SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Division of Health Engineering, 10 SHS
(207) 287-5672 Fax: (207) 287-3165

PROPERTY LOCATION

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

City, Town, or Plantation: AUGUSTA

Street or Road: ALLENWOOD PARK ROAD

Subdivision, Lot #:

AUGUSTA PERMIT # 5953 TOWN COPY

Date Permit Issued: 4/10/07 $ 100.00 ☐ If Double Fee Charged

Local Plumbing Inspector Signature L.P.I. # 850

OWNER/APPLICANT INFORMATION

Name (last, first, MI): STEPHENS, ROBERT ☒ Owner ☐ Applicant

Mailing Address of Owner/Applicant: 18 LEDGESIDE DRIVE, GARDINER, ME 04345

Daytime Tel. #: 588-0914

Municipal Tax Map # 25 Lot # 20, 21

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.

Signature of Owner or Applicant — Date 2-4-07

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 — (1st) date approved 4/27/07 — (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

± 2 ☐ 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: ____

SIZE: 1200 ☒ 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 facilities
- ☐ 3. Section 503.0 (meter readings)
  - ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS

PROFILE CONDITION DESIGN

1 C 1

at Observation Hole # 2

Depth 17

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

LATITUDE AND LONGITUDE

at center of disposal area

Lat. 44 d 16 m 55 s

Lon. 69 d 40 m 40 s

If g.p.s., state margin of error: ____

SITE EVALUATOR STATEMENT

I certify that on 1/31/07 (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 # 226 — Date 02/04/07

VAUGHN L. SMITH — Site Evaluator Name Printed

726-5635 — Telephone Number

SOILTESTMAN@AOL.COM — E-mail Address

STATE OF MAINE VAUGHN L. SMITH LICENSED SITE EVALUATOR

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

HHE-200 Rev. 4/05

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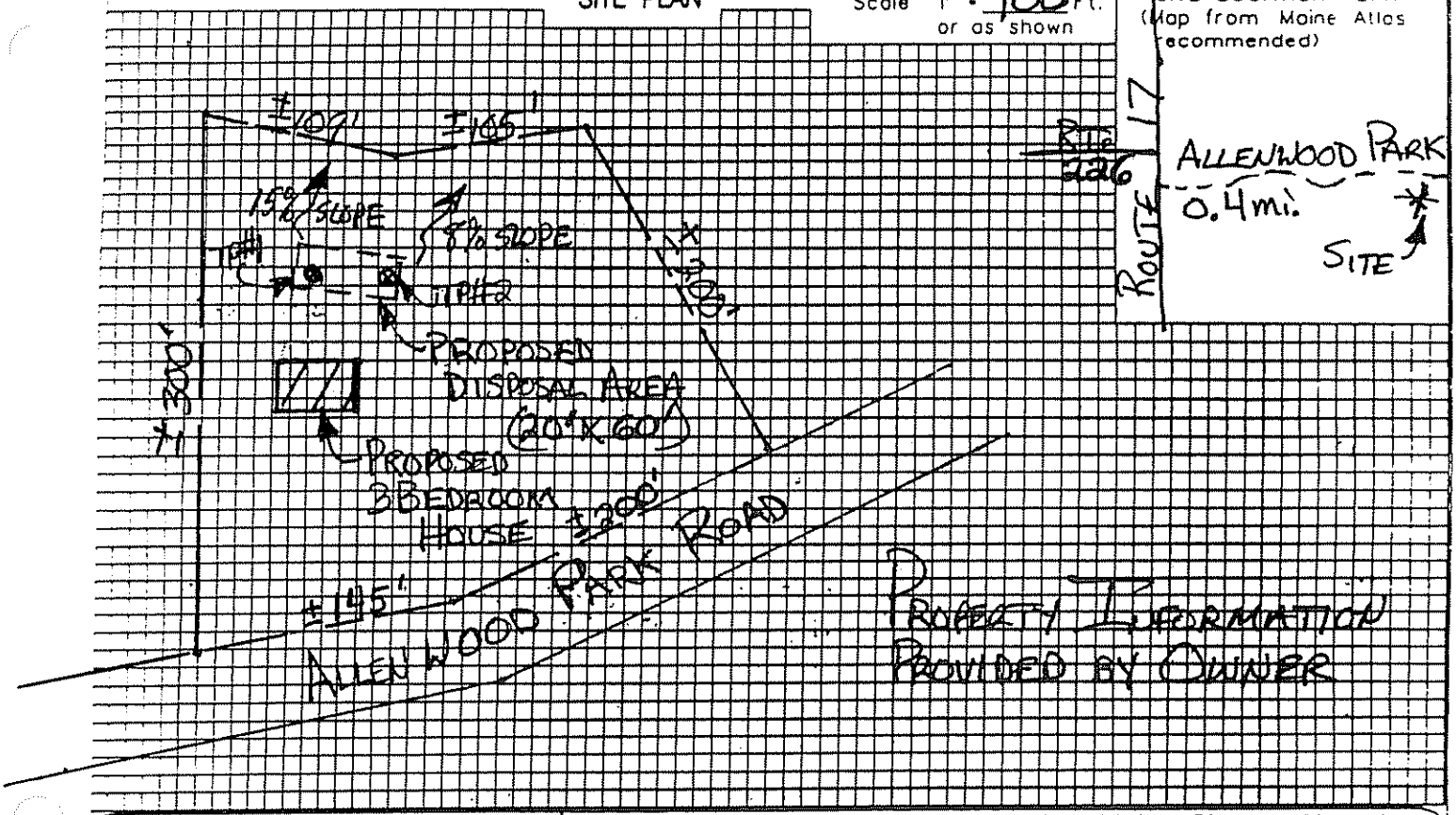
Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX (207) 287-4172

Town, City, Plantation: AUGUSTA
Street, Road, Subdivision: ALLENWOOD PARK ROAD
Owner's Name: ROBERT STEPHENS

SITE PLAN — Scale 1" = 100 Ft. or as shown



SITE LOCATION PLAN (Map from Maine Atlas recommended)

SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

Observation Hole #1 ☒ Test Pit ☐ Boring
2" Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
STONY SANDY LOAM	FRIABLE	YELLOWISH BROWN	NONE
VERY FINE SANDY LOAM	FIRM	PALE OLIVE	

Soil Classification: Profile I, Condition C
Slope: 15%
Limiting Factor: 18"
☒ Ground Water ☒ Restrictive Layer ☐ Bedrock ☐ Pit Depth

Observation Hole #2 ☒ Test Pit ☐ Boring
2" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches): 0, 10, 20, 30, 40

Texture	Consistency	Color	Mottling
STONY LOAM	FRIABLE	OLIVE BROWN	NONE
SILT LOAM	FIRM	OLIVE	FEW FAINT

Soil Classification: Profile I, Condition C
Slope: 8%
Limiting Factor: 17"
☒ Ground Water ☒ Restrictive Layer ☐ Bedrock ☐ Pit Depth

Site Evaluator Signature: Vaughn R. Smith
Date: 02/04/07

STATE OF MAINE — VAUGHN SMITH 226 — LICENSED SITE EVALUATOR

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

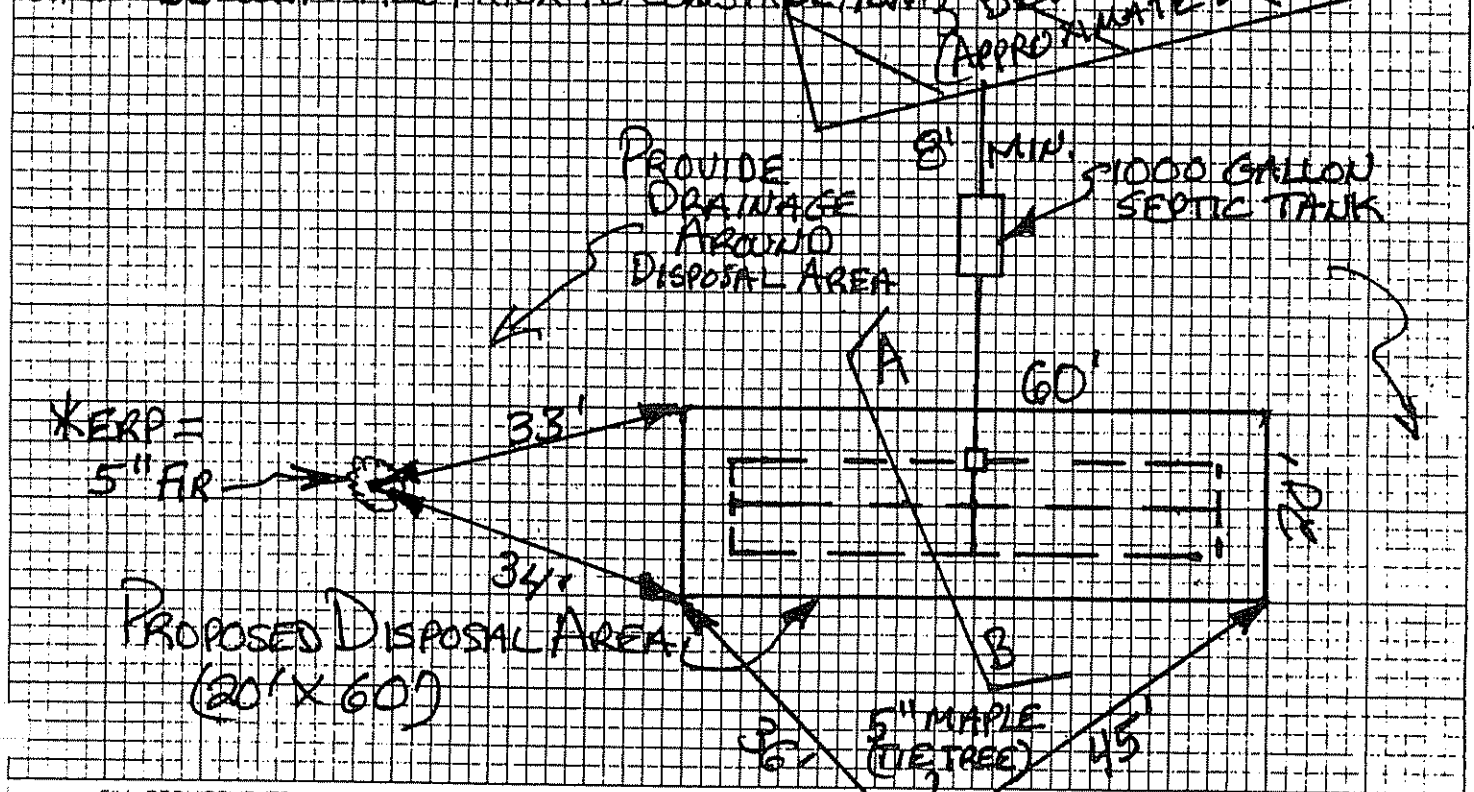
Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX (207) 287-4174

Town, City, Plantation: AUGUSTA
Street, Road, Subdivision: ALLENWOOD PARK ROAD
Owner's Name: ROBERT STEPHENS

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT

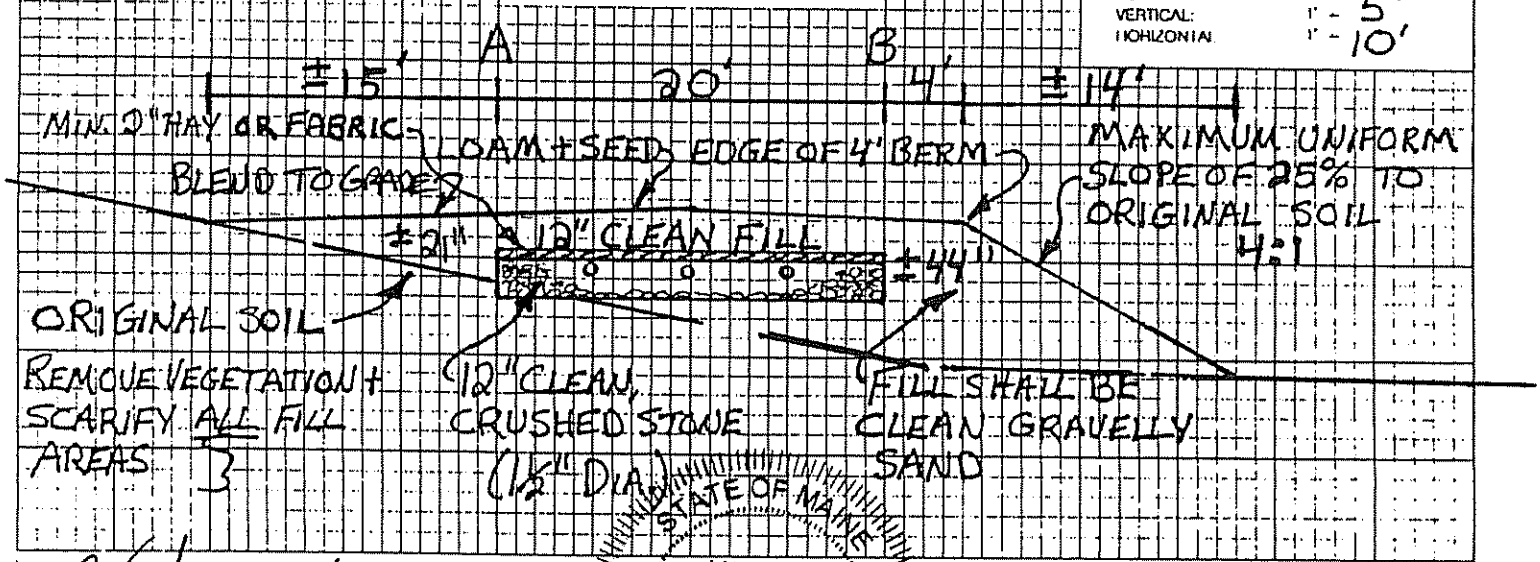
NOTE:
ALL TIES, ELEVATIONS, + PROPERTY LINES SHALL BE CONFIRMED PRIOR TO CONSTRUCTION



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT	
Depth of Fill (Upslope)	±21"	Finished Grade Elevation	-34"	Location & Description	5" FIR TREE W/NAIL 61" ABOVE GROUND
Depth of Fill (Downslope)	±44"	Top of Distribution Pipe or Proprietary Device	-46"		
FILL DEPTHS WILL VARY		Bottom of Disposal Area	-58"	Reference Elevation	0"

DISPOSAL AREA CROSS SECTION

SCALE: VERTICAL: 1" = 5'
HORIZONTAL: 1" = 10'



Vaughn L. Smith
Site Evaluator Signature

STATE OF MAINE
VAUGHN
SMITH
226
LICENSED
SITE EVALUATOR

2/04/07
Date