SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept.Health & Human Services
Div.of Environmental Health , 11 SHS
(207) 287-5672 Fax: (207) 287-3165

PROPERTY LOCATION

City, Town, Plantation: AUGUSTA

Street or Road: 59 CROSS HILL RD.

Subdivision, Lot #:

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

AUGUSTA PERMIT # 6566 TOWN COPY

Date Permit Issued: 6/10/11 $ 150.00 ☐ If Double Fee Charged

Local Plumbing Inspector Signature: Mary R. Faulkn

L.P.I. # 1850

15.00

OWNER/APPLICANT INFORMATION

Name (last, first, MI): REITCHEL, EDWARD ☐ Owner ☑ Applicant

Mailing Address of Owner/Applicant: 124 GOODHUE RD. SIDNEY, ME. 04330

Daytime Tel. #: 207-975-4395

Municipal Tax Map # 4 Lot # 9

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: [signature] Date: 6/3/11

CAUTION: INSPECTION REQUIRED

I have inspected the installation authoirzed above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.

Local Plumbing Inspector Signature: Mary R. Faulkn (1st) date approved 10/17/11 (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
- 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

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: 1,000 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: 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 4A (dwelling unit(s))
- ☐ 2. Table 4C(other facilities)
  SHOW CALCULATIONS for other facilites
- ☐ 3. Section 4G (meter readings)
  ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS

PROFILE CONDITION: 3 1 0 1

at Observation Hole # 1

Depth 24"

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

- ☑ 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 20 m 933 s

Lon. 69 d 40 m 170 s

if g.p.s, state margin of error: 11

SITE EVALUATOR STATEMENT

I certify that on 5/2/11 (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: [signature] SE # 256 Date 5/4/11

Site Evaluator Name Printed: JOHN PHILBRICK Telephone Number 547-3732 E-mail Address

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

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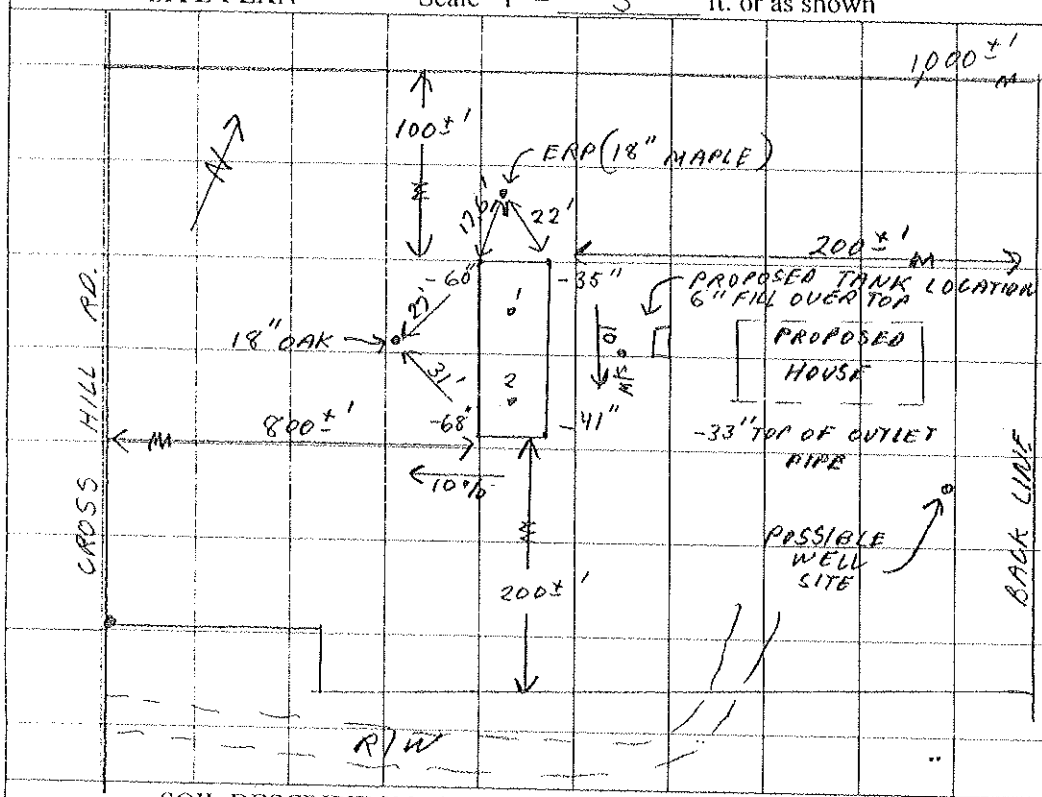
Division of Environmental Health
(207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation	Street, Road, Subdivision	Owner's Name
AUGUSTA	CROSS HILL RD.	EDWARD REITCHEL

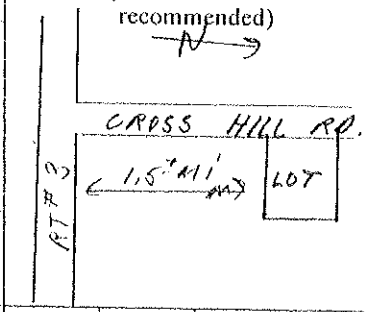
SITE PLAN

Scale 1" = 5 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

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0	SANDY LOAM	FRIABLE	DARK	NONE
10	LOAMY SAND	↓	REDISH BR.	↓
20	↓	↓	YELLOW BR.	↓
		FIRM	GRAY	COMMON DISTINCT
30	END OF OBSERVATION HOLE	↓	↓	↓
40				
50				

Soil Classification		Slope	Limiting Factor	
3 Profile	C Condition	10 %	24"	[✓] 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)	Texture	Consistency	Color	Mottling
0				
10		SAME	AS #1	
20				
30				
40				
50				

Soil Classification		Slope	Limiting Factor	
3 Profile	C Condition	10 %	24"	[✓] Ground Water [✓] Restrictive Layer [ ] Bedrock [ ] Pit Depth

Site Evaluator Signature: [signature] SE #: 256 Date: 5/4/11

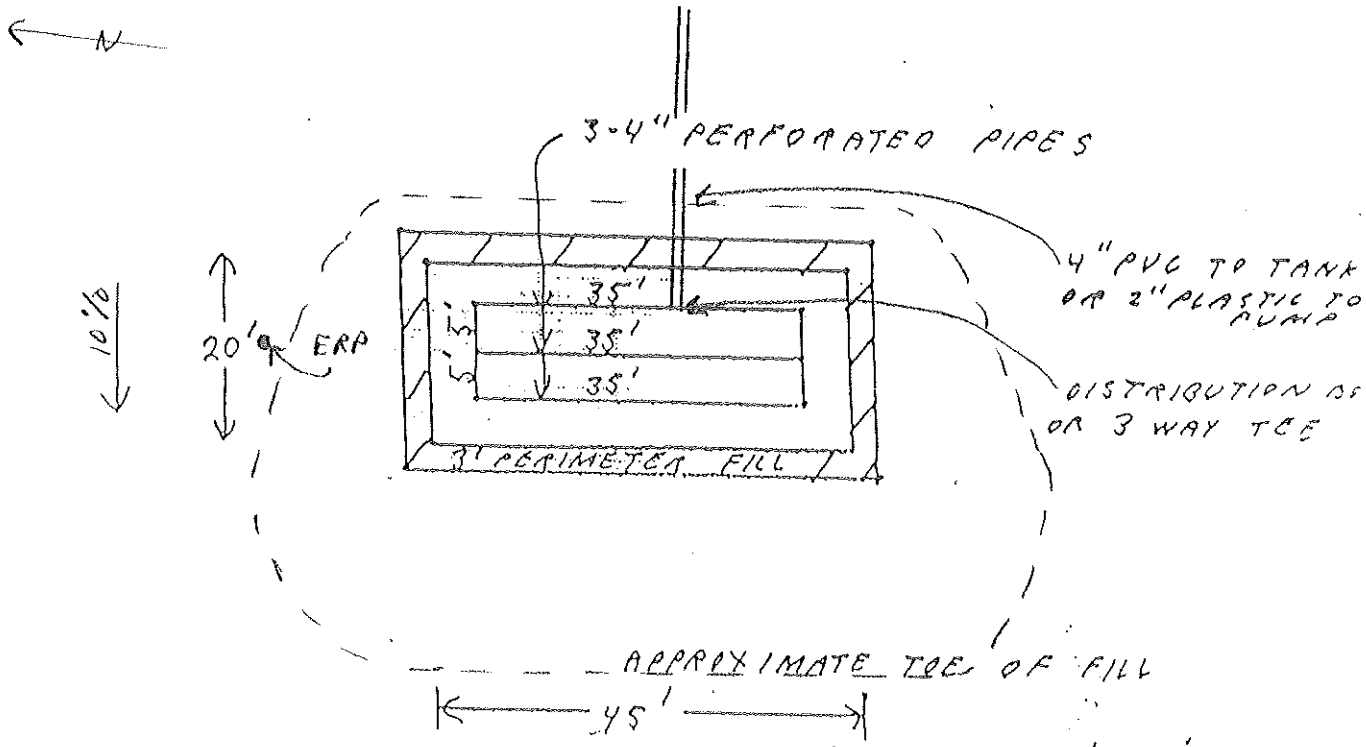
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

08246445

Town, City, Plantation	Street, Road, Subdivision	Owner's Name
AUGUSTA	CROSS HILL RD.	EDWARD REITCHEL

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 ft or as shown



20' X 45' BED
FLAGS MARK CORNERS

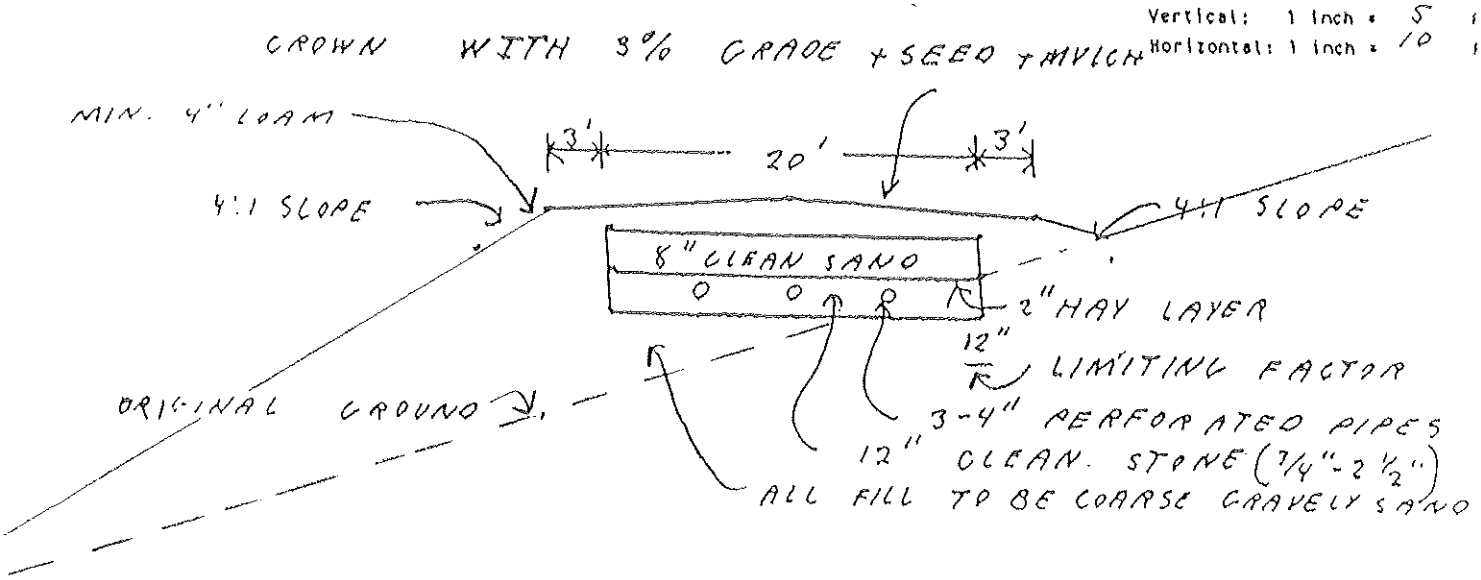
FILL REQUIREMENTS
Depth of Fill (Upslope)
Depth of Fill (Downslope)

CONSTRUCTION ELEVATION
12" Reference Elevation is
36" Bottom of Disposal Area
Top of Distribution Lines or Chambers

ELEVATION REFERENCE POINT
0"
-47" ERP IS IN 18" MAPLE, 17' NORTH OF SYSTEM, 36" ABOVE GROUND
-36"

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 inch = 5 ft.
Horizontal: 1 inch = 10 ft.



Site Evaluator Signature

256
SEN

5/4/11
Date

Approved for use as KHE 200 by Division of Health Engineering 9/87