SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

>> Caution: Permit Required -- Attach In Space Below <<

AUGUSTA 4710 TOWN COPY

Date Permit Issued: 7 15 06 $ 80.00 ☐ If Double Fee Charged FEE

Local Plumbing Inspector Signature L.P.I. # 8 8

PROPERTY LOCATION

City, Town, or Plantation	AUGUSTA
Street or Road	OLD BELGRADE ROAD
Subdivision, Lot #	

OWNER/APPLICANT INFORMATION

Name (last, first, MI)
Owner MATTSON, KEVIN ☐
Applicant ☐

Mailing Address of ☐ Owner ☐ Applicant	P.O. BOX 206
	HALLOWELL, ME 04347
Daytime Tel. #	622-1406

Municipal Tax Map # 80 Lot # 19

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.

Signature of Owner or Applicant — Date 6/29/01

Caution: Inspection Required

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

Local Plumbing Inspector Signature — Date Approved

PERMIT INFORMATION

TYPE OF APPLICATION

1. ☒ First Time System ADDITIONAL TANK
2. Replacement System
   Type Replaced: _____
   Year Installed: _____
3. ☐ Expanded System
   a. ☐ Minor expansion
   b. ☐ Major 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 Approval

DISPOSAL SYSTEM COMPONENT(S)

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: CROMAGLASS C-12

SIZE OF PROPERTY

35,549 AT 2 ☒ 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: _____
3. ☒ Other: GYM
   SPECIFY

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: FIBERGLASS
   CAPACITY 1200 gallons

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: _____
   SIZE _____ ☐ sq. ft. ☐ lin. ft.

GARBAGE DISPOSAL UNIT

1. ☒ No 2. ☐ Maybe
2. ☐ Yes >> Specify one below:
   a. ☐ Multi-compartment Tank
   b. ☐ Tanks In Series
   c. ☐ Increase in Tank Capacity
   d. ☐ Filter on Tank Outlet

DESIGN FLOW

_____ gallons per day
BASED ON:
1. ☐ Table 901.1 (dwelling unit(s)
2. ☐ Table 901.2 (other facilities)
SHOW CALCULATIONS
-- for other facilities --
3. ☐ Section 903.0 (meter readings)
ATTACH WATER-METER DATA

SOIL DATA & DESIGN CLASS

PROFILE CONDITION
DESIGN
_____ / _____ / _____
at Observation Hole # _____
Depth _____" Elevation _____"
OF MOST LIMITING SOIL FACTOR

DISPOSAL FIELD SIZING

1. ☐ Small -- 2.0 sq. ft./gpd
2. ☐ Medium -- 2.6 sq. ft./gpd
3. ☐ Medium-Large -- 3.3 sq. ft./gpd
4. ☐ Large -- 4.1 sq. ft./gpd
5. ☐ Extra Large -- 5.0 sq. ft./gpd

PUMPING

1. ☐ Not Required
2. ☒ May Be Required
3. ☐ Required >> Specify only for engineered or experimental systems:
   DOSE: gallons

SITE EVALUATOR STATEMENT

I Certify that on 11 DEC 00 (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 — SE # 301 — Date 29 JUNE 01

STEPHEN P. ROBBINS
BOX 271
EAST WINTHROP, ME 04343
Site Evaluator Name Printed — Telephone # 377-6707