PHF 10/19/15

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept.Health & Human Services
Div of Environmental Health, 11 SHS
(207) 287-5672 Fax: (207) 287-4172

>> CAUTION: LPI APPROVAL REQUIRED <<

PROPERTY LOCATION

City, Town, or Plantation	AUGUSTA
Street or Road	3044 NORTH BELFAST AVE.
Subdivision, Lot #	M75 L5A

OWNER/APPLICANT INFORMATION

Name (last, first, MI)	COATES, ROB ☒ Owner ☐ Applicant
Mailing Address of Owner/Applicant	P.O. BOX 350 LITCHFIELD, ME 04350
Daytime Tel. #	268-2626

OWNER OR APPLICANT STATEMENT
I state and acknowledge 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.

Signature of Owner or Applicant — Date 10/14/15

AUGUSTA PERMIT #7146 TOWN COPY
Date Permit Issued: 10/13/15
$ 250.00 fee
15.00
LPI # 850

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.

(1st) date approved

Local Plumbing Inspector Signature — (2nd) date approved

PERMIT INFORMATION

TYPE OF APPLICATION
- ☒ 1. First Time System
- ☐ 2. Replacement System
  - Type replaced: ____
  - Year installed: ____
- ☐ 3. Expanded System
  - ☐ a. <25% Expansion
  - ☐ b. >25% Expansion
- ☐ 4. Experimental System
- ☐ 5. Seasonal Conversion

THIS APPLICATION REQUIRES
- ☒ 1. No Rule Variance
- ☐ 2. First Time System Variance
  - ☐ a. Local Plumbing Inspector Approval
  - ☐ b. State & Local Plumbing Inspector Approval
- ☐ 3. Replacement System Variance
  - ☐ a. Local Plumbing Inspector Approval
  - ☐ b. State & Local Plumbing Inspector Approval
- ☐ 4. Minimum Lot Size Variance
- ☐ 5. Seasonal Conversion Permit

DISPOSAL SYSTEM COMPONENTS
- ☒ 1. Complete Non-engineered System
- ☐ 2. Primitive System (graywater & alt. toilet)
- ☐ 3. Alternative Toilet, specify: ____
- ☐ 4. Non-engineered Treatment Tank (only)
- ☐ 5. Holding Tank, ____ gallons
- ☐ 6. Non-engineered Disposal Field (only)
- ☐ 7. Separated Laundry System
- ☐ 8. Complete Engineered System (2000 gpd or more)
- ☐ 9. Engineered Treatment Tank (only)
- ☐ 10. Engineered Disposal Field (only)
- ☐ 11. Pre-treatment, specify: ____
- ☐ 12. Miscellaneous Components

SIZE OF PROPERTY
± 1.32 ☐ SQ. FT. ☒ ACRES

SHORELAND ZONING
☐ Yes ☒ No

DISPOSAL SYSTEM TO SERVE
- ☐ 1. Single Family Dwelling Unit, No. of Bedrooms: ____
- ☐ 2. Multiple Family Dwelling, No. of Units: 1 BEDROOM PROPOSED
- ☒ 3. Other: BREWERY/DISTILLERY UNIT (specify)

Current Use ☐ Seasonal ☐ Year Round ☒ Undeveloped

TYPE OF WATER SUPPLY
- ☒ 1. Drilled Well ☐ 2. Dug Well ☐ 3. Private
- ☐ 4. Public ☐ 5. Other

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK
- ☒ 1. Concrete
  - ☒ a. Regular
  - ☐ b. Low Profile
- ☐ 2. Plastic
- ☐ 3. Other
- CAPACITY 2-1000 GAL.

DISPOSAL FIELD TYPE & SIZE
- ☐ 1. Stone Bed ☐ 2. Stone Trench
- ☒ 3. Proprietary Device
  - ☐ a. cluster array ☐ c. Linear
  - ☒ b. regular load ☐ d. H-20 load
- ☐ 4. Other ELJEN INDRAINS
- SIZE 3168 ☒ sq. ft. ☐ lin. ft.

GARBAGE DISPOSAL UNIT
- ☐ 1. No ☐ 2. Yes ☐ 3. Maybe

If Yes or Maybe, specify one below
- ☐ a. multi-compartment tank
- ☐ b. ____ tanks in series
- ☐ c. increase in tank capacity
- ☐ d. Filter on Tank Outlet

DESIGN FLOW
720 gallons per day

BASED ON:
- ☒ 1. Table 4A (dwelling unit(s))
- ☒ 2. Table 4C (other facilities)

SHOW CALCULATIONS for other facilities

- ☐ 3. Section 4G (meter readings)

ATTACH WATER METER DATA

SEE ATTACHED LETTER

SOIL DATA & DESIGN CLASS
PROFILE CONDITION
1 C/AIII
at Observation Hole # 2
Depth 24"
of Most Limiting Soil Factor

DISPOSAL FIELD SIZING
- ☐ 1. Medium---2.6 sq. ft. / gpd
- ☐ 2. Medium---Large 3.3 sq. ft. / gpd
- ☒ 3. Large---4.1 sq. ft. / gpd
- ☐ 4. Extra Large---5.0 sq. ft. / gpd

EFFLUENT/EJECTOR PUMP
- ☐ Not Required
- ☐ May Be Required
- ☒ Required

Specify only for engineered systems:
DOSE: ____ gallons

LATITUDE AND LONGITUDE
(at center of disposal area)
Lat. 44 d 29 m 00 s
Lon. 69 d 42 m 20 s
if g.p.s. state margin of error: ____

SITE EVALUATOR STATEMENT

I certify that on 5/06/14 (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).

Site Evaluator Signature — Date 5/18/14

VAUGHN L. SMITH
Site Evaluator Name Printed

SE # 2206 — 441-3887 Phone Number

SOILTESTMAN@AOL.COM
E-mail Address

STATE OF MAINE SITE EVALUATOR

Note: Changes to or deviations from the design should be confirmed with the site evaluator.

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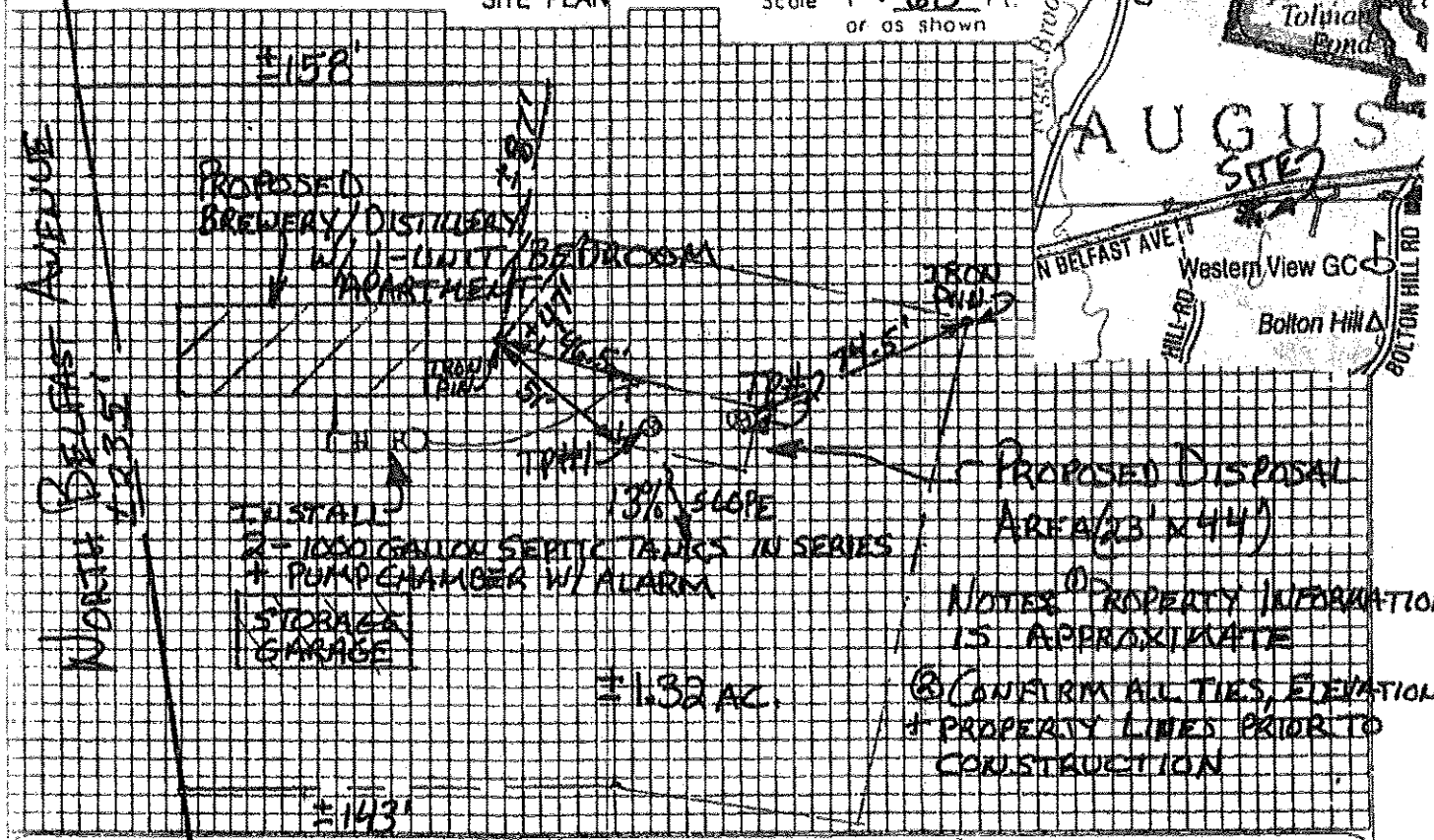
Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX (207) 287-6172

Town, City, Plantation: AUGUSTA | Street, Road Subdivision: 3044 NORTH BELFAST AVE. | Owner's Name: ROB COATES

SITE PLAN — Scale 1" = 60 Ft. or as shown



SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

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

Depth Below Mineral Soil Surface (Inches)	Texture	Consistency	Color	Mottling
0	LOAM	FRIABLE	BROWN	NONE
10	TO			
20	SILT	////	PALE OLIVE	////
30	LOAM	FIRM		FEW DISTINCT
40				
50				

Soil Classification: Profile 1, Condition C | Slope 12 | Limiting Factor 16 | ☒ Ground Water ☐ Restrictive Layer ☐ Bedrock ☐ Pit Depth

Observation Hole #2 ☒ Test Pit ☐ Boring
2" Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (Inches)	Texture	Consistency	Color	Mottling
0	STONY	FRIABLE		NONE
10	LOAM			
20	////	////	PALE OLIVE	FEW DISTINCT
30	XXX	FIRM XXX	XXXXX	XXXX
40		BEDROCK @ 24"		
50				

Soil Classification: Profile 1, Condition C/ATT | Slope 14 | Limiting Factor 24 | ☐ Ground Water ☐ Restrictive Layer ☒ Bedrock ☐ Pit Depth

STATE OF MAINE — VAUGHN L. SMITH — 2205 — LICENSED SITE EVALUATOR

Site Evaluator Signature: Vaughn L. Smith | Date: 5/18/14

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Division of Health Engineering
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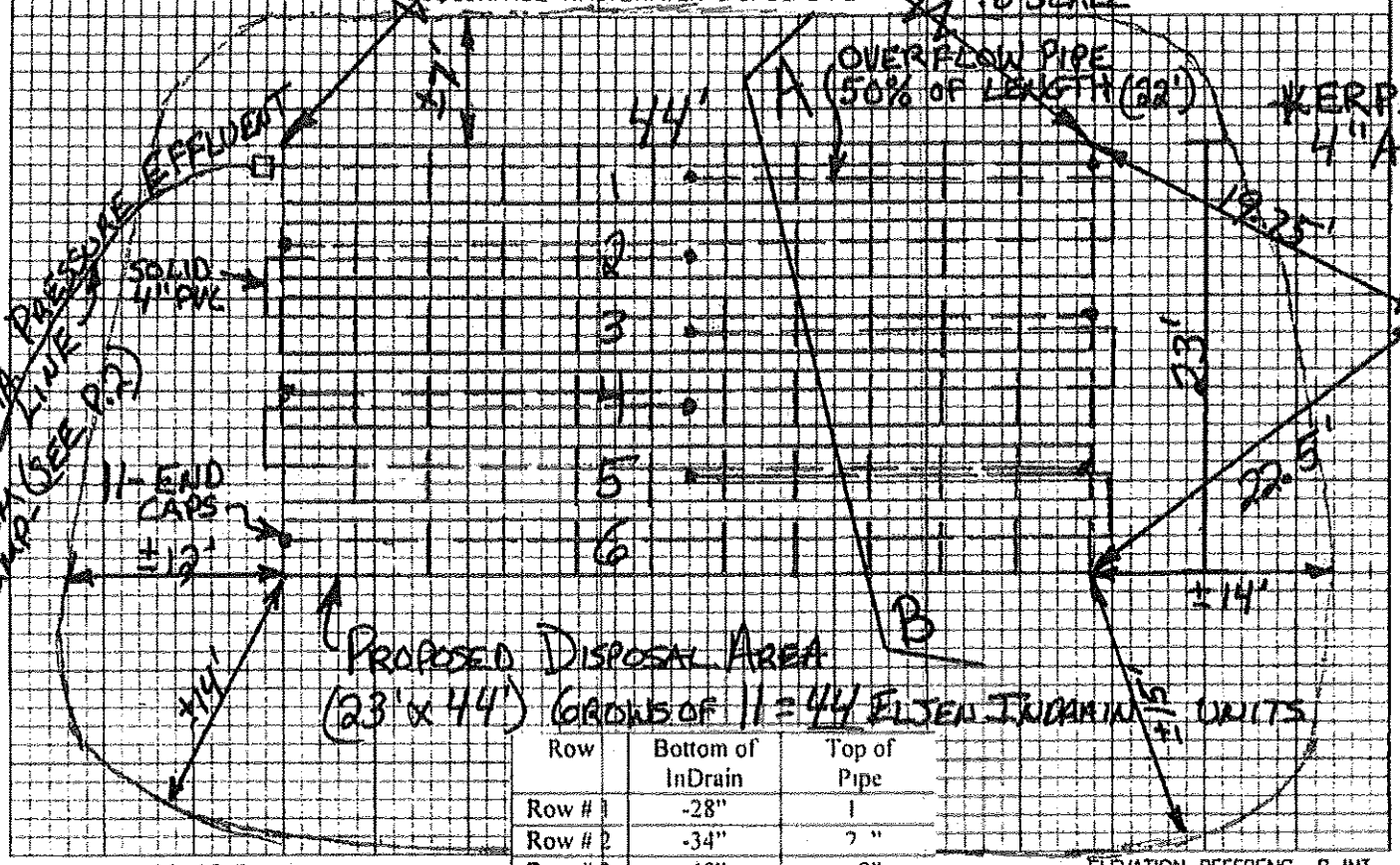
Town, City, Plantation	Street, Road, Subdivision	Owner's Name
AUGUSTA	3044 NORTH BELFAST AVENUE	ROB COATES

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 10 FT



Row	Bottom of InDrain	Top of Pipe
Row # 1	-28"	1
Row # 2	-34"	2 "
Row # 3	-40"	9"
Row # 4	-46"	[illegible]
Row # 5	-52"	4 '
Row # 6	-58"	

FILL REQUIREMENTS

Depth of Fill (Upslope) ±23"

Depth of Fill (Downslope) ±36"

FILL DEPTHS WILL VARY

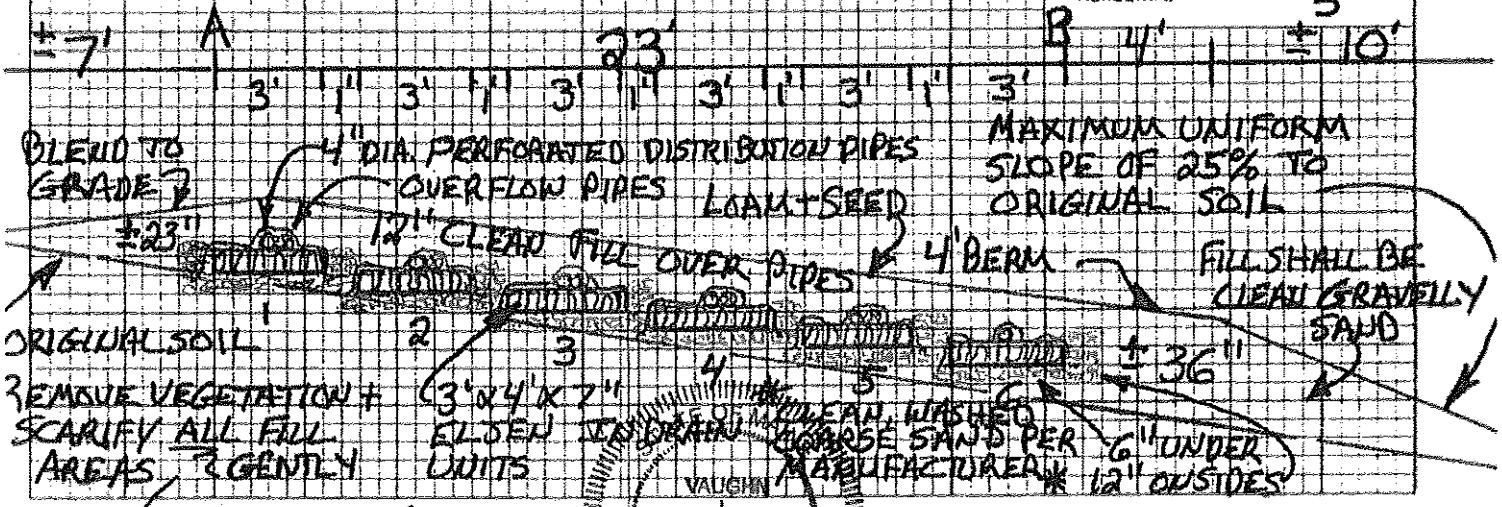
ELEVATION REFERENCE POINT

Location & Elevation: 4" ASH W/NAIL 48" ABOVE GROUND

Reference Elev: 0"

DISPOSAL AREA CROSS SECTION

SCALE
VERTICAL 1" = 5'
HORIZONTAL 1" = 5'



VAUGHN L. SMITH 226 LICENSED SITE EVALUATOR

Site Evaluator Signature

5/18/14
Date