PIF 8/7/15 m/Lan

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div of Environmental Health, 11 SHS
(207) 287-5672 Fax: (207) 287-4172

PROPERTY LOCATION

City, Town, or Plantation: AUGUSTA
Street or Road: 797 RIVERSIDE DRIVE
Subdivision, Lot #: (NEXT TO)

>> CAUTION: LPI APPROVAL REQUIRED <<

AUGUSTA PERMIT #7100 TOWN COPY
Date Permit Issued: 8/7/15 $250.00 fee
15.50
LPI # 850

OWNER/APPLICANT INFORMATION

Name (last, first, MI): LAPIERRE, GARY ☒ Owner ☐ Applicant
Mailing Address of Owner/Applicant: 6 CUSHMAN STREET, AUGUSTA, ME 04330
Daytime Tel #: 458-3748

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 _____

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. 25% Expansion
  - ☐ b. 125% 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: 20' x 50'
- SIZE 1000 ☒ 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 4A (dwelling unit(s))
- ☐ 2. Table 4C (other facilities)
  - SHOW CALCULATIONS for other facilities
- ☐ 3. Section 4G (meter readings)
  - ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS
PROFILE CONDITION: 3 C
at Observation Hole # 1
Depth 12
of Most Limiting Soil Factor

DISPOSAL FIELD SIZING
- ☐ 1. Medium---2.6 sq. ft. / gpd
- ☒ 2. Medium---Large 3.3 sq. ft. / gpd
- ☐ 3. Large---4.1 sq. ft. / gpd
- ☐ 4. Extra Large---5.0 sq. ft. / gpd

EFFLUENT/EJECTOR PUMP
- ☒ Not Required
- ☐ May Be Required
- ☐ Required
- Specify only for engineered systems:
- DOSE: _____ gallons

LATITUDE AND LONGITUDE
at center of disposal area
Lat. 44 d 21 m 50 s
Lon. 69 d 43 m 50 s
if g.p.s. state margin of error: _____

SITE EVALUATOR STATEMENT

I certify that on 4/26/15 (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 5/14/15

Site Evaluator Name Printed: VAUGHN L. SMITH
Telephone Number: 441-3887
E-mail Address: SOILTESTMAN@GMAIL.COM

STATE OF MAINE VAUGHN L. SMITH LICENSED SITE EVALUATOR

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div of Environmental Health, 11 SHS
(207) 287-5672 Fax: (207) 287-4172

PROPERTY LOCATION

City, Town, or Plantation	AUGUSTA
Street or Road	797 RIVERSIDE DRIVE
Subdivision: Lot #	(NEXT TO)

OWNER/APPLICANT INFORMATION

Name (last, first, MI)	LAPIERRE, GARY ☒ Owner ☐ Applicant
Mailing Address of Owner/Applicant	6 CUSHMAN STREET AUGUSTA, ME 04330
Daytime Tel #	458-3748

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.

Gary Lapierre 8/11/15
Signature of Owner or Applicant — Date

>> CAUTION: LPI APPROVAL REQUIRED <<

AUGUSTA PERMIT #7100 STATE COPY
Date Permit Issued: 8/17/15
$~~250.00~~ 15.00 fee
LPI # 850

Gary R. Fowler

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. <25% Expansion
  - ☐ b. >25% 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: 20' x 50'

SIZE: 1000 ☒ 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 4A (dwelling unit(s))
- ☐ 2. Table 4C (other facilities)

SHOW CALCULATIONS for other facilities

- ☐ 3. Section 4G (meter readings)

ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS
PROFILE CONDITION: 3 C

at Observation Hole # 1

Depth 12"

of Most Limiting Soil Factor

DISPOSAL FIELD SIZING
- ☐ 1. Medium---2.6 sq. ft. / gpd
- ☒ 2. Medium---Large 3.3 sq. ft. / gpd
- ☐ 3. Large---4.1 sq. ft. / gpd
- ☐ 4. Extra Large---5.0 sq. ft. / gpd

EFFLUENT EJECTOR PUMP
- ☒ Not Required
- ☐ May Be Required
- ☐ Required

Specify only for engineered systems:

DOSE: ____ gallons

LATITUDE AND LONGITUDE
at center of disposal area

Lat. 44 d 21 m 50 s
Lon. 69 d 43 m 50 s
if g.p.s. state margin of error: ____

SITE EVALUATOR STATEMENT

I certify that on 4/26/15 (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).

Vaughn L. Smith — Site Evaluator Signature
226 — SE #
5/14/15 — Date
VAUGHN L. SMITH — Site Evaluator Name Printed
441-3887 — Telephone Number
SOILTESTMAN@GMAIL.COM — E-mail Address

STATE OF MAINE VAUGHN L. SMITH SE # 226 LICENSED SITE EVALUATOR

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

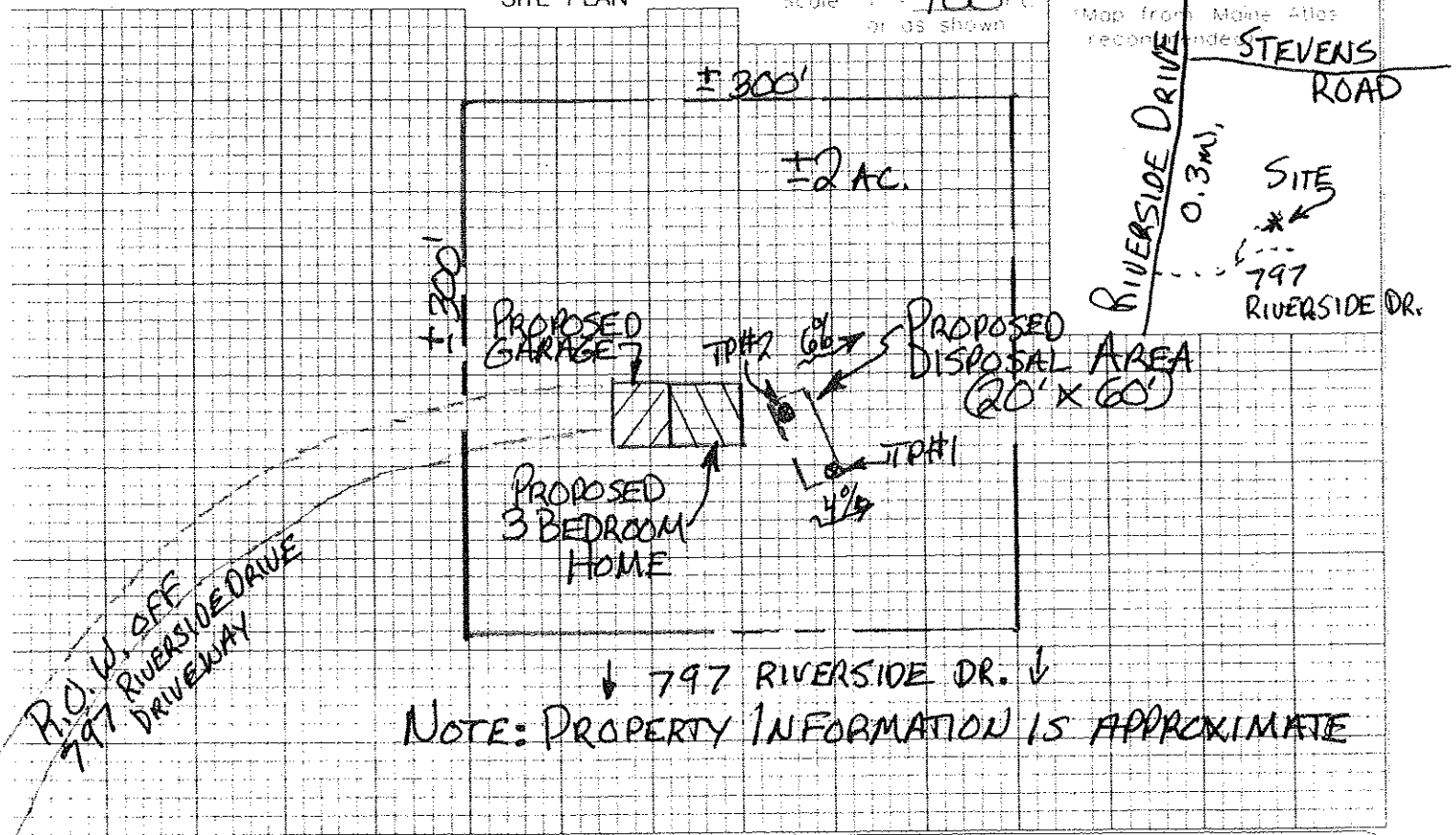
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation: AUGUSTA
Street, Road, Subdivision: RIVERSIDE DRIVE
Owner's Name: GARY LAPIERRE

SITE PLAN

Scale 1" = 100 Ft. or as shown



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
FINE SANDY LOAM	FRIABLE	DARK BROWN / OLIVE BROWN	NONE
	FIRM	PALE OLIVE	FEW DISTINCT

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

Texture	Consistency	Color	Mottling
FINE SANDY LOAM	FRIABLE	DARK BROWN / OLIVE BROWN	NONE
	FIRM	PALE OLIVE	FEW DISTINCT

3 D 3 12 ☒ Ground Water / Restrictive Layer / Bedrock / Pit Depth

3 D 5 14 ☒ Ground Water / Restrictive Layer / Bedrock / Pit Depth

STATE OF MAINE
VAUGHN L. SMITH
LICENSE
226
SITE EVALUATOR

Vaughn L. Smith
Site Evaluator Signature

5/14/15
Date

Page 1 of 1
HHE-DOD Rev. 1/97

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

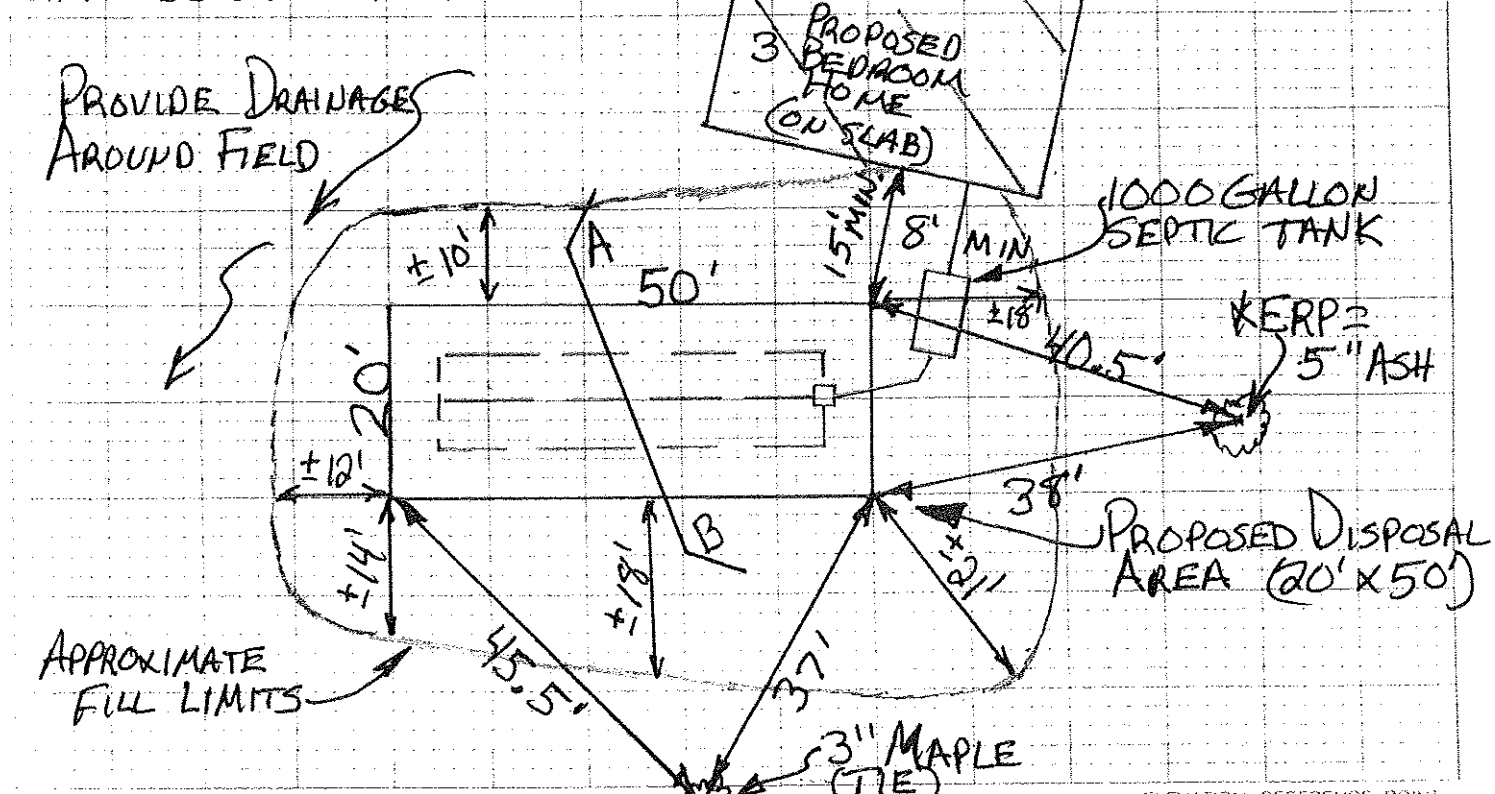
Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX (207) 287-4172

AUGUSTA RIVERSIDE DRIVE GARY LAPIERRE

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT

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



FILL REQUIREMENTS

Depth of Fill (Upslope) ±30"
Depth of Fill (Downslope) ±42"

FILL DEPTHS WILL VARY

CONSTRUCTION ELEVATIONS

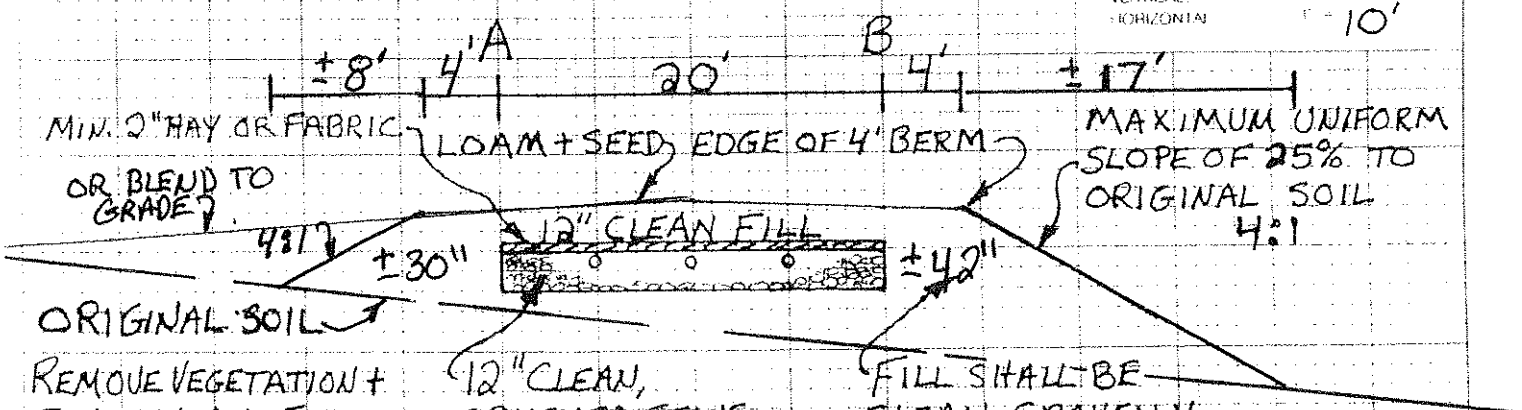
Finished Grade Elevation -20"
Top of Distribution Pipe or Proprietary Device -32"
Bottom of Disposal Area -44"

ELEVATION REFERENCE POINT

Location & Description 5" ASH W/ NAIL 69" ABOVE
Reference Elevation 0" GROUND

DISPOSAL AREA CROSS SECTION

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



REMOVE VEGETATION + SCARIFY ALL FILL AREAS GENTLY

12" CLEAN, CRUSHED STONE (1½" DIA.)

FILL SHALL BE CLEAN GRAVELLY SAND PER TABLE 800.1 OF CODE

*CREATE TRANSITION LAYER WHEN APPROPRIATE

Vaughn L. Smith

STATE OF MAINE
VAUGHN L. SMITH
226
LICENSED SITE EVALUATOR

5/14/15