3:1

2.

3.

- Footnotes: a. This setback distance cannot be reduced by the LPI, but may be considered for reduction by State variance.
 b. May not be any closer to neighbor's well than the existing disposal field or septic tank unless written permission is granted by the neighbor.
 c. Sufficient distance shall be maintained to assure that the toe of the fill does not extend to the 3:1 slope or property line.
 d. Natural Resources Protection Act requires a 25 foot setback on slopes with less than 20% from the edge of disturbance and 100 feet on slopes greater than 20% except for the repair or installation of a replacement system when no practical alternative exists.

[Signature]
 SITE EVALUATOR'S SIGNATURE

10/11/00
 DATE

FOR USE BY THE DEPARTMENT ONLY

The Department has reviewed the variance(s) and (does does not) give its approval. Any additional requirements, recommendations, or reasons for the Variance denial, are given in the attached letter.

 SIGNATURE OF THE DEPARTMENT

 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

Young Rd

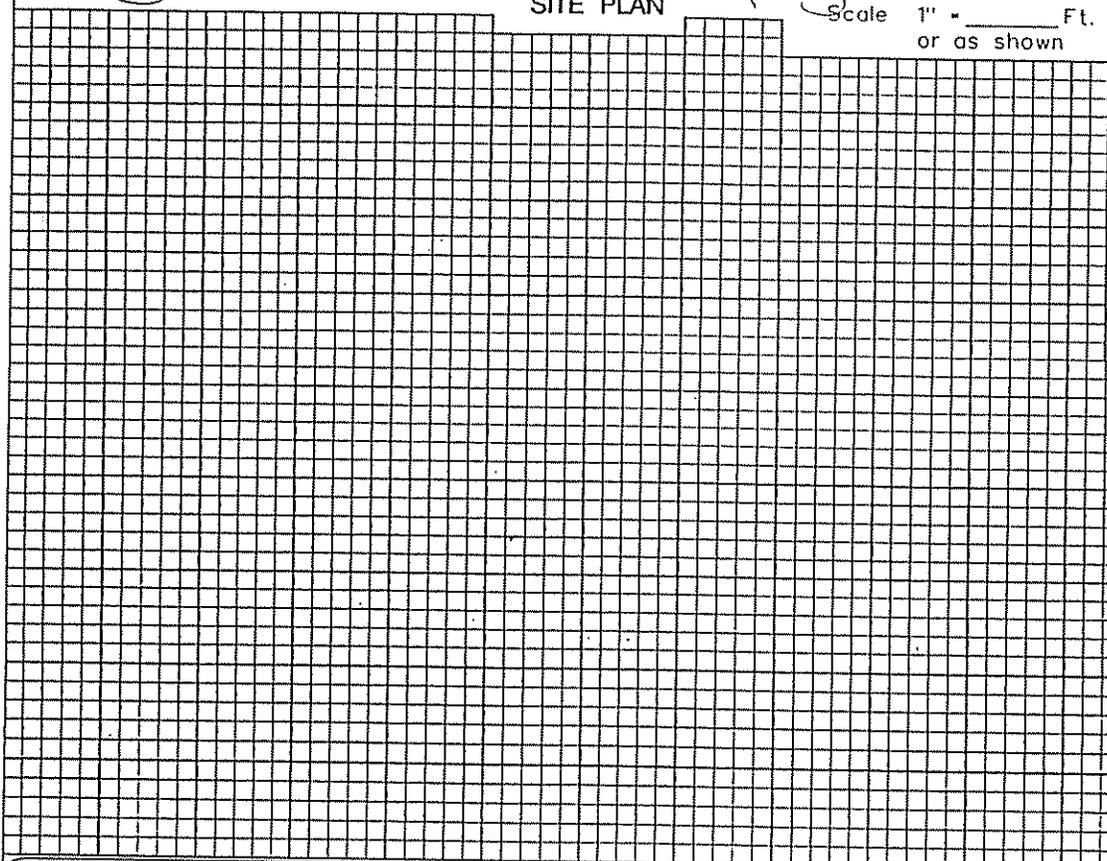
Owner's Name

Ken Marin

SITE PLAN

Scale 1" = _____ Ft.
or as shown

SITE LOCATION PLAN
(Map from Maine Atlas recommended)



SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole TP#1 Test Pit Boring
1/2 " 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	Grovelly fine sandy	frable	brown dk yellow brown	none
10	100-M	firm	light gray	concent distinct
20				
30				
40				
50				

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

Soil Classification 3 D Slope 2% Limiting Factor 12"
 Ground Water
 Restrictive Layer
 Bedrock
 Pit Depth

Soil Classification _____ Slope _____% Limiting Factor _____"
 Ground Water
 Restrictive Layer
 Bedrock
 Pit Depth

Kenneth P. Coffin
Site Evaluator Signature

331
SE

10/11/00
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

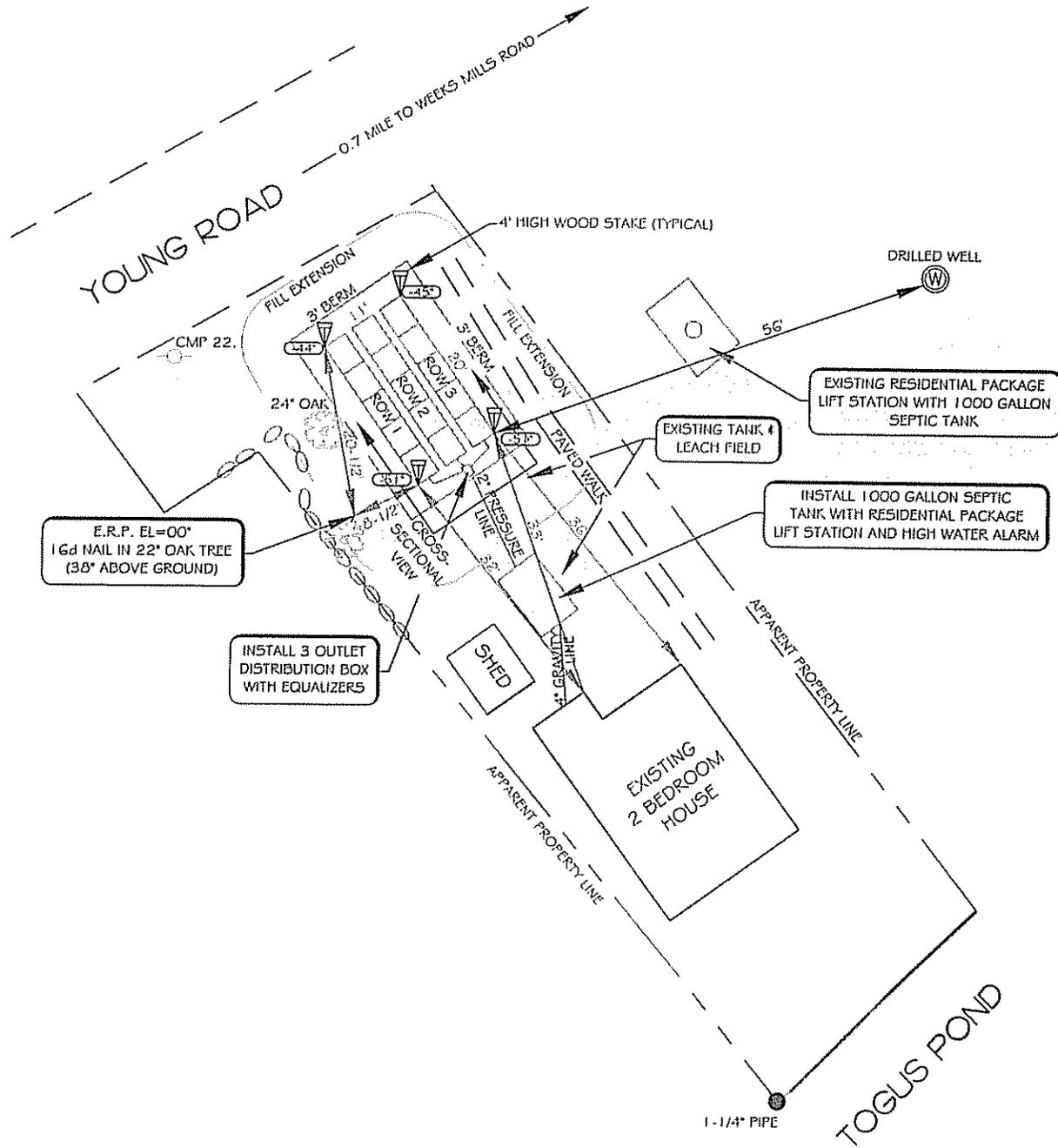
Town, City, Plantation
AUGUSTA

Street, Road, Subdivision
895 YOUNG ROAD

Owner's Name
KEN MARIN

SUBSURFACE WASTEWATER DISPOSAL & SITE PLAN

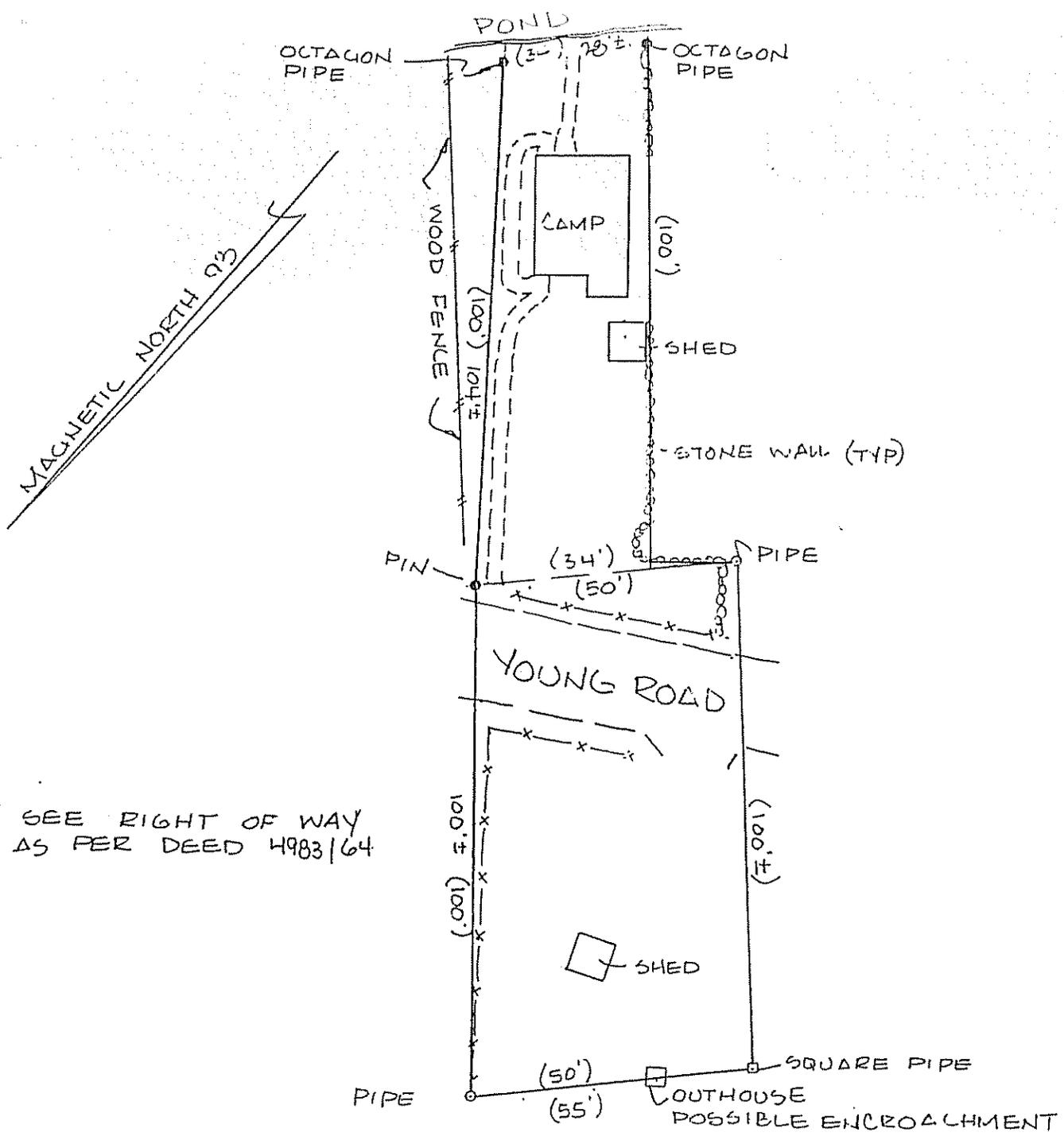
Scale: 1" = 20 feet



Site Evaluator's Signature *Kane P. Coffin* SE # 331

Date: 10/11/00

HHE-200



SEE RIGHT OF WAY
AS PER DEED 4983/64

scale: 1" = 30'

1. All distances and other information in parenthesis are deed/plan calls.
2. These premises do not lie in a flood hazard zone as shown on the HUD FLOOD HAZARD MAPS for the CITY OF AUGUSTA
3. These premises are not in apparent violation of the Setback Requirements of the Zoning Ordinances of the CITY OF AUGUSTA

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

AUGUSTA

895 YOUNG ROAD

KEN MARIN

FILL REQUIREMENTS

Depth of Fill (Upslope) 25-32"
Depth of Fill (Downslope) 26-32"

CONSTRUCTION ELEVATIONS

Reference Elevation is 00"
Bottom of Disposal Area -38"
Top of Chambers -31"

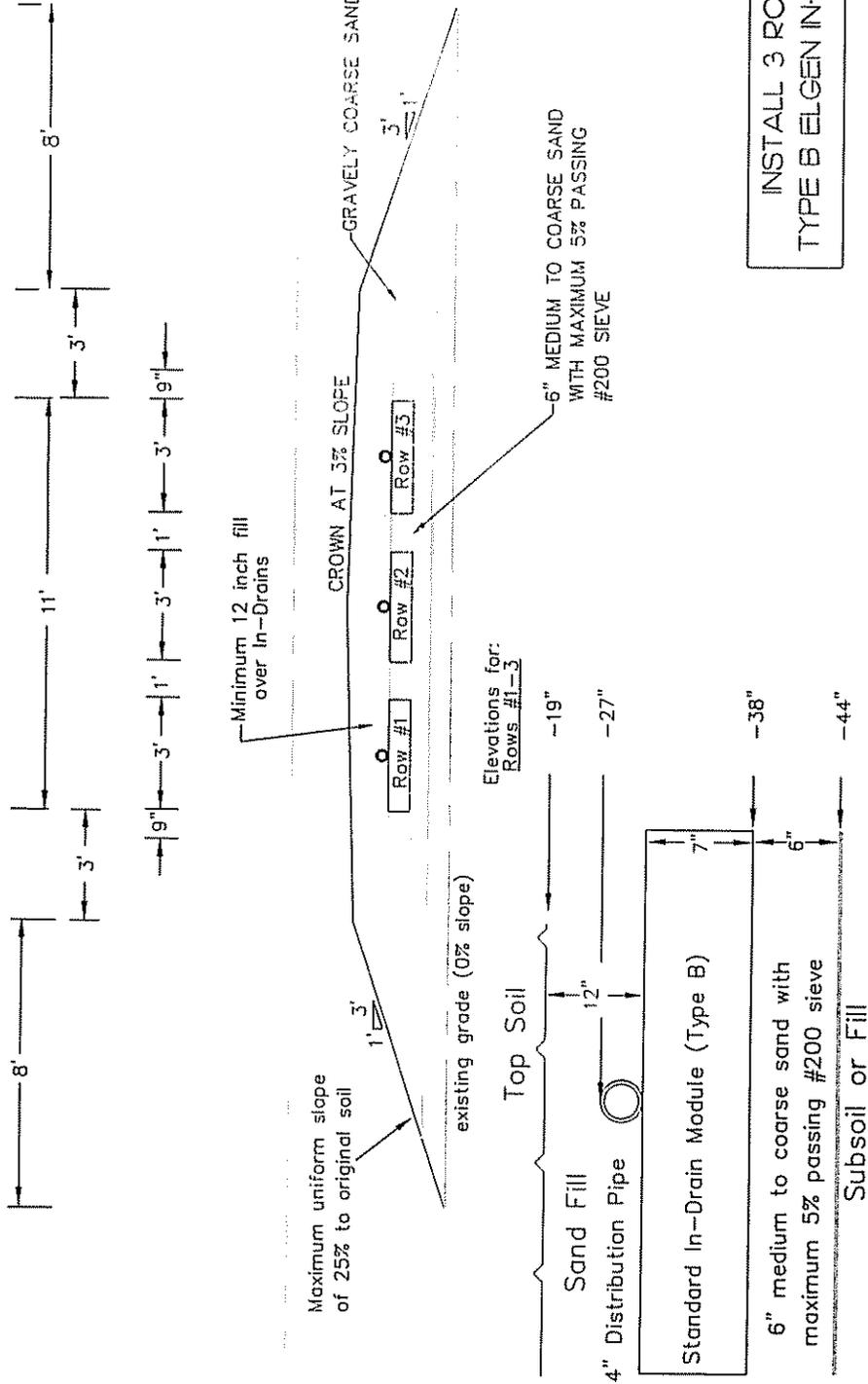
ELEV. REF. PT:

NAIL IN 18" POPPLE TREE
(29" ABOVE GROUND)

SCALE:

Vertical: 1 inch = 5 feet
Horizontal: 1 inch = 5 feet

DISPOSAL AREA CROSS SECTION



INSTALL 3 ROWS OF 5
TYPE B ELGEN IN-DRAIN MODULES

DETAIL (no scale)