

PIF 7/16/13

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY LOCATION		>> Caution: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation	Augusta		
Street or Road	316 914 Civic Center Drive		
Subdivision, Lot #	DRAIL 13A		
OWNER/APPLICANT INFORMATION			
Name (last, first, MI)	Kennebec Savings Bank <input checked="" type="checkbox"/> Owner Craig J. Garofalo, VP <input type="checkbox"/> Applicant	AUGUSTA PERMIT #6790 Date Permit Issued: 5/16/13	
Mailing Address of Owner/Applicant	150 State Street, P.O. Box 50 Augusta, ME 04330		TOWN COPY \$250.00 fee
Daytime Tel. #	(207) 622-5801		LPI # 850
Owner/Applicant Statement		be in compliance with the Subsurface Wastewater Disposal Rules and local ordinances.	
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 of Owner/Applicant: <u>[Signature]</u>		Local Plumbing Inspector Signature: <u>[Signature]</u>	
Date: 7/16/2013		(1 st) Date Approved: _____	
		(2 nd) Date Approved: _____	

PERMIT INFORMATION		
TYPE OF APPLICATION	THIS APPLICATION REQUIRES	DISPOSAL SYSTEM COMPONENT(S)
1. <input checked="" type="checkbox"/> First Time System 2. <input type="checkbox"/> Replacement System Type Replaced: _____ Year Installed: _____ 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. <input type="checkbox"/> 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 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: outlet filter on tank 12. <input type="checkbox"/> Miscellaneous components
SIZE OF PROPERTY	DISPOSAL SYSTEM TO SERVE:	TYPE OF WATER SUPPLY <input checked="" type="checkbox"/> Proposed
27,200 <input checked="" type="checkbox"/> sq. ft. <input 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: Bank	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	Specify	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON CROSS-SECTIONAL VIEW)			
TREATMENT TANK <input checked="" type="checkbox"/> proposed	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: 1000 Gallons	1. <input type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench 3. <input checked="" 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: 198 <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	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	60 gallons per day BASED ON: <input type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input checked="" type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities 4 employees at 15 gpd
SOIL DATA & DESIGN CLASS	DISPOSAL FIELD SIZING	EFFLUENT/EJECTOR PUMP	3. <input type="checkbox"/> Section 4G (meter readings)
PROFILE CONDITION <u>7 / C</u> at Observation Hole # <u>TP 1</u> Depth: <u>15"</u> OF MOST LIMITING SOIL FACTOR	1. <input type="checkbox"/> Medium 2.6 sq. ft./gpd. 2. <input checked="" type="checkbox"/> Medium Large 3.3 sq. ft./gpd 3. <input type="checkbox"/> Large 4.1 sq. ft./gpd. 4. <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 systems Dose _____ Gallons	LATITUDE AND LONGITUDE at center of disposal area Lat. N <u>44</u> d <u>21</u> m <u>03.07</u> s Lon. W <u>69</u> d <u>47</u> m <u>51.79</u> s If g.p.s., state margin of error:

SITE EVALUATOR COMMENTS
System-1 row of 4 plastic chambers (high capacity bio-diffusers or equivalent).
SITE EVALUATOR STATEMENT

I Certify that on February 13, 2013 (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.

<u>Kane P. Coffin</u> 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	March 8, 2013 Date kcoffin@coffineng.com
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SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation
Augusta

Street, Road, Subdivision
314 Civic Center Dr.

Owner's Name
Kennebec Savings Bank

FILL REQUIREMENTS
Depth of Fill (Upslope) 24-28"
Depth of Fill (Downslope) 25-30"

CONSTRUCTION ELEVATIONS
Reference Elevation is 102.79'
Bottom of Disposal Area 100.76'
Top of Chambers 102.09'

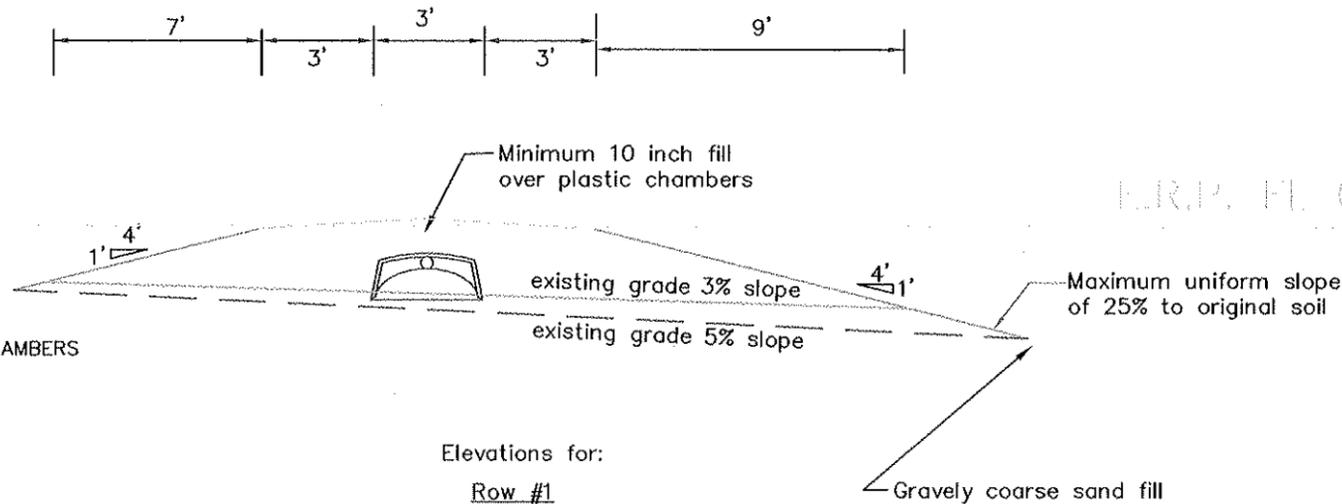
ELEV. REF. PT:

Horizontal 50d nail in CMP 544/78-1/2
3.45' above ground

SCALE:

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

DISPOSAL AREA CROSS SECTION

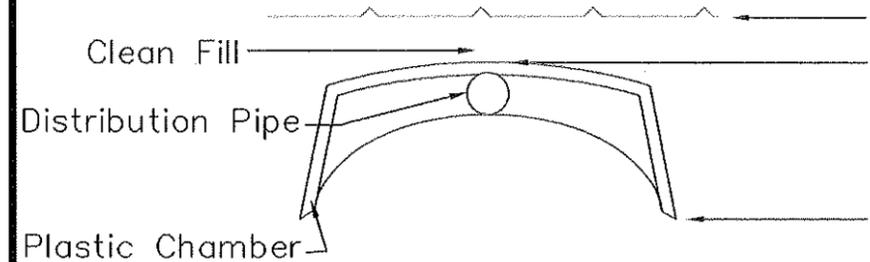


ELEV. REF. PT. 00"

INSTALL 1 ROW OF 4 PLASTIC CHAMBERS
(HIGH CAPACITY BIODIFFUSERS)

Elevations for:

- Row #1 102.97'
- Clean Fill 102.09'
- Plastic Chamber 100.76'



DETAIL (no scale)

Remove vegetation and scarify original soil under fill
The soil should be broken up to a depth of 6-8 inches.

Site Evaluator's Signature *Kane P. Coffin*

SE # 331

Date: 03/08/13

HHE-200