

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	AUGUSTA Date Permit Issued: <u>9/20/05</u> PERMIT # <u>5646</u> TOWN COPY \$ <u>120.00</u> FEE Charged: <input type="checkbox"/> Double Fee L.P.I. # <u>1000</u> _____ Local Plumbing Inspector Signature	
Street or Road	<u>516</u> -519 Western Avenue		
Subdivision, Lot #			
OWNER/APPLICANT INFORMATION			
Name (last, first, MI)	Seywerd, Marjan S. <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant		
Mailing Address of Owner/Applicant	519 Western Avenue Augusta, ME 04330		
Daytime Tel. #	207-622-9630	Municipal Tax Map # <u>85</u>	Lot # <u>2</u>
Owner/Applicant Statement		Caution: Inspections Required	
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		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. _____ Local Plumbing Inspector Signature	
_____ Date		_____ Date Approved	
PERMIT INFORMATION			
TYPE OF APPLICATION 1. <input type="checkbox"/> First Time System 2. <input checked="" type="checkbox"/> Replacement System Type Replaced: <u>V-Plank</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 <input type="checkbox"/> Seasonal Conversion	THIS APPLICATION REQUIRES 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. 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	DISPOSAL SYSTEM COMPONENT(S) 1. <input type="checkbox"/> Complete non-Engineered System 2. <input type="checkbox"/> Primitive System (graywater & alt toilet) 3. <input type="checkbox"/> Alternative Toilet, specify: _____ 4. <input checked="" 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 type="checkbox"/> Pre-treatment, specify: _____ 12. <input type="checkbox"/> Miscellaneous components	
SIZE OF PROPERTY <input type="checkbox"/> sq. ft. 1 <input checked="" type="checkbox"/> acres	DISPOSAL SYSTEM TO SERVE: 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: <u>Dentist Office</u> Specify _____ Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	TYPE OF WATER SUPPLY 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 <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 checked="" type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench 3. <input type="checkbox"/> Proprietary Device <input type="checkbox"/> Cluster array <input type="checkbox"/> Linear <input 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 type="checkbox"/> No 2. <input type="checkbox"/> Yes 3. <input checked="" 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 checked="" type="checkbox"/> Filter on tank outlet	DESIGN FLOW <u>270</u> gallons per day BASED ON: 1. <input 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>2</u> / <u>AIII</u> / <u>2AIII</u> at Observation Hole # <u>TP 1</u> Depth: <u>24"</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 type="checkbox"/> Medium Large 3.3 sq. ft./gpd 4. <input checked="" 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 or experimental systems Dose _____ Gallons	Water meter data shows 180 gpd; used 270 gpd New addition will not Increase daily flow 3. <input checked="" type="checkbox"/> Section 503.0 (meter read.) ATTACH WATER-METER DATA
SITE EVALUATOR COMMENTS			
System-20' by 45' stone bed based on water meter data. Dentist office uses chairs that limit use of water.			
SITE EVALUATOR STATEMENT			

I Certify that on September 4, 2005 (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	<u>September 7, 2005</u> Date Fax (207)623-0016
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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 attorney's fees, court costs, CE&S's cost to collect bill. PLEASE NOTE THAT THE PERSON SIGNING THIS FORM UNDERWRITES THE LIABILITY OF CE&S. THE 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 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.

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
 519 Western Avenue

Owner's Name
 Marjan S. Seywerd

SITE PLAN

Scale: 1" = ___ feet

TEXTURE TERMS

Sand
 Loamy sand
 Sandy loam
 Loam
 Silty 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
 Gravelly-0.1-3"
 Cobblely-3-10"
 Stony->10"

MOTTLING

CONTRAST
 Faint
 Distinct
 Prominent

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

CONSISTENCE

TERMS
 Loose
 Fitble
 Firm
 Very Firm
 Cemented

SOIL DESCRIPTION AND CLASSIFICATION

Observation Hole TP 1 Test Pit Boring

1 Depth of Organic Horizon Above Mineral Soil

Depth (inches)	Texture	Consistency	Color	Mottling
0	Fine Sandy Loam	Frable	Dk Yel-Brown	None
10			Yellow-Brown	
20			Bedrock	
30				
40				
50				

Soil Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water
2 All	5%	24	<input type="checkbox"/> Restrictive Layer
Profile Condition			<input checked="" type="checkbox"/> Bedrock
			<input type="checkbox"/> Pit Depth

Observation Hole TP 2 Test Pit Boring

1 Depth of Organic Horizon Above Mineral Soil

Depth (inches)	Texture	Consistency	Color	Mottling
0	Fine Sandy Loam	Frable	Dark Brown	None
10			Lt Ol Brown	Common Distinct
20	Very Fine Sand Loam	Firm	Olive	
30	Fine Sand			
40				
50				

Soil Classification	Slope	Limiting Factor	<input checked="" type="checkbox"/> Ground Water
7 C	5%	15	<input type="checkbox"/> Restrictive Layer
Profile Condition			<input type="checkbox"/> Bedrock
			<input type="checkbox"/> Pit Depth

Site Evaluator's Signature *Kane P. Coffin*

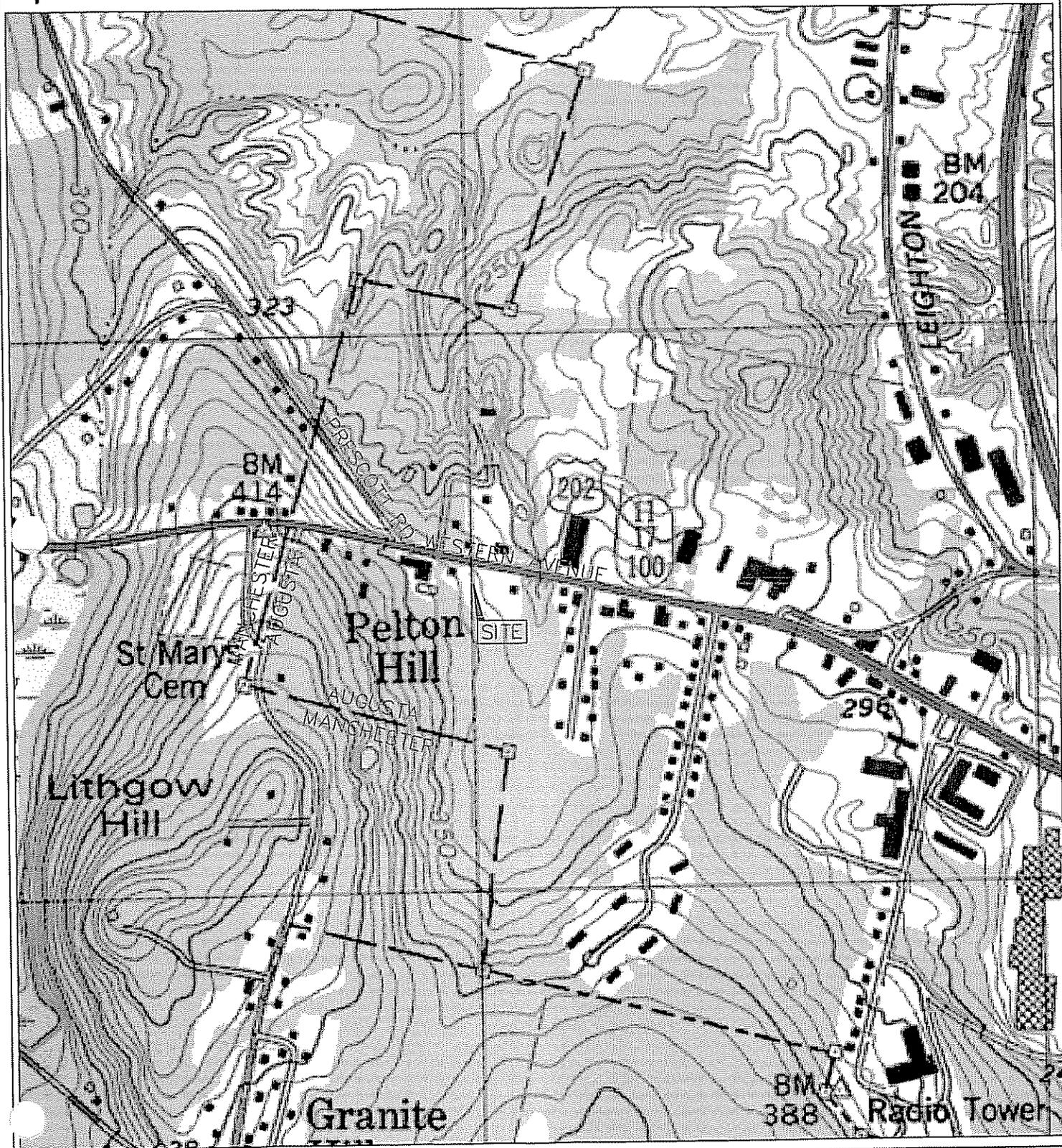
SE # 331

Date: 09/07/05

HHE-200

SITE LOCATION MAP

SCALE 1" = 1000'



HHE-200



Copy Road
PO Box 4827
Augusta, Me
04330-1207
1-800-214-6778

179 Grand Road
Fryeburg, Me
04753
207-843-1495

CLIENT/OWNER:

Marjan S. Seywerd
SEPTIC SYSTEM DESIGN

DRAWN BY:

SITE LOCATION MAP

LOCATION: 510 WESTERN AVENUE

SCALE: AS SHOWN

100% AUGUSTA TOWN, KENNEBEC STATE, MAINE

DATE: SEPTEMBER 7, 2005

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

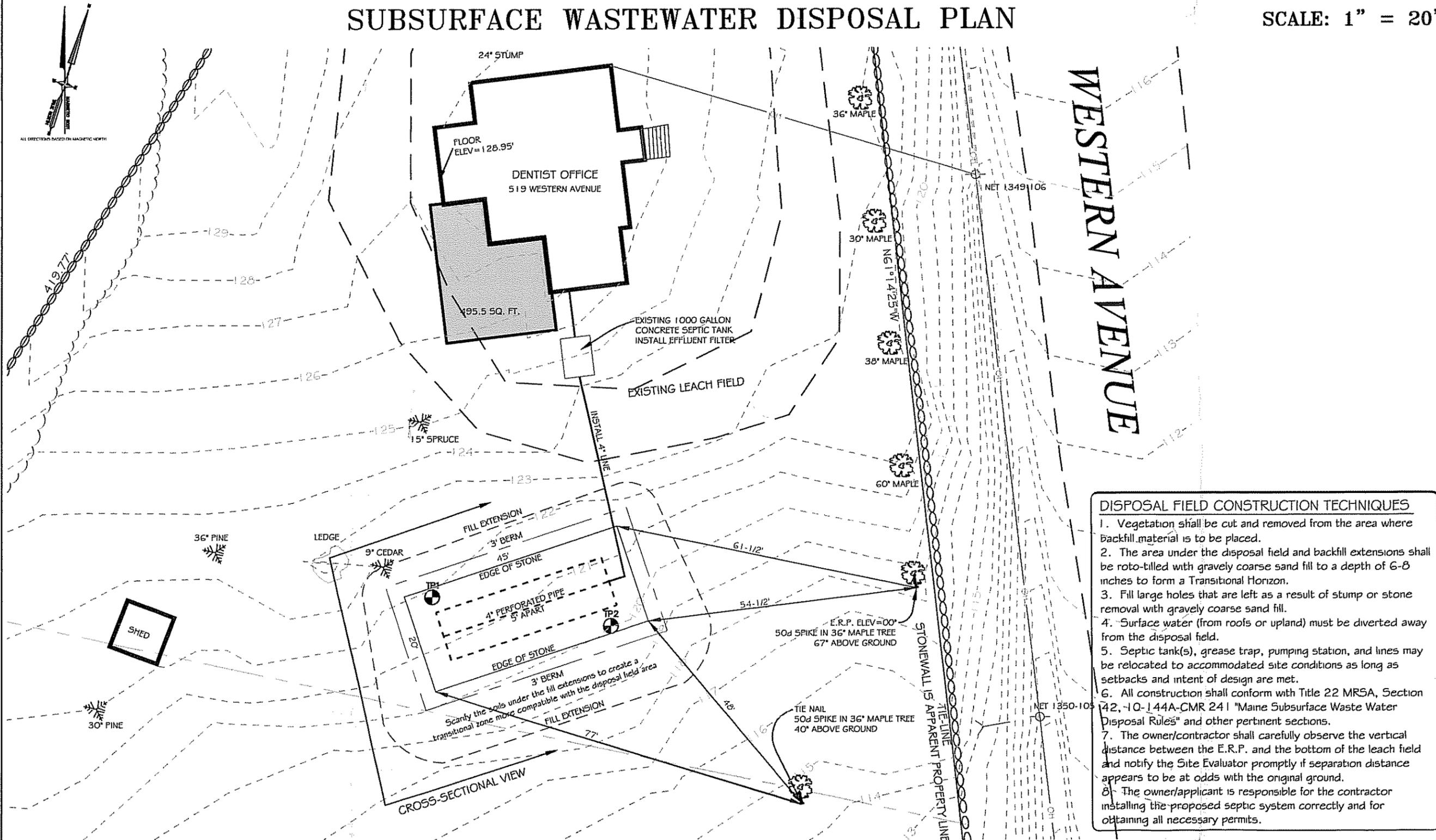
Town, City, Plantation
Augusta

Street, Road, Subdivision
519 Western Avenue

Owner's Name
Dr. Marjan Seywerd

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 20'



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 gravelly 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 gravelly 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.

ELEVATION REFERENCE POINT	DESCRIPTION:	ELEVATION: 00'
	50d spike in 36" Maple Tree (67" above ground)	
SHEET TITLE:	DR. MARJAN SEYWERD	PLAN VIEW
	519 WESTERN AVENUE	SCALE: 1" = 20'
PROJECT:	DR. MARJAN SEYWERD	DATE: SEPTEMBER 7, 2005
LOCATION:	519 WESTERN AVENUE	STATE: MAINE
TOWN:	AUGUSTA	COUNTY: KENNEBEC
<p>E.S. COFFIN ENGINEERING & SURVEYING, INC. 411 Cove Road, P.O. Box 4687, Augusta, Maine 04310 Ph: (207) 623-9473 Fax: (207) 623-9016 Toll Free: 1-800-244-9473</p>		
PROJ. NO. 2005-183		HHE-200

Site Evaluator's Signature *Kane P. Coffin*

SE # 331

Date: 09/07/05



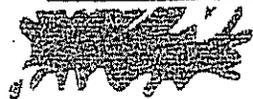
AUGUSTA WATER DISTRICT
 170 HOSPITAL ST
 AUGUSTA, ME 04330
 207-622-3701 7am - 4pm Mon - Fri

QUARTERLY WATER BILL

MARJAN SEYWERD
 PO BOX 257
 AUGUSTA ME 04332-0257

PAYMENTS ARE NO LONGER ACCEPTED AT THE AUGUSTA WATER DISTRICT OFFICE AT 170 WILLIAMS STREET OR THE BANK. PAYMENTS CAN BE MADE AT THE AUGUSTA SANITARY DISTRICT OFFICE ON OULDER HOSPITAL STREET OR AT ANY GARDINER SAVINGS INSTITUTION BRANCH.

FOR Western Avenue 510		FROM 1/08/04 TO 02/07/05		BILLING DATE 02/02/05	
ACCOUNT NUMBER 65-020.00-5162-2-1		SERVICE CLASS Residential		SERVICE DAYS 91	
PREVIOUS READING 48	PREVIOUS DRAIN 398	AMOUNT PAID 1.00	CODE WA	AMOUNT 72.53	
WATER CONSUMPTION		SERVICE DAYS	DAILY AVERAGE	TOTAL THIS BILL	72.53
LAST QTR → 900	→ 91	→			
LAST YEAR → 1400	→ 11	→		CREDIT/ PAST DUE **	0.00
*DESCRIPTION OF CODES WA - WATER ONLY CUSTOMER. WS - WATER + SEWER CUSTOMER. FS - FIRE SERVICE. TX - TAX. TO - TURN ON FEE. TON - TURN ON AFTER SHUTOFF FOR NON PAYMENT FEE. AHTO - AFTER HOURS TURN ON FEE. CF - COLLECTION FEE. IC - INTEREST. LSP - LEAK SEARCH FEE. NSF - NO SHOW FEE. BC - BAD CHECK FEE. AF - APPLICATION FEE. PF - POSTAGE FEE. SLF - SUMMER LINE FEE.				TOTAL	72.53
IMPORTANT NOTICE - PLEASE READ Please be advised you may make your payment at any Gardiner Savings Institution branch. pd # 2.59 2.23.05					



AUGUSTA WATER DISTRICT
 170 HOSPITAL STREET
 AUGUSTA, ME 04330
 207-622-3701 7am - 4pm Mon - Fri

QUARTERLY WATER BILL

748 gals/cu ft

2.90 = 180 gpd
 90 gpd for 1/4" meter readings

MARJAN SEYWERD
 PO BOX 257
 AUGUSTA ME 04332-0257

pd # 1.316

PAYMENTS ARE NO LONGER ACCEPTED AT THE AUGUSTA WATER DISTRICT OFFICE AT 170 WILLIAMS STREET OR THE BANK. PAYMENTS CAN BE MADE AT THE AUGUSTA SANITARY DISTRICT OFFICE ON OULDER HOSPITAL STREET OR AT ANY GARDINER SAVINGS INSTITUTION BRANCH.

FOR Western Avenue 510		FROM 02/07/05 TO 05/09/05		BILLING DATE 05/23/05	
ACCOUNT NUMBER 65-020.00-5162-2-1		SERVICE CLASS Residential		SERVICE DAYS 91	
PREVIOUS READING 48	PREVIOUS DRAIN 510	AMOUNT PAID 1.00	CODE WA	AMOUNT 76.03	
WATER CONSUMPTION		SERVICE DAYS	DAILY AVERAGE	TOTAL THIS BILL	76.03
LAST QTR → 1100	→ 91	→			
LAST YEAR → 400	→ 91	→		CREDIT/ PAST DUE **	0.00
*DESCRIPTION OF CODES WA - WATER ONLY CUSTOMER. WS - WATER + SEWER CUSTOMER. FS - FIRE SERVICE. TX - TAX. TO - TURN ON FEE. TON - TURN ON AFTER SHUTOFF FOR NON PAYMENT FEE. AHTO - AFTER HOURS TURN ON FEE. CF - COLLECTION FEE.					