

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 | 27 Albee Road |
| Subdivision, Lot # | |

| | |
|---|--|
| TI Permit Date Issued: <u>2/29/11</u> Local Plumbing Inspector Signature: <i>[Signature]</i> | AUGUSTA PERMIT # <u>6552</u> TOWN COPY \$ <u>250.00</u> FEE Double Charged L.P.I. # <u>1500</u> |
|---|--|

OWNER/APPLICANT INFORMATION

| | | | |
|------------------------------------|--|---|--|
| Name (last, first, MI) | Gsnoc, Angela | <input checked="" type="checkbox"/> Owner | |
| | <u>Fuller, Milton A</u> | <input checked="" type="checkbox"/> Applicant | |
| Mailing Address of Owner/Applicant | PO Box 719 164 Oak Street Brownville Oakland, ME 04963 ME 04414 | | |
| Daytime Tel. # | 965-2363 (207) 333-1559 | | |

| | |
|-------------------------------|------------------|
| Municipal Tax Map # <u>74</u> | Lot # <u>1-A</u> |
|-------------------------------|------------------|

Owner/Applicant Statement

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.

[Signature] _____ Date 4-14-2011

Signature of Owner/Applicant _____ 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.

(1st) Date Approved _____

Local Plumbing Inspector Signature _____ (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>cess pool</u> Year Installed: <u>unknown</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 type="checkbox"/> Replacement System Variance a. <input checked="" 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 | 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 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 checked="" type="checkbox"/> Pre-treatment, specify: <u>outlet filter on tank</u> 12. <input type="checkbox"/> Miscellaneous components |
| SIZE OF PROPERTY 9,400 <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> acres | DISPOSAL SYSTEM TO SERVE: 1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: <u>3</u> 2. <input type="checkbox"/> Multiple Family Dwelling, No. of Units: _____ 3. <input type="checkbox"/> Other: _____ Specify Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped | TYPE OF WATER SUPPLY 1. <input checked="" type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input 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 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 type="checkbox"/> Proprietary Device <input type="checkbox"/> Cluster array <input checked="" type="checkbox"/> Linear <input checked="" type="checkbox"/> Regular load <input type="checkbox"/> H-20 load 4. <input type="checkbox"/> Other: _____ SIZE: <u>891</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft. | GARBAGE DISPOSAL UNIT 1. <input checked="" type="checkbox"/> No 2. <input type="checkbox"/> Yes 3. <input 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 type="checkbox"/> Filter on tank outlet | DESIGN FLOW <u>270</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 3. <input type="checkbox"/> Section 503.0 (meter read.) LATITUDE AND LONGITUDE at center of disposal area Lat. <u>44 d 20 m 00.7 s</u> Lon. <u>69 d 39 m 02.2 s</u> If g.p.s., state margin of error: _____ |
| SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN <u>3 / C / 3C</u> at Observation Hole # <u>TP 1</u> Depth: <u>15"</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. | EFFLUENT/EJECTOR PUMP 1. <input type="checkbox"/> Not required 2. <input checked="" type="checkbox"/> May be required 3. <input type="checkbox"/> Required >> Specify only for engineered systems Dose _____ Gallons | |

SITE EVALUATOR COMMENTS

System-3 rows of 6 high capacity Bio-diffusers for a proposed 3 bedroom dwelling to replace the house torn down.

SITE EVALUATOR STATEMENT

I Certify that on May 4, 2009 (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

May 6, 2009
 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

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 and to a limit of five years from the date of this form. Visits to the site will be for information purposes only. CE&S will not be responsible for any site inspection duties.
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.
5. 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.
6. The most recent revision of the Maine State Plumbing Code is hereby made a part of this HHE-200 Form and shall be consulted by the disposal system installer for further construction details, material specifications, cautions, and other related details pertinent to the installation of this disposal system.
7. This HHE-200 form is intended to represent facts pertinent to the Plumbing Code only. The owner/applicant must check local, state, and federal regulations before considering this an approvable site. All information shown on this form relating to property lines, structures, and subsurface structures (such as, but not limited to water lines, septic tanks, cess pools, cellar drains, utility lines, wells, leach fields, etc.) are noted, shown, or left off as not affecting the system based on information provided by the owner/applicant or his agent. The OWNER/APPLICANT acknowledges and understands that CE&S's submissions may represent imperfect data and may contain errors, omissions, conflicts, inconsistencies, code violations, and improper use of materials. Such deficiencies will be corrected when identified. The OWNER/APPLICANT agrees to carefully study and compare the submissions and report at once in writing to CE&S any deficiencies discovered. The OWNER/APPLICANT further agrees to require each contractor and/or subcontractor to likewise study the submissions and report at once any deficiencies discovered. It is the responsibility of the owner/applicant or his agent to confirm, BEFORE CONSTRUCTION BEGINS, the above and/or any other features which may affect (or be adversely affected by) the installation of this system.
8. When a gravity system is proposed, BEFORE CONSTRUCTION BEGINS, the disposal system installer and building contractor shall review the relative elevation of all points given in the this HHE-200 Form and the elevation of the existing or proposed building drain and septic tank openings for compatibility to the minimum code pitch requirements. Any questions that arise should be directed to the local plumbing inspector or designer. When a pump system is installed, provisions shall be made to keep the tank and lift station outlets above the high water table.
9. The Septic System Owner's Manual written by the designer is made a part of this HHE-200 Form and shall be consulted by the owner/applicant and disposal system installer for other facts pertinent to the installation and operation of this disposal system.
10. The OWNER/APPLICANT bears the responsibility to show the location of property lines, subsurface structures (such as, but not limited to water lines, septic tanks, cess pools, cellar drains, utility lines), and wells to the Site Evaluator. Actual property lines must be confirmed by a boundary survey. By signing the front of this form, the OWNER/APPLICANT agrees that the property lines and wells on the accompanying plan(s) are shown correctly and any discrepancy found in the future is the responsibility of the OWNER/APPLICANT.
11. The actual water flow or number of bedrooms shall not exceed the design criteria indicated on this HHE-200 Form without a re-evaluation of the system.
12. CE&S is not responsible for the actions of others, who affect the ultimate cost of the PROJECT; by vandalism, marker removal, changes in scope of work, approval agencies, redesign of septic system, etc. (OWNER/APPLICANT to be notified of any cost increase).
13. The laws of Maine will apply concerning the interpretation and performance of this AGREEMENT. If an item in this AGREEMENT is found to be in violation of any prevailing laws, it will not void the entire AGREEMENT. This AGREEMENT is superior and over-rides any Standard Subcontract Agreement signed by the parties involved in this AGREEMENT for this PROJECT when referenced in said Standard Subcontract Agreement.
14. CE&S is responsible for the actions of its' employees only. Insurance is provided for: vehicles, general liability, errors and omissions, and workman's comp. All other entities on the site are responsible for their own safety, work product, actions, conduct, etc.
15. CE&S is not responsible for any actual, alleged, or threatened, pollutant damage in regard to the services performed. Pollutants are defined as any environmentally threatening contaminants commonly regulated in this state.
16. In the event that the OWNER/APPLICANT hires subcontractors, workers, orders material, etc., and governs, directly or indirectly, the overall operation on the work site; then the OWNER/APPLICANT is deemed to be acting as his own general contractor, having the greater responsibility for the work site.
17. Other than the procedure of collections described above in (1), should the parties of this AGREEMENT have differences involving either the work site, or the PROJECT, that cannot be resolved between them; then the procedures of Alternate Dispute Resolution will be the only method of resolving those differences.

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 minor 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 | | Town of <u>Amnata</u> |
| Permit No. <u>6552</u> | | Date Permit Issued <u>4/19/11</u> |
| Property Owner's Name: _____ | | Tel. No.: _____ |
| System's Location: _____ | | |
| Property Owner's Address: _____ | | |
| (if different from above) _____ | | |

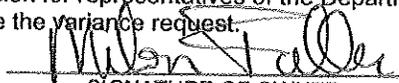
SPECIFIC INSTRUCTIONS TO THE:
LOCAL PLUMBING INSPECTOR (LPI):
 If any of the variances exceed your approval authority and/or do not meet all of the requirements listed under the Limitations Section above, then you are to send this Replacement System Variance Request, along with the Application, to the 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 OF OWNER

4-14-2011
 DATE

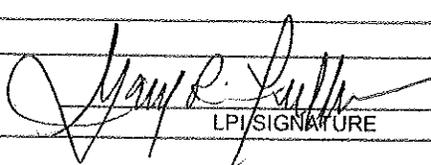
LOCAL PLUMBING INSPECTOR

I, Jerry 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: _____


 LPI SIGNATURE

4/19/11
 DATE

Replacement System Variance Request

| VARIANCE CATEGORY | | LIMIT OF LPI'S APPROVAL AUTHORITY | | | VARIANCE REQUESTED TO: | | | |
|---|---------------------------|-----------------------------------|------------------------|---------------------------|-------------------------|-----------------------|------------------------|---------------------|
| SOILS | | | | | | | | |
| Soil Profile | Ground Water Table | | | to 7" | | | 15 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 | 60-70' | 50-65' |
| 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] | | |
| 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 | | |
| 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.

Karen P. Coffey

 SITE EVALUATOR'S SIGNATURE

May 6, 2009

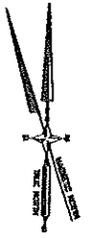
 DATE

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.

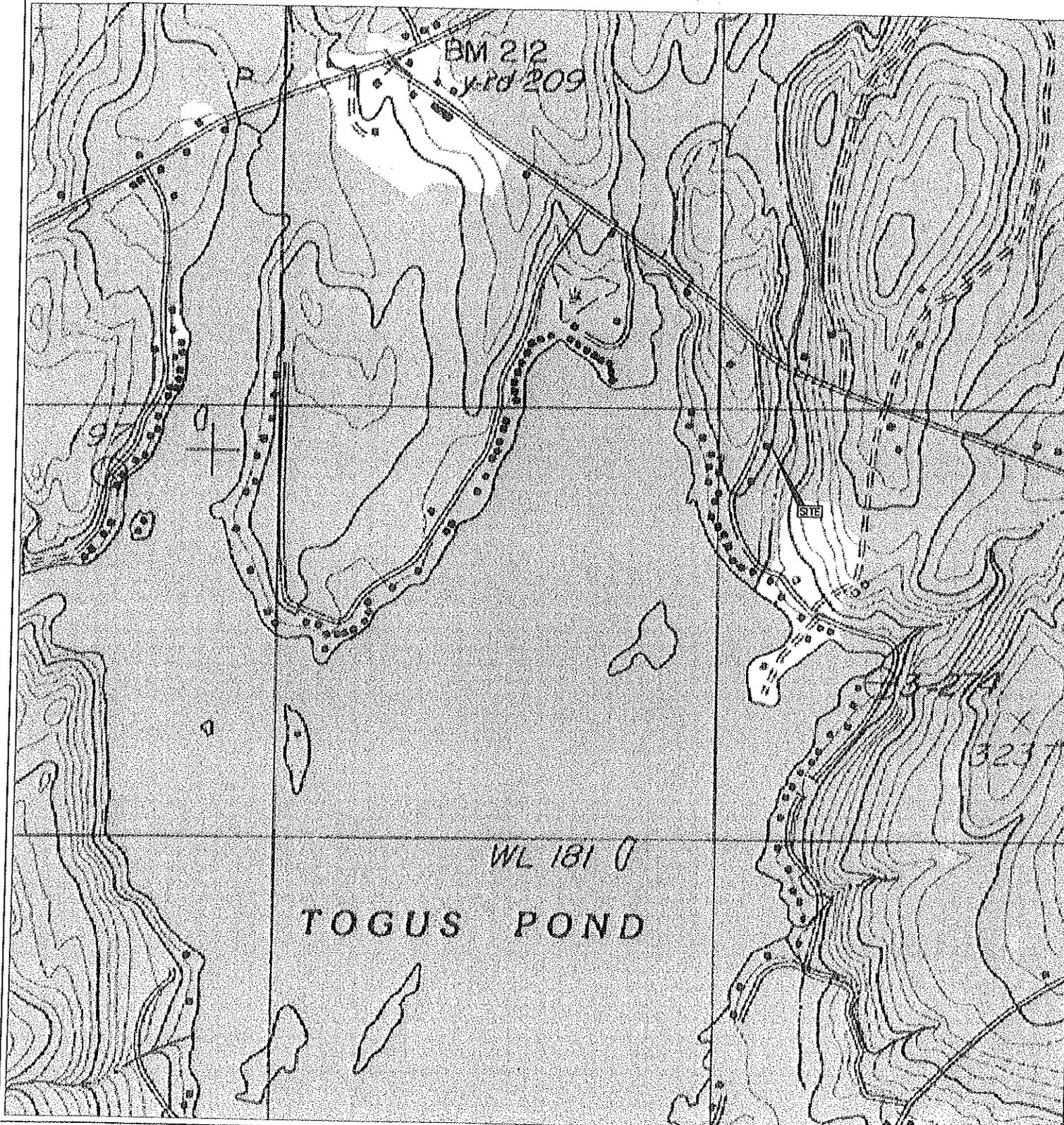
 SIGNATURE OF THE DEPARTMENT

 DATE



SITE LOCATION MAP

SCALE 1" = 1000'



HHE-200

ENGINEERING
ESCOFFIN
 SURVEYING
EST. 1955
 E.A. COFFIN ENGINEERING & SURVEYING, INC.
 433 Cozy Road P.O. Box 4587 Augusta, Maine 04330
 Ph: (207) 623-9475 Fax: (207) 623-0010 Toll Free: 1-800-244-9475

CLIENT/PROJECT:
Angela Osnoe
SEPTIC SYSTEM DESIGN

LOCATION: 27 ALBEE ROAD

TOWN: AUGUSTA COUNTY: KENNEBEC STATE: MAINE

DRAWN BY:
SITE LOCATION MAP

SCALE: AS SHOWN

DATE: MAY 6, 2009

Town, City, Plantation
 Augusta

Street, Road, Subdivision
 27 Albee Road

Owner's Name
 Angela Osnoe

SITE PLAN

Scale: 1" = ___ feet

TEXTURE TERMS

Sand
 Loamy sand
 Sandy loam
 Loam
 SIL loam
 Silty clay loam
 Silty clay
 Bedrock

TEXTURE

ABUNDANCE
 Very-36-60%
 Extremely-61-90%

MODIFIER TERMS

VF-very fine
 F-fine
 M-medium
 C-course
 ROCK
 Gravely-0.1-3"
 Cobbley-3-10"
 Stony-+10"

MOTTLING

CONTRAST
 Faint
 Distinct
 Prominent

ABUNDANCE
 None
 Few-<2%
 Common-2-20%
 Many->20%

CONSISTENCE

TERMS
 Loose
 Friable
 Firm
 Very Firm
 Cemented

SOIL DESCRIPTION AND CLASSIFICATION

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

| DEPTH BELOW MINERAL SOIL (INCHES) | Texture | Consistency | Color | Mottling |
|-----------------------------------|-----------------|-------------|-----------------|-----------------|
| 0 | fine sandy loam | Friable | Ol. Brown | None |
| 10 | | | | |
| 20 | silty loam | Firm | Lt. Olive Brown | Common Distinct |
| 30 | | | | |
| 40 | | | | |
| 50 | | | | |

| | | | |
|---------------------|------------|-----------------|--|
| Soil Classification | Slope | Limiting Factor | <input checked="" type="checkbox"/> Ground Water |
| <u>7</u> <u>C</u> | <u>8</u> % | <u>15</u> " | <input type="checkbox"/> Restrictive Layer |
| Profile Condition | | | <input type="checkbox"/> Bedrock |
| | | | <input type="checkbox"/> Pit Depth |

Observation Hole TP 2 Test Pit Boring
1 " Depth of Organic Horizon Above Mineral Soil

| DEPTH BELOW MINERAL SOIL (INCHES) | Texture | Consistency | Color | Mottling |
|-----------------------------------|-----------------|-------------|------------|-----------------|
| 0 | silty clay loam | Friable | Ol. Brown | None |
| 10 | | | | |
| 20 | silty loam | Firm | Olive Gray | Common Distinct |
| 30 | | | | |
| 40 | | | | |
| 50 | | | | |

| | | | |
|---------------------|-------------|-----------------|--|
| Soil Classification | Slope | Limiting Factor | <input checked="" type="checkbox"/> Ground Water |
| <u>7</u> <u>C</u> | <u>10</u> % | <u>16</u> " | <input type="checkbox"/> Restrictive Layer |
| Profile Condition | | | <input type="checkbox"/> Bedrock |
| | | | <input type="checkbox"/> Pit Depth |

Site Evaluator's Signature *Kane P. Coffin*

SE # 331

Date: 05/06/09

HHE-200

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

Augusta

27 Albee Road

Angela Osnoe

FILL REQUIREMENTS

Depth of Fill (Upslope) 24-38"
Depth of Fill (Downslope) 27-44"

CONSTRUCTION ELEVATIONS

Reference Elevation is 00"
Bottom of Disposal Area n/a
Top of Chambers n/a

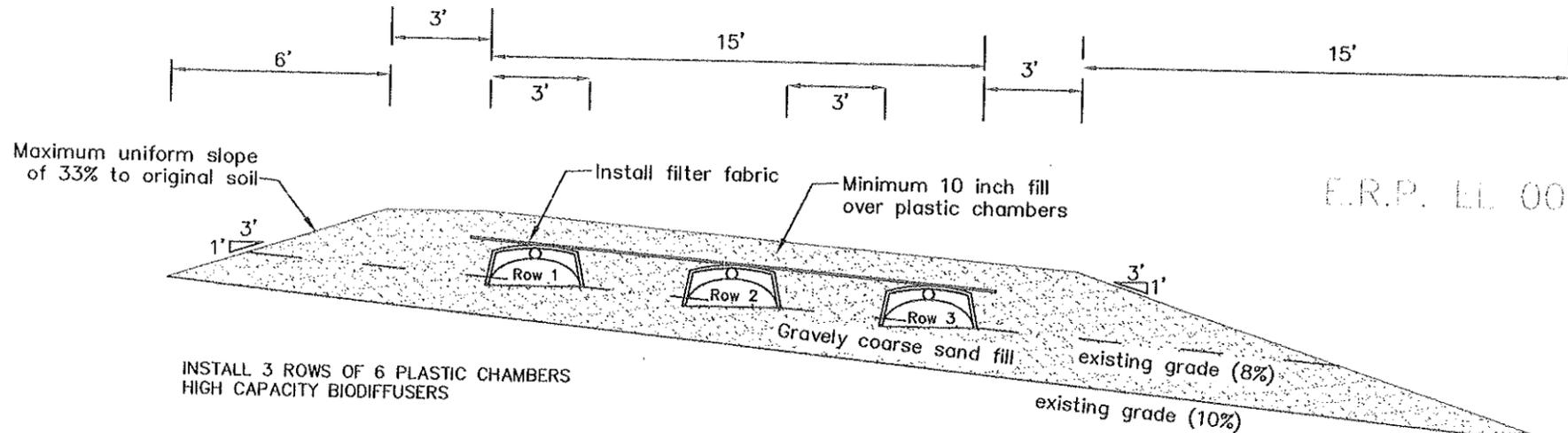
ELEV. REF. PT:

50d nail in 15" Maple Tree
38" above ground

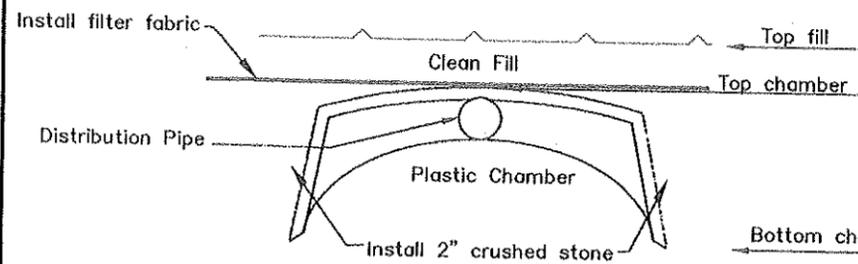
SCALE:

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

DISPOSAL AREA CROSS SECTION



E.R.P. LL 00"



Elevations for:

| Row #1 | Row #2 | Row #3 |
|---------------------|--------|--------|
| Top fill -05" | -11" | -17" |
| Top chamber -16" | -22" | -28" |
| Bottom chamber -32" | -38" | -44" |

Remove vegetation and scarify original soil under fill. The soil should be broken up to a depth of 6-8 inches and roto-tilled with gravelly coarse sand fill to form a transition zone.

DETAIL (no scale)

Site Evaluator's Signature

Kane P. Coffey

SE # 331

Date: 05/06/09

HHE-200

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

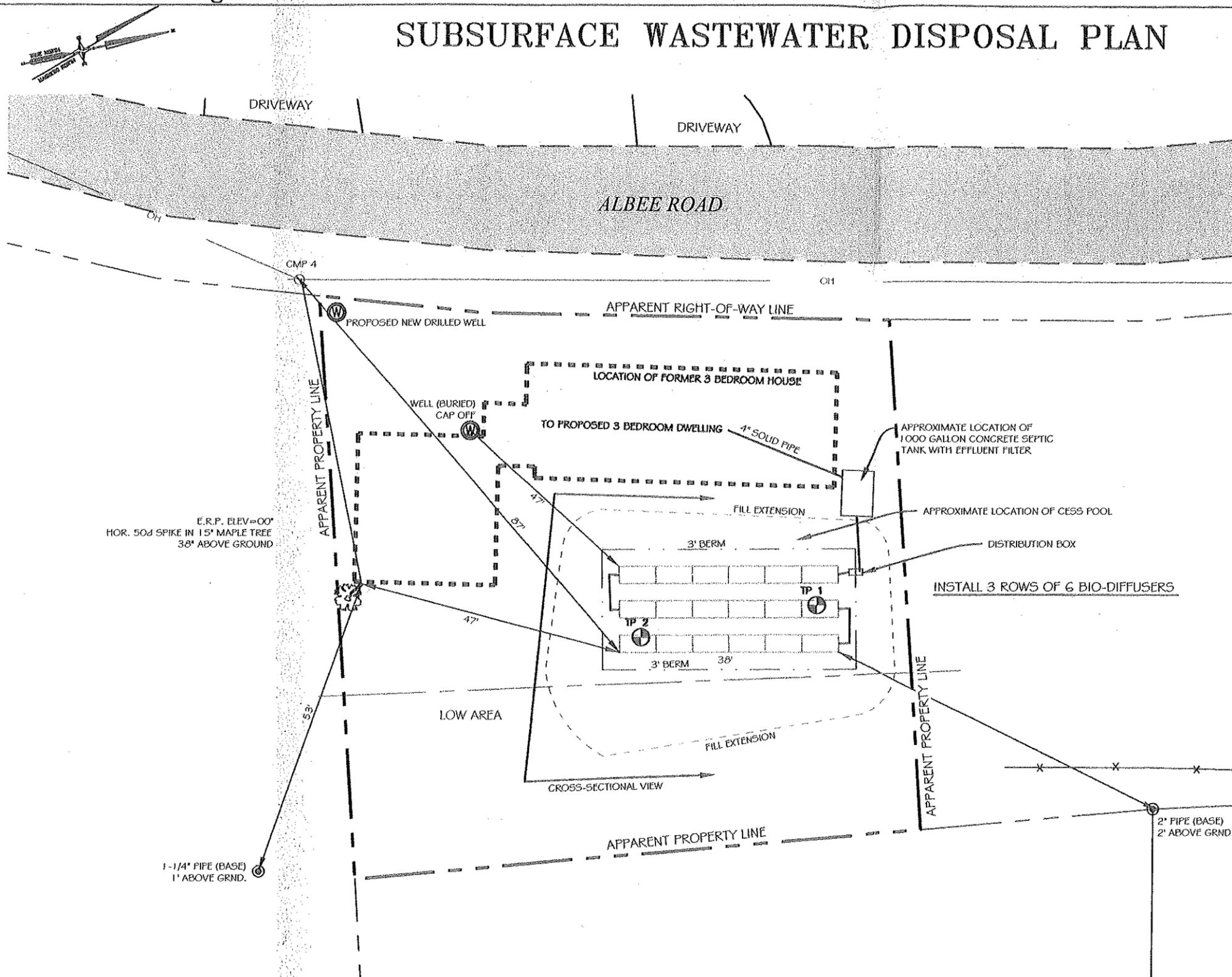
Town, City, Plantation
Augusta

Street, Road, Subdivision
27 Albee Road

Owner's Name
Angela Osnoe

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 20'



| | |
|---------------------------|---|
| ELEVATION REFERENCE POINT | ELEVATION: 00' |
| | DESCRIPTION: 50d spike in 15' Maple Tree (38" above ground) |
| SHEET TITLE | PLAN VIEW |
| | SCALE 1" = 20' DATE: MAY 6, 2009 |
| PROJECT | ANGELA OSNOE |
| LOCATION | 27 ALBEE ROAD |
| TOWN | AUGUSTA |
| COUNTY | KENNEBEC |
| STATE | MAINE |

- ### DISPOSAL FIELD CONSTRUCTION TECHNIQUES
1. Vegetation shall be cut and removed from the area where backfill material is to be placed.
 2. The area under the disposal field and backfill extensions shall be roto-tilled with gravely coarse sand fill to a depth of 6-8 inches to form a Transitional Horizon.
 3. Fill large holes that are left as a result of stump or stone removal with gravely coarse sand fill.
 4. Surface water (from roofs or upland) must be diverted away from the disposal field.
 5. Septic tank(s), grease trap, pumping station, and lines may be relocated to accommodate site conditions as long as setbacks and intent of design are met.
 6. All construction shall conform with Title 22 MRSA, Section 42, 10-144A-CMR 241 "Maine Subsurface Waste Water Disposal Rules" and other pertinent sections.
 7. The owner/contractor shall carefully observe the vertical distance between the E.R.P. and the bottom of the leach field and notify the Site Evaluator promptly if separation distance appears to be at odds with the original ground.
 8. The owner/applicant is responsible for the contractor installing the proposed septic system correctly and for obtaining all necessary permits.

Site Evaluator's Signature *Kane P. Coffin*

SE # 331

Date: 05/06/09

PROJ. NO. 2009-077
HHE-200

