

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, 10SHS
(207)287-5672 FAX (207)287-3165

>> CAUTION: PERMIT REQUIRED -- ATTACH IN SPACE BELOW <<

PROPERTY LOCATION		AUGUSTA Date Permit Issued: <u>11/3/03</u> \$ <u>100.00</u> FEE If Double Fee Charged <input type="checkbox"/> L.P.I. # <u>1850</u> Local Plumbing Inspector Signature: <u>[Signature]</u>
City, Town, Plantation	AUGUSTA	
Street or Road	<u>16</u> WOODSIDE ROAD	
Subdivision, Lot #		
OWNER/APPLICANT INFORMATION		
Name (last, first, MI)	COLEMAN, LAUREL <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	
Mailing Address of Owner/Applicant	78 LOON POINT ROAD MANCHESTER, ME 04351	
Daytime Tel. #	724-2688	Municipal Tax Map # <u>85</u> Lot # <u>14</u>

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. <u>Laurel Coleman</u> <u>11/3/03</u> Signature of Owner/Applicant Date	CAUTION: INSPECTION REQUIRED I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. <u>[Signature]</u> <u>11/18/03</u> Local Plumbing Inspector Signature (1st) Date Approved (2nd) Date Approved
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PERMIT INFORMATION		
TYPE OF APPLICATION <input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced <u>TRENCH</u> Year installed <u>60'S</u> <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. Minor Expansion <input type="checkbox"/> b. Major Expansion 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	THIS APPLICATION REQUIRES <input checked="" type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector approval <input type="checkbox"/> b. State & Local Plumbing Inspector approval <input type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector approval <input type="checkbox"/> b. State & Local Plumbing Inspector approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	DISPOSAL SYSTEM COMPONENTS <input checked="" type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify _____ <input type="checkbox"/> 4. Non-Engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pretreatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous Components
SIZE OF PROPERTY 3+ <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres	DISPOSAL SYSTEM TO SERVE: <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>3</u> <input type="checkbox"/> 2. Multiple Family Dwelling Unit, No. of Units: _____ <input type="checkbox"/> 3. Other _____ (specify) Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	TYPE OF WATER SUPPLY <input type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input checked="" type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other
SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK <input checked="" type="checkbox"/> 1. Concrete <input type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile (IF NEEDED) <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other _____ CAPACITY <u>1000</u> GAL.	DISPOSAL FIELD TYPE & SIZE <input checked="" type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear <input type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other _____ SIZE <u>900</u> sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT 1. <input checked="" type="checkbox"/> No <input type="checkbox"/> Maybe 2. <input type="checkbox"/> Yes >> Specify one below: <input type="checkbox"/> a. multi-compartment tank <input type="checkbox"/> b. _____ tanks in series <input type="checkbox"/> c. Increase in tank capacity <input type="checkbox"/> d. Filter on Tank Outlet	DESIGN FLOW <u>270</u> gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 501.1 (dwelling unit(s)) <input type="checkbox"/> 2. Table 501.2 (other facilities) SHOW CALCULATIONS -for other facilities-
SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN <u>3 / C / 1</u> at Observation Hole # <u>TP-1</u> Depth <u>16"</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 checked="" type="checkbox"/> Not Required 2. <input type="checkbox"/> May Be Required 3. <input type="checkbox"/> Required >> Specify only for engineered or experimental systems DOSE _____ gailons	<input type="checkbox"/> 3. Section 503.0 (meter readings) ATTACH WATER METER DATA

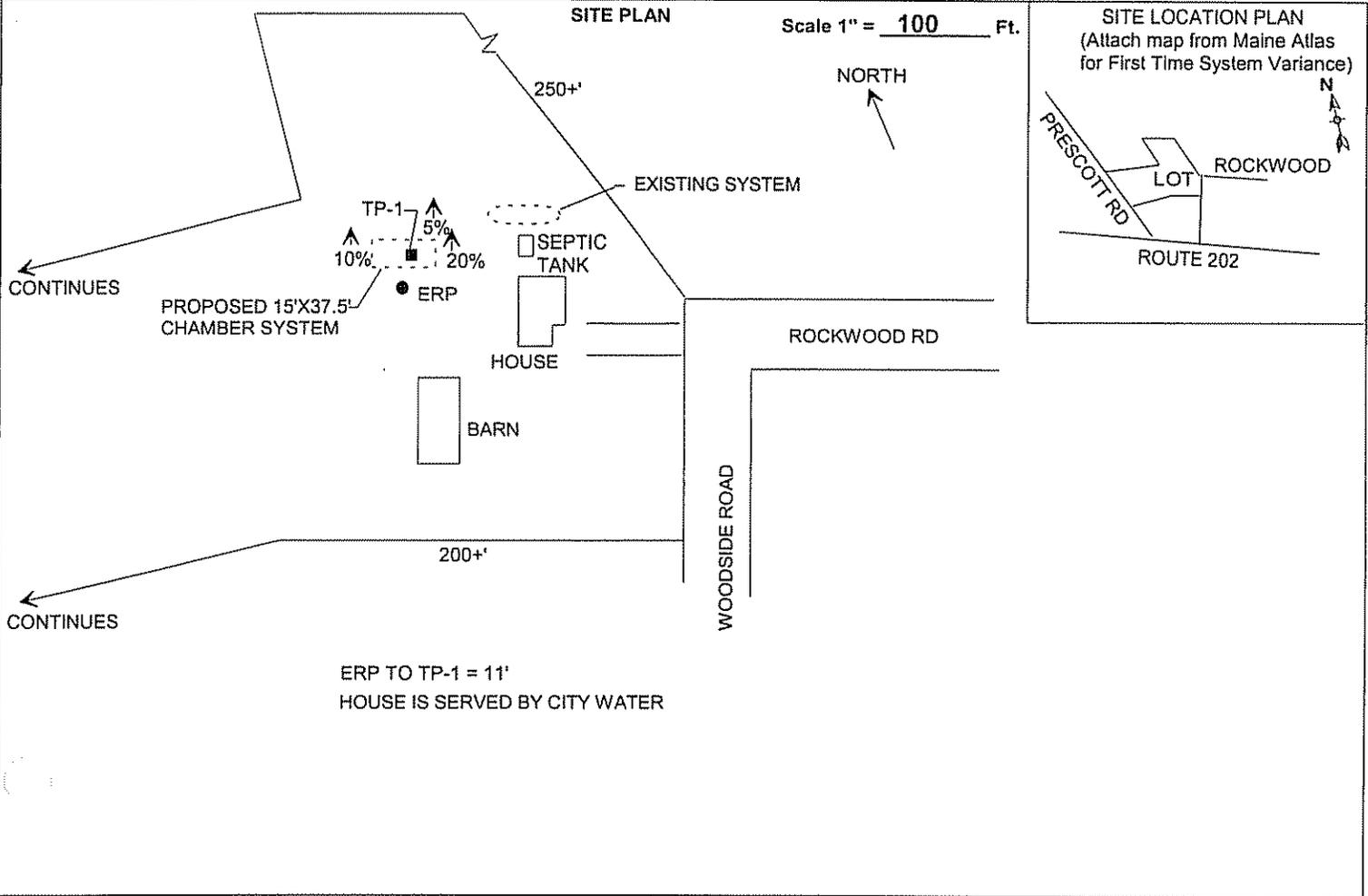
SITE EVALUATOR'S STATEMENT		
I certify that on <u>10/22/03</u> (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).		
<u>William P Brown</u> Site Evaluator Signature	<u>188</u> SE#	<u>10/22/2003</u> Date
<u>WILLIAM P BROWN</u> Site Evaluator Name Printed	<u>293-2110</u> Telephone Number	_____ E-mail Address

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.

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Division of Health Engineering, Station 10
(207) 287-5672 FAX 207 287-4165

Town, City, Plantation AUGUSTA	Street, Road, Subdivision WOODSIDE ROAD	Owner or Applicant Name LAUREL COLEMAN
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SOIL PROFILE DESCRIPTION AND CLASSIFICATION				(Location of Observation Holes Shown Above)					
Observation Hole # <u>TP-1</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring				Observation Hole # _____ <input type="checkbox"/> Test Pit <input type="checkbox"/> Boring					
_____ " Depth of organic horizon above mineral soil				_____ " Depth of organic horizon above mineral soil					
0	Texture	Consistency	Color	Mottling	0	Texture	Consistency	Color	Mottling
10	FINE SANDY LOAM	FRIABLE	MEDIUM BROWN		10				
20			ALBIC	NONE	20				
30			YELLOW BROWN	COMMON	30				
40		FIRM	OLIVE BRN		40				
50					50				
0	Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	0	Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth
0	3	C	10-20%	16"	0				

WILLIAM P BROWN *William P Brown*
Site Evaluator Signature

188
SE #

10/22/2003
Date

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Division of Health Engineering
Department of Human Services

Town, City, Plantation
AUGUSTA

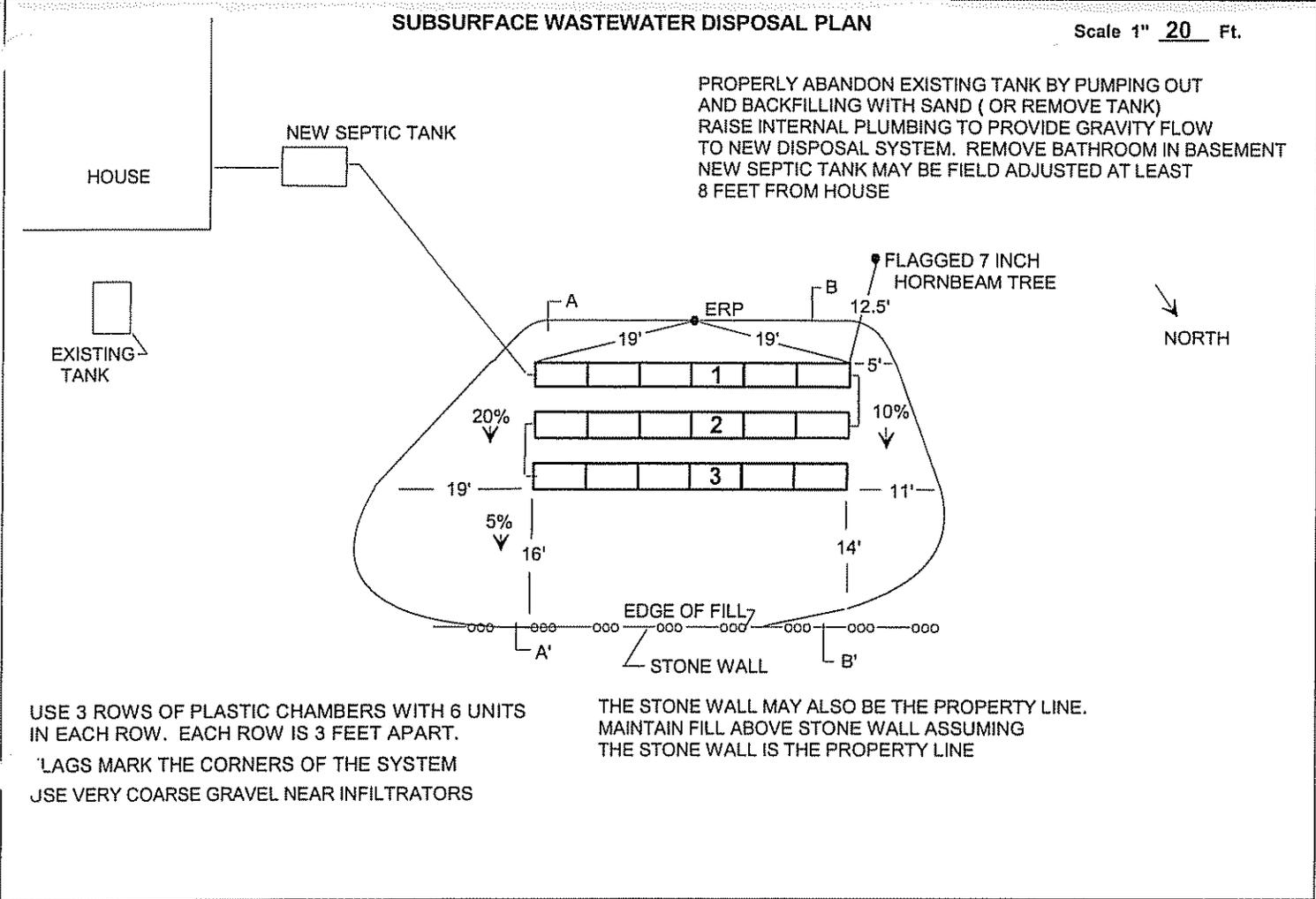
Street, Road, Subdivision
WOODSIDE ROAD

Owners Name
LAUREL COLEMAN

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.

PROPERLY ABANDON EXISTING TANK BY PUMPING OUT AND BACKFILLING WITH SAND (OR REMOVE TANK)
RAISE INTERNAL PLUMBING TO PROVIDE GRAVITY FLOW TO NEW DISPOSAL SYSTEM. REMOVE BATHROOM IN BASEMENT
NEW SEPTIC TANK MAY BE FIELD ADJUSTED AT LEAST 8 FEET FROM HOUSE



USE 3 ROWS OF PLASTIC CHAMBERS WITH 6 UNITS IN EACH ROW. EACH ROW IS 3 FEET APART.
FLAG MARK THE CORNERS OF THE SYSTEM
USE VERY COARSE GRAVEL NEAR INFILTRATORS

THE STONE WALL MAY ALSO BE THE PROPERTY LINE.
MAINTAIN FILL ABOVE STONE WALL ASSUMING THE STONE WALL IS THE PROPERTY LINE

FILL REQUIREMENTS

Depth of Fill (Upslope) **20-21"**
Depth of Fill (Downslope) **26-50"**
DEPTHS AT CROSS-SECTION (shwon below)

CONSTRUCTION ELEVATIONS

Finished Grade Elevation
Top of distribution Lines or Chambers
Bottom of Disposal Area

VARIES
SEE
BELOW

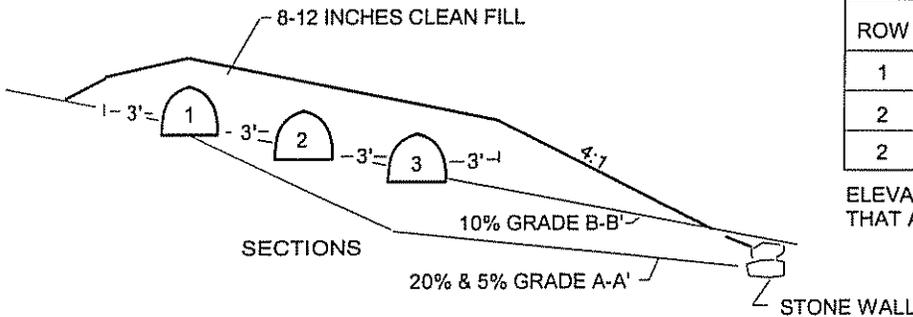
ELEVATION REFERENCE POINT

Location and Description:
FLAGGED NAIL IN 12 INCH YELLOW BIRCH, 3 FEET ABOVE GROUND
Reference Elevation is: **00"**

DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = 5 Ft.
Horizontal: 1 inch = 10 Ft.



ROW	BOTTOM OF CHAMBER	TOP OF CHAMBER
1	-47"	-31"
2	-54"	-38"
2	-61"	-45"

ELEVATIONS ASSUME HIGH CAPACITY CHAMBERS THAT ARE 16 INCHES HIGH

REMOVE VEGETATION IN DISPOSAL AREA
SCARIFY ENTIRE FILL AREA
MIX 4 INCHES OF FILL MATERIAL THOROUGHLY WITH EXISTING SOIL TO FORM TRANSITION ZONE (ACCORDING TO CHAPTER 8, MAINE PLUMBING CODE)
USE VERY COARSE GRAVEL AROUND PLASTIC CHAMBERS
ALL OTHER FILL SHALL BE GRAVELLY COARSE SAND
SLOPE FINISH GRADE FROM CENTER AT 3% OR, ALL ONE-WAY
LOAM, SEED, MULCH

WILLIAM P BROWN

William P Brown

Site Evaluator Signature

188

SE #

10/22/2003

Date

Page 3 of 3
HHE-200 Rev. 10/02