FORMS

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY LOCATION

City, Town, or Plantation: AUGUSTA

or Road: ALLENWOOD PARK

Subdivision, Lot #:

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

AUGUSTA PERMIT # 5632 TOWN COPY

Date Permit Issued: 8/12/05 $ 120.00 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature L.P.I. # 1824

OWNER/APPLICANT INFORMATION

Name (last, first, MI): BEGIN, SUSAN — ☒ Owner ☐ Applicant

Mailing Address of Owner/Applicant: 146 CHICOINE AVENUE, AUBURN, ME 04210

Daytime Tel. #: 777-6250

Municipal Tax Map # 95 Lot # 11A

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.

Susan A. Begin 8-24-05
Signature of Owner or 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

(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. 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 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

0.7 ☐ SQ. FT ☒ ACRES

SHORELAND ZONING

☒ Yes ☐ No

DISPOSAL SYSTEM TO SERVE

☒ 1. Single Family Dwelling Unit, No. of Bedrooms: 3
☐ 2. Multiple Family Dwelling, No. of Units: ____
☐ 3. Other: ____
(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: 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: INFILTRATORS
SIZE: 900 ☒ 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

270 gallons per day
BASED ON:
☐ 1. Table 501.1 (dwelling unit(s))
☐ 2. Table 501.2 (other facilities)
SHOW CALCULATIONS
--- for other facilites ---
☐ 3. Section 503.0 (meter readings)
ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS

PROFILE / CONDITION / DESIGN
3 / C / ____
at Observation Hole # 2
Depth 18"
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

EFFLUENT/EJECTOR PUMP

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

SITE EVALUATOR STATEMENT

I certify that on 7/25/05 (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 — 8/5/05 Date

STATE OF MAINE VAUGHN L. SMITH 2226 LICENSED SITE EVALUATOR

VAUGHN L. SMITH
Site Evaluator Name Printed

724-5635
Telephone Number — E-mail Address

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

HHE-200 Rev. 8/01

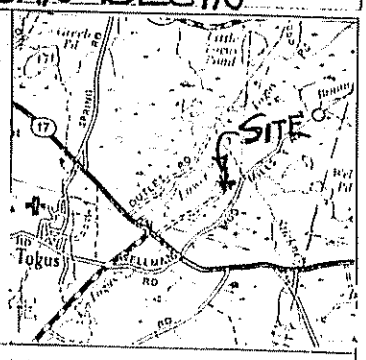
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

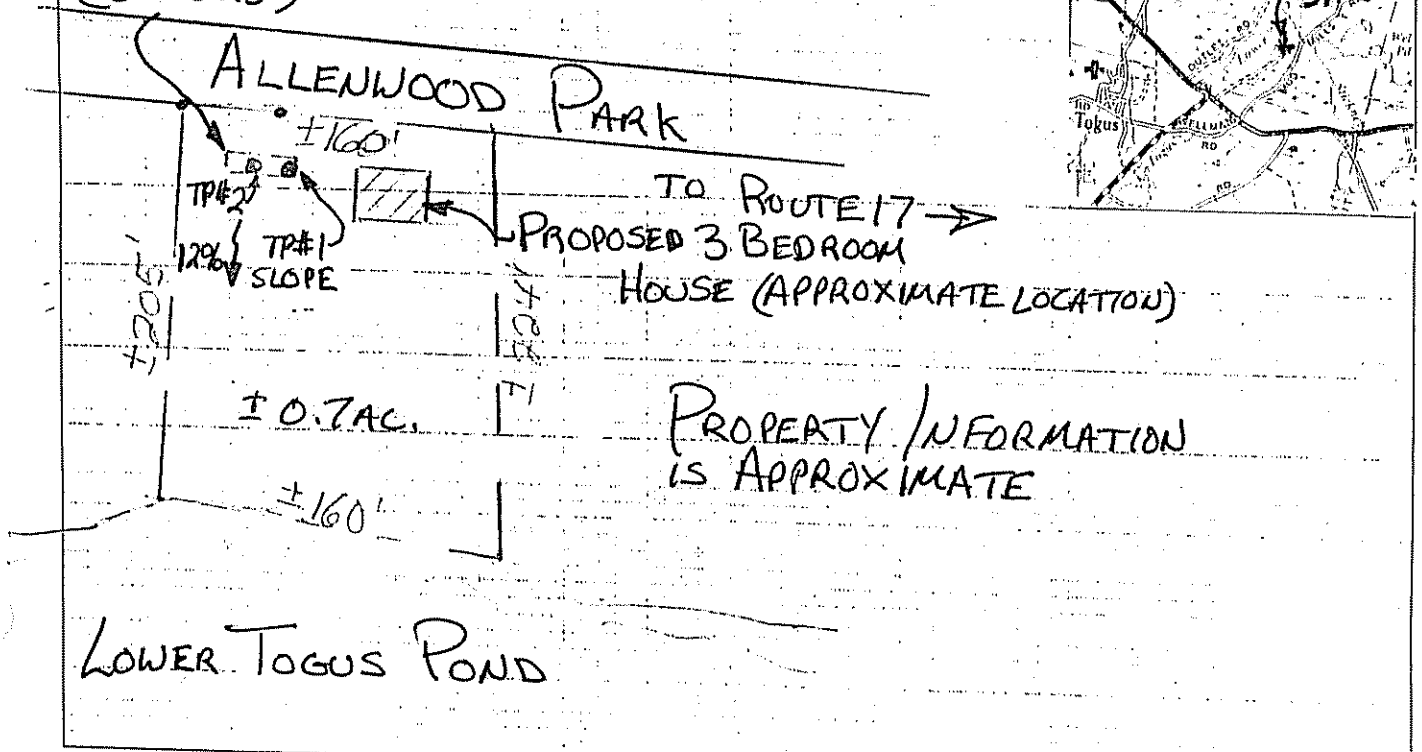
Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation	Street, Road, Subdivision	Owner or Applicant Name
AUGUSTA	ALLENWOOD PARK	SUSAN BEGIN

SITE PLAN

Scale: 1" = 100 ft.





SOIL PROFILE 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
0–6	STONY	FRIABLE	YELLOWISH BROWN	NONE
6–12				
12–18				
18–24	SANDY			
24–30				FEW
30–36	LOAM	FIRM	PALE OLIVE	FAINT
36–42				
42–48				

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	☒ Groundwater ☒ Restrictive Layer ☐ Bedrock
3	C	14	20	

Observation Hole # 2 ☒ Test Pit ☐ Boring

2" Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–6	BOULDERY		YELLOWISH BROWN	NONE
6–12		FRIABLE		
12–18	SANDY			
18–24				
24–30	LOAM			
30–36			PALE OLIVE	FEW FAINT
36–42		FIRM		
42–48				

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	☒ Groundwater ☒ Restrictive Layer ☐ Bedrock
3	C	10	18	

Site Evaluator Signature

STATE OF MAINE
VAUGHN L. SMITH
2266
SE II
LICENSED SITE EVALUATOR

8/05/05
Date

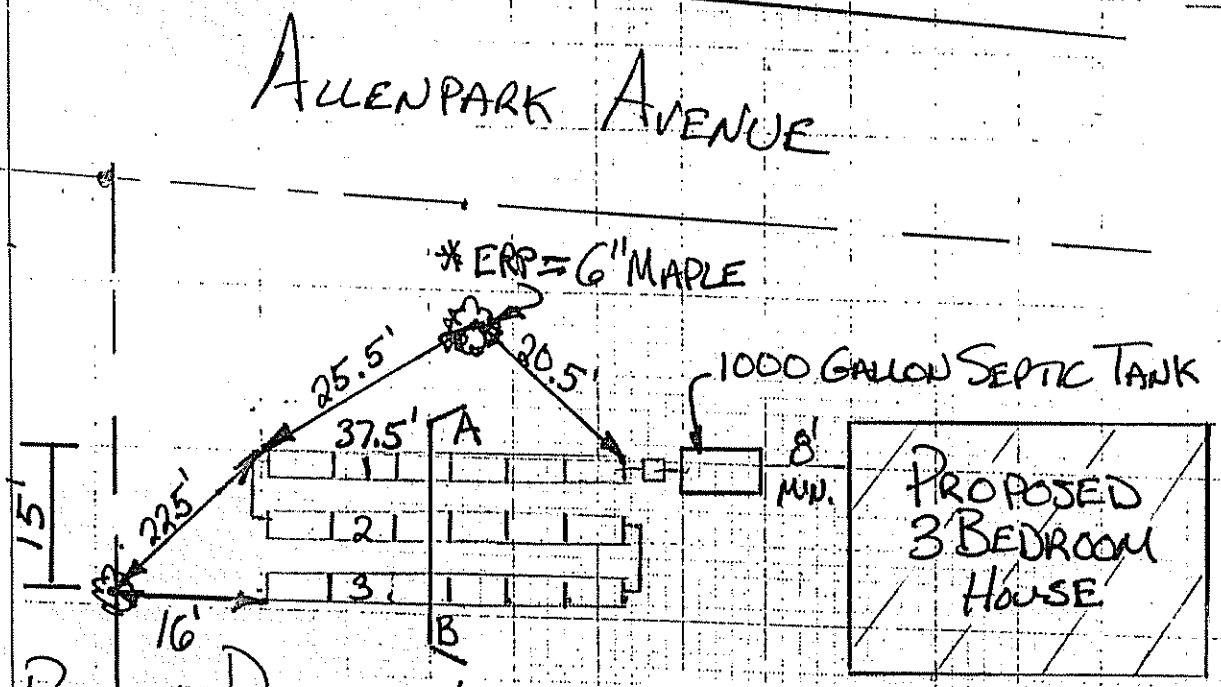
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation	Street, Road, Subdivision	Owner or Applicant Name
AUGUSTA	ALLENPARK AVENUE	SUSAN BEGIN

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 ft.



Construction Elevations

	Bot of Chamber	Top of Chamber
Row #1	-64"	-48"
Row #2	-72"	-56"
Row #3	-80"	-64"

BACKFILL REQUIREMENTS

Depth of Backfill (upslope) 20
Depth of Backfill (downslope) 30
DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

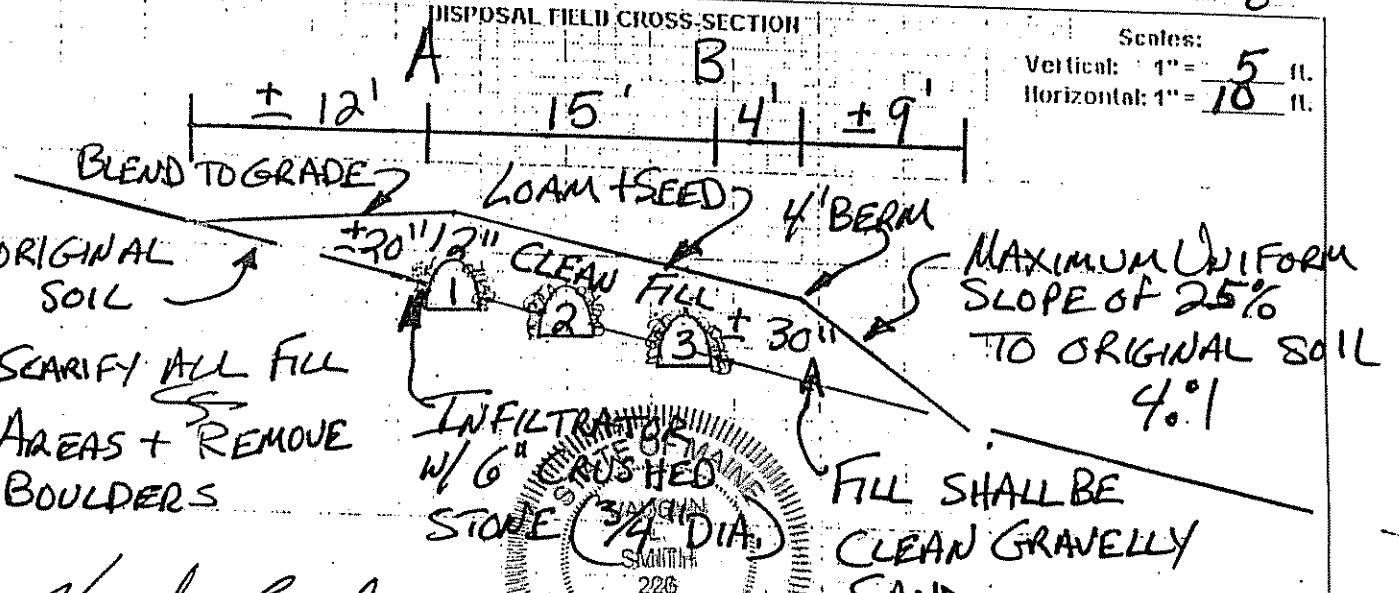
Finished Grade Elevation SEE ABOVE
Top of Distribution Pipe or Proprietary Device
Bottom of Disposal Field

ELEVATION REFERENCE POINT

Location & Description: 6" MAPLE W/ NAIL 34" ABOVE GROUND
Reference Elevation is: 0.0" or: 0

DISPOSAL FIELD CROSS-SECTION

Scales:
Vertical: 1" = 5 ft.
Horizontal: 1" = 10 ft.



STATE OF MAINE
VAUGHN L. SMITH
226
LICENSED SITE EVALUATOR

Vaughn L. Smith
Site Evaluator Signature

8/05/05
Date

Page D-4
10 CMR 241 (October 1, 2002)
Page 3 of 3
HHF-200 Rev. 10/02