

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>8-16-05</u> PERMIT # <u>5623</u> TOWN COPY \$ <u>100.00</u> <input type="checkbox"/> Double Fee Charged L.P.I. # <u>850</u>	Signature of Local Plumbing Inspector: <u>[Signature]</u>
Street or Road	CROSS HILL ROAD		
Subdivision, Lot #			
OWNER/APPLICANT INFORMATION			
Name (last, first, MI)	TURNER, MIKE <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant		
Mailing Address of <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	P.O. BOX 164 FREEDOM, ME 04941		
Daytime Tel. #	314-2026	Municipal Tax Map #	4 Lot # 95F
Owner or Applicant Statement		Caution: Inspection Required	
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.		I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.	
Signature of Owner or Applicant: <u>[Signature]</u> Date: <u>8-16-05</u>		Local Plumbing Inspector Signature: <u>[Signature]</u> (1st) Date Approved: <u>8/16/05</u> (2nd) Date Approved: _____	

PERMIT INFORMATION		
TYPE OF APPLICATION 1. <input checked="" type="checkbox"/> First Time System 2. <input type="checkbox"/> Replacement System Type Replaced: _____ Year Installed: _____ 3. <input type="checkbox"/> Expanded System a. <input type="checkbox"/> Minor Expansion b. <input type="checkbox"/> Major Expansion 4. <input type="checkbox"/> Experimental System 5. <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. <input type="checkbox"/> Replacement System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 4. <input type="checkbox"/> Experimental System 5. <input type="checkbox"/> Seasonal Conversion Approval	DISPOSAL SYSTEM COMPONENT(S) 1. <input checked="" type="checkbox"/> Complete Non-engineered System 2. <input type="checkbox"/> Primitive System (graywater & alternative toilet) 3. <input type="checkbox"/> Alternative Toilet, specify: _____ 4. <input type="checkbox"/> Non-engineered Treatment Tank (only) 5. <input type="checkbox"/> Holding Tank, capacity: _____ 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 or more) 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 <u>7-15</u> <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres	DISPOSAL SYSTEM TO SERVE 1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: <u>3</u> 2. <input type="checkbox"/> Multiple Family Dwelling, No. of Units: _____ 3. <input type="checkbox"/> Other: _____ SPECIFY _____	
SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TYPE OF WATER SUPPLY 1. <input checked="" type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input type="checkbox"/> Public 5. <input type="checkbox"/> Other: _____	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK 1. <input checked="" type="checkbox"/> Concrete a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY: <u>1,000</u> gallons	DISPOSAL FIELD TYPE & SIZE 1. <input checked="" type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench 3. <input type="checkbox"/> Proprietary Device a. <input type="checkbox"/> Cluster array c. <input type="checkbox"/> Linear b. <input type="checkbox"/> Regular load d. <input type="checkbox"/> H-20 Load 4. <input type="checkbox"/> Other: _____ SIZE: <u>1,000</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT 1. <input checked="" type="checkbox"/> No 2. <input type="checkbox"/> Yes 3. <input type="checkbox"/> Maybe >> If yes/maybe, specify one below: a. <input type="checkbox"/> Multi-Compartment Tank b. <input type="checkbox"/> Tanks in Series c. <input type="checkbox"/> Increase in Tank Capacity d. <input type="checkbox"/> Filter on Tank Outlet	DESIGN FLOW <u>270</u> gallons-per-day (gpd) BASED ON: 1. <input checked="" 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>3</u> • <u>C</u> • <u>1</u> at Observation Hole # <u>1</u> Depth <u>26</u> • Elevation <u>-84</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 type="checkbox"/> Not Required 2. <input checked="" type="checkbox"/> May Be Required 3. <input type="checkbox"/> Required >> Specify dose for engineered & experimental systems DOSE: _____ gallons	3. <input type="checkbox"/> Section 503.0 (meter readings) ATTACH WATER-METER DATA

SITE EVALUATOR STATEMENT	
I certify that on <u>22 JUNE 05</u> (date) I completed a site evaluation on this property and state that the data reported herein are accurate and that the proposed system is in compliance with the Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).	
Signature: <u>[Signature]</u> Site Evaluator Signature	301 SE# Date: <u>26 JUNE 05</u>

Stephen P. Robbins
P.O. Box 271
East Winthrop, ME 04343
 Site Evaluator name printed

377-6707
 Telephone#

narrowspd@aol.com
 E-Mail Address

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

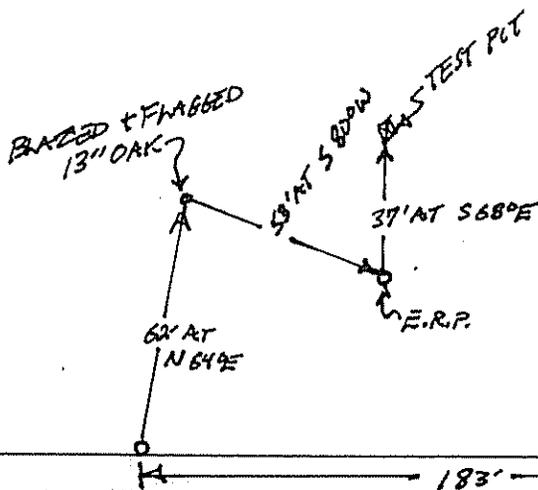
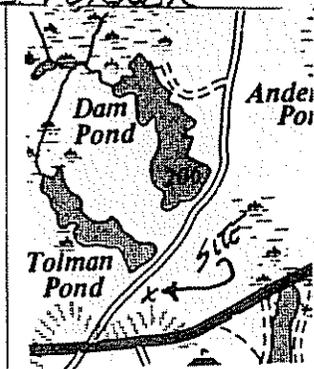
Department of Human Services
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Town, City, Plantation
AUGUSTA

Street, Road, Subdivision
CROSS HILL ROAD
SITE PLAN

Owner's Name
MIKE TURNER

Scale 1" = 50 Ft.
or as shown



CROSS HILL ROAD

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

Observation Hole FE7 Test Pit Boring
2" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW SURFACE (feet)	Texture	Consistency	Color	Mottling
0	SANDY LOAM	FRILABLE	BROWN	NONE
10			RED BROWN	
20			YELLOW BROWN	
30		FIRM		
40				
50				

Soil Classification	Moisture	Limiting Factor	<input type="checkbox"/> Ground Water
<u>3</u>	<u>C</u>	<u>26</u>	<input checked="" type="checkbox"/> Restrictive Layer
Profile	Condition	Pit Depth	<input type="checkbox"/> Bedrock
			<input type="checkbox"/> Pit Depth

Observation Hole Test Pit Boring
 " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW SURFACE (feet)	Texture	Consistency	Color	Mottling
0				
10				
20				
30				
40				
50				

Soil Classification	Moisture	Limiting Factor	<input type="checkbox"/> Ground Water
			<input type="checkbox"/> Restrictive Layer
Profile	Condition	Pit Depth	<input type="checkbox"/> Bedrock
			<input type="checkbox"/> Pit Depth

[Signature]
Site Evaluator Signature

301

26 JUNE 05

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

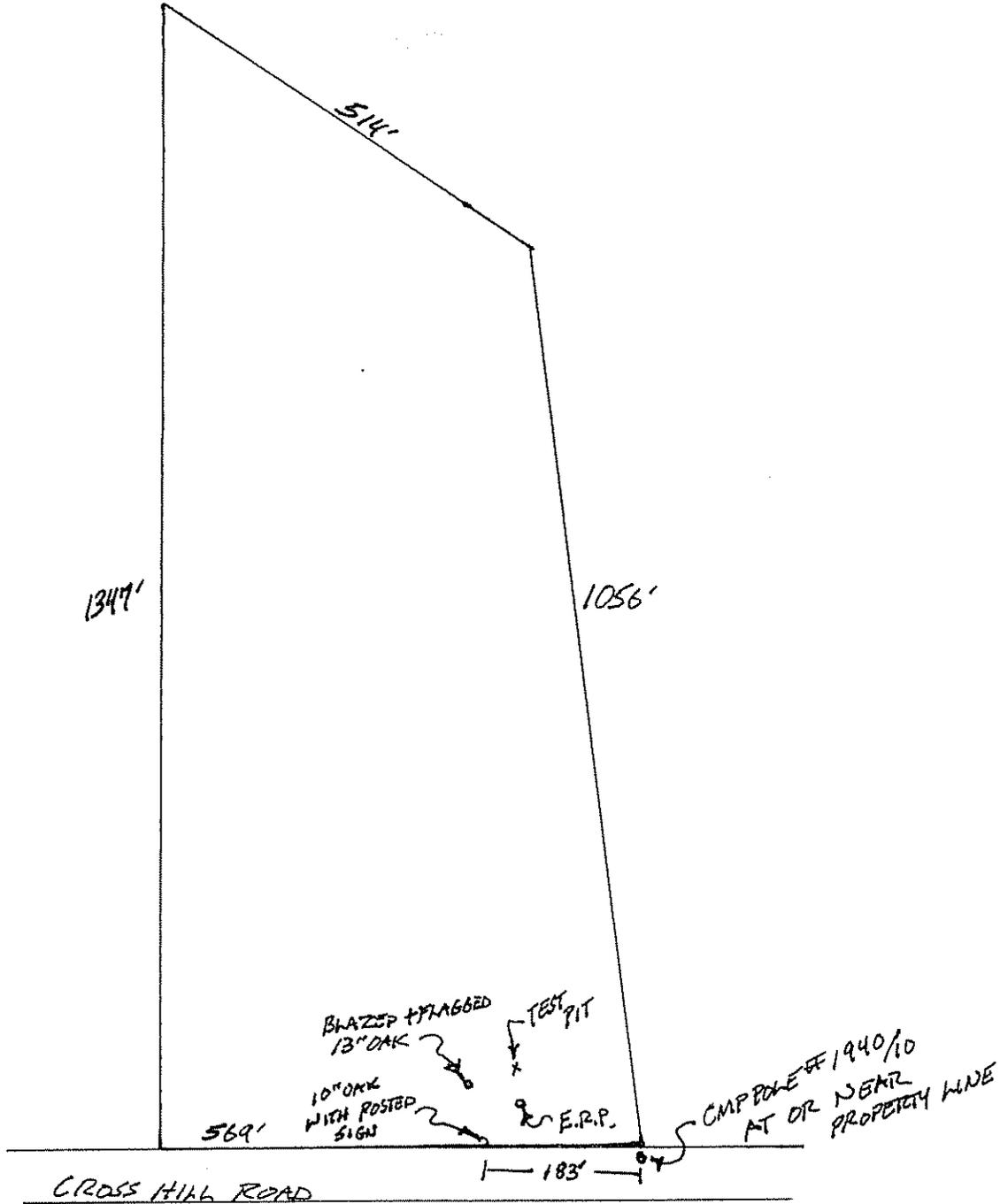
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Town, City, Plantation
AUGUSTA

Street, Road, Subdivision
CROSS HILL ROAD

Owner's Name
MIKE TURNER

SCALE 1" = 200 FT.



SEE PAGE #2 FOR SITE DETAIL

Site Evaluator Signature

Site Evaluator Signature

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26 JUNE 05

Date

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HE-200 Rev. 7/97

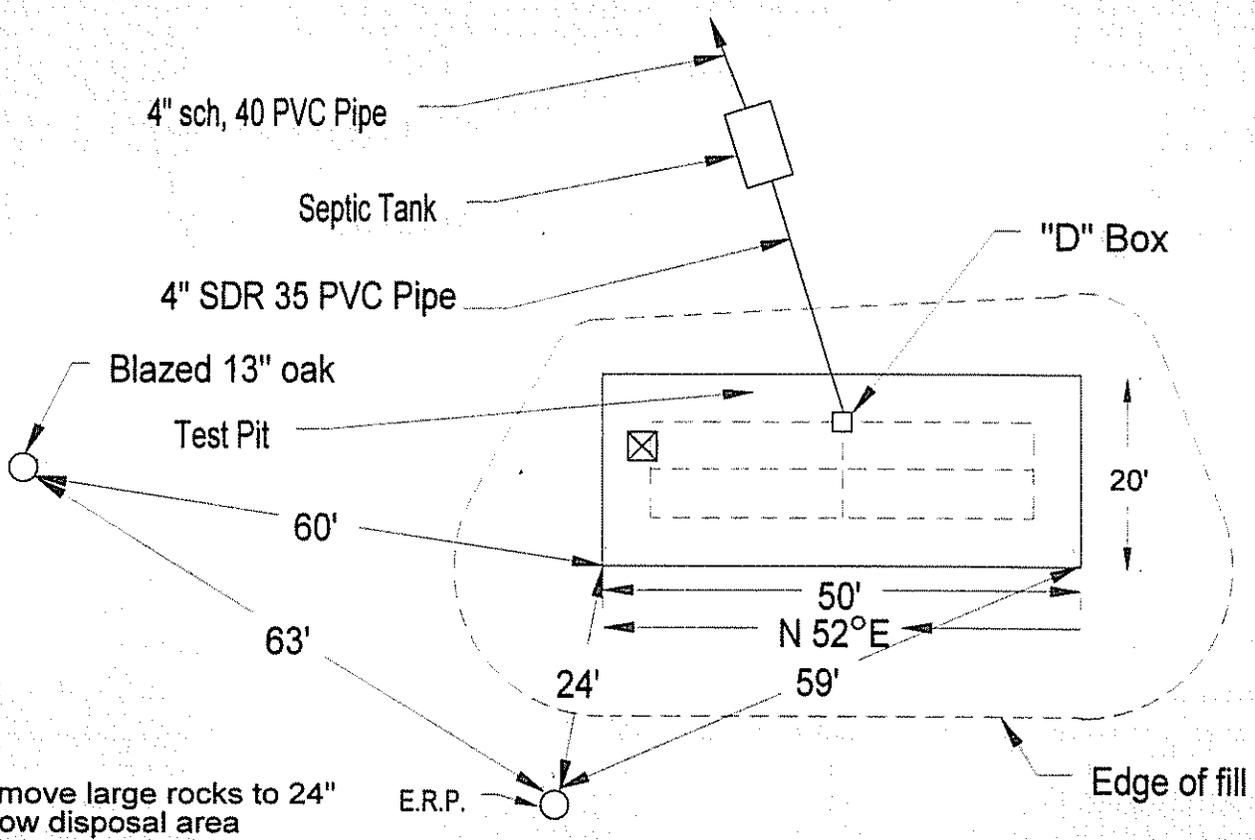
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Town, City, Plantation AUGUSTA	Street, Road, Subdivision CROSS HILL ROAD	Owner or Applicant Name MIKE TURNER
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SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 ft.



Remove large rocks to 24" below disposal area

BACKFILL REQUIREMENTS

Depth of Backfill (upslope) 10-21"
 Depth of Backfill (downslope) 27"
 DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

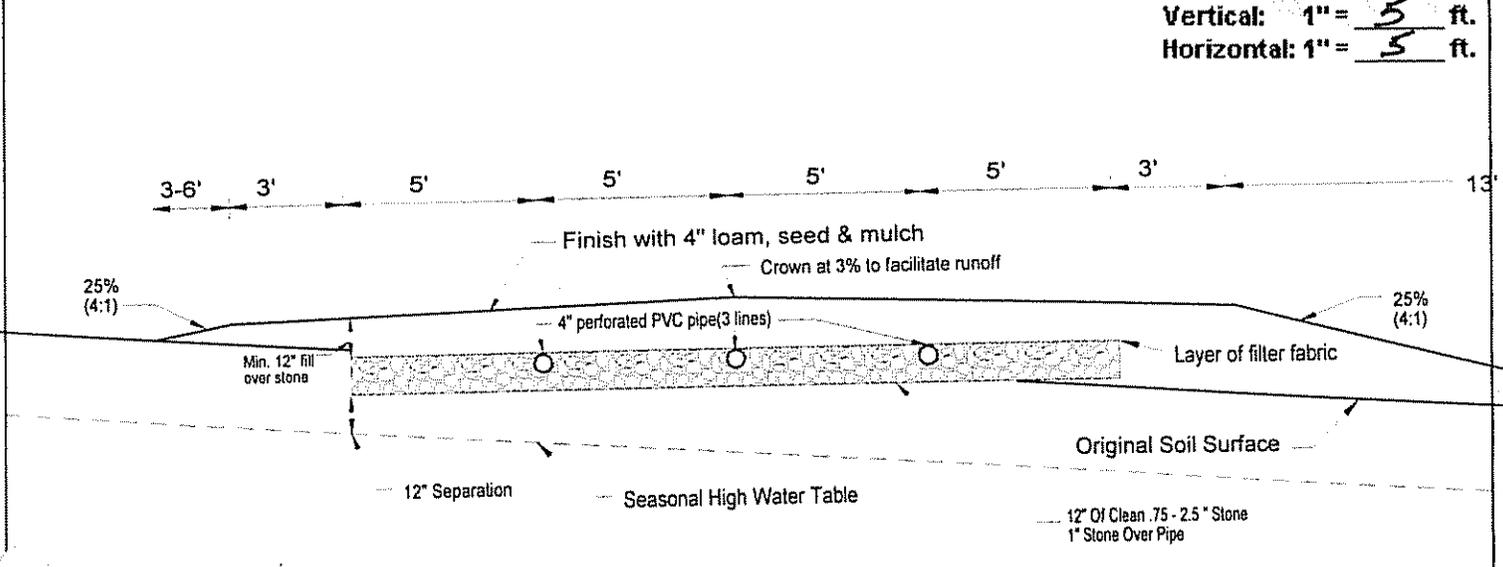
Finished Grade Elevation -43"
 Top of Distribution Pipe or Proprietary Device -56"
 Bottom of Disposal Field -67"

ELEVATION REFERENCE POINT

Location & Description: NAIL IN 8" DAK, 88" FROM GROUND
 Reference Elevation is: 0.0" or: _____

DISPOSAL FIELD CROSS-SECTION

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



Steph P. Miller

S.E. #301

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Town AUGUSTA Address CROSS HILL ROAD Owner MIKE TURNER
ATTACHMENT TO HHE-200

Caution: Before starting, contractor must insure fill depth amounts match with elevations given. Contact designer immediately with any discrepancies.

Notes:

1. Construction to conform to "State of Maine Subsurface Wastewater Disposal Rules".
2. Property lines shown are as provided by owner, agent, or municipality. No guarantee of accuracy is implied. Actual property lines must be confirmed by survey.
3. Remove organic material and scarify roto-till ~~farrow~~ area under drain-field and fill extensions.
4. Unless otherwise specified, all fill will be coarse sand to a gravelly coarse sand. See Sec. 804.0 in the Maine State Plumbing Code for further clarification of fill requirements. In 8" lifts, compacted as placed. First lift to be thoroughly mixed with original soil.
5. Septic tanks and pump stations shall be installed watertight to prevent infiltration of ground and surface water.
6. Force mains, pump stations, and or gravity piping subject to freezing shall be adequately insulated.
7. Unless otherwise specified, **septic tank** to be located by contractor; at minimum; 8' to proposed or existing home and or buildings, 10' to property line & water supply line, 100' to all wells and shoreline. Owner's well setback can be reduced to 50' if a 1 piece water-tight tank is used.
8. A septic tank outlet filter is recommended.
9. If replacement system with new tank, existing tank or cesspool to be filled with soil or removed. If existing tank is to be utilized, tank is to be thoroughly inspected for condition.
10. Unless otherwise specified, this plan does not allow the placement of pumps between the wastewater source and the septic tank.
11. Unless otherwise specified, disposal area to existing or proposed buildings setback is 20'.
12. Water from gutters, driveways, walks, and other surface water to be diverted away from system.
13. Loam, seed and mulch all disturbed areas to prevent erosion and facilitate runoff.
14. Unless otherwise specified, keep traffic heavier than lawn tractor away from all components of system.
15. Keep sanitary napkins, cigarette butts, coffee grounds, paper towels, grease, and nonbiodegradables out of system.
16. Many times it is impossible to locate water supplies. Property owner assumes responsibility of proper setback to any unknown water supplies.
17. Discharge from water treatment equipment and residential floor drains is not considered wastewater and must not be plumbed into septic system. This flow should be diverted into a separate drywell (Disposal area that does not require design or permit).
18. Plumbing fixtures must be strictly maintained to insure excess water does not enter septic system. Excess water can lead to premature clogging and total failure of disposal area.
19. Venting of disposal area is not required, but can facilitate biological action in disposal area.
20. Pumped systems will be equipped with audible high water alarm, wired to separate circuit as pump.
21. If a BK2000 Waste-Water Management system or any other Norweco products are included in this design, the designer has a financial interest in the sale of these products. Owner is encouraged to research comparable products and make final choice. If owner chooses a competitors product, design will be revised to note said change at no charge.
22. Take 3 copies of the plan to your local plumbing inspector for required permit.

Stephen P. Robbins

S.E. #301

Date 26 JUNE 05

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S.P.R.