Called 6/15 9:45

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

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

City, Town, Plantation	Augusta
Street or Road	94 Ingraham Mtn Rd.
Subdivision, Lot #	1-05-03

AUGUSTA PERMIT # 5550 TOWN COPY
Date Permit Issued: 6/15/05 $ 75.00 FEE ☐ If Double Fee Charged
Local Plumbing Inspector Signature L.P.I. # 850

OWNER/APPLICANT INFORMATION

Name (last, first, MI)	Bricker, Kevin ☒ Owner ☐ Applicant
Mailing Address of Owner/Applicant	94 Ingraham Mtn Rd. Augusta, Me. 04330
Daytime Tel. #	622-9966

Municipal Tax Map # 4 Lot # 96A

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 6-13-05

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 — (2nd) date approved 7/26/05

PERMIT INFORMATION

TYPE OF APPLICATION
- ☐ 1. First Time System
- ☒ 2. Replacement System
  - Type replaced: unknown
  - 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: 2
- ☐ 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 Existing
  - ☐ a. Regular add outlet
  - ☐ b. Low Profile filter
- ☒ 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: 5.75 x 50 ☒ 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
180 gallons per day
BASED ON:
- ☐ 1. Table 501.1 (dwelling unit(s))
- ☐ 2. Table 501.2 (other facilities)

SHOW CALCULATIONS
— for other facilites —
2 bedrooms @ 90 gpd/ea.
- ☐ 3. Section 503.0 (meter readings)

ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS
PROFILE CONDITION DESIGN
3, C, 1
at Observation Hole # TP
Depth 24"
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. f.t / 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 6/1/05 (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	SE # 046	Date 6/1/05
Site Evaluator Name Printed: Albert E. Hodsdon PE	Telephone Number: 873-5164	E-mail Address:

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

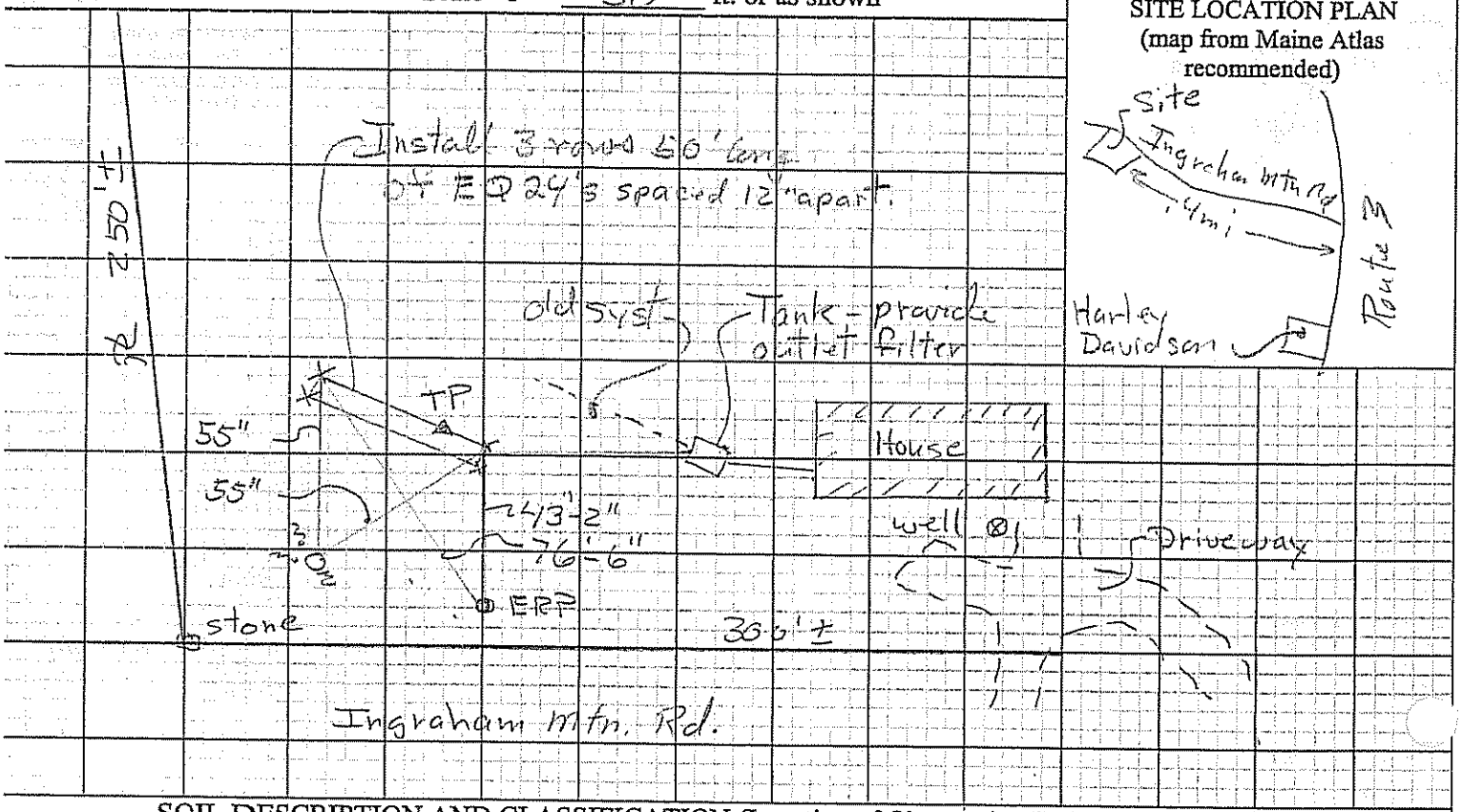
Department of Human Services
Division of Health Engineering
(207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation: Augusta

Street, Road, Subdivision: 94 Ingraham Mtn. Rd.

Owner's Name: Kevin Bricker

SITE PLAN Scale 1" = 50 ft. or as shown



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

Observation Hole TP ☐ Test Pit ☐ Boring

_____ " Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0	Sandy Loam	Loose	Dk Brn	
10			Red Brn	
20			Brn	
30		firm		Water
40				
50				

Soil Classification	Slope	Limiting Factor	
3 (Profile) C (Condition)	8-10 %	24"	[X] Ground Water [ ] Restrictive Layer [ ] Bedrock [ ] Pit Depth

Observation Hole _____ ☐ Test Pit ☐ Boring

_____ " Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0				
10				
20				
30				
40				
50				

Soil Classification	Slope	Limiting Factor	
_____ (Profile) _____ (Condition)	_____ %	_____ "	[ ] Ground Water [ ] Restrictive Layer [ ] Bedrock [ ] Pit Depth

Allen E. Hobbs Jr. — Site Evaluator Signature

046 — SE #

6/1/05 — Date

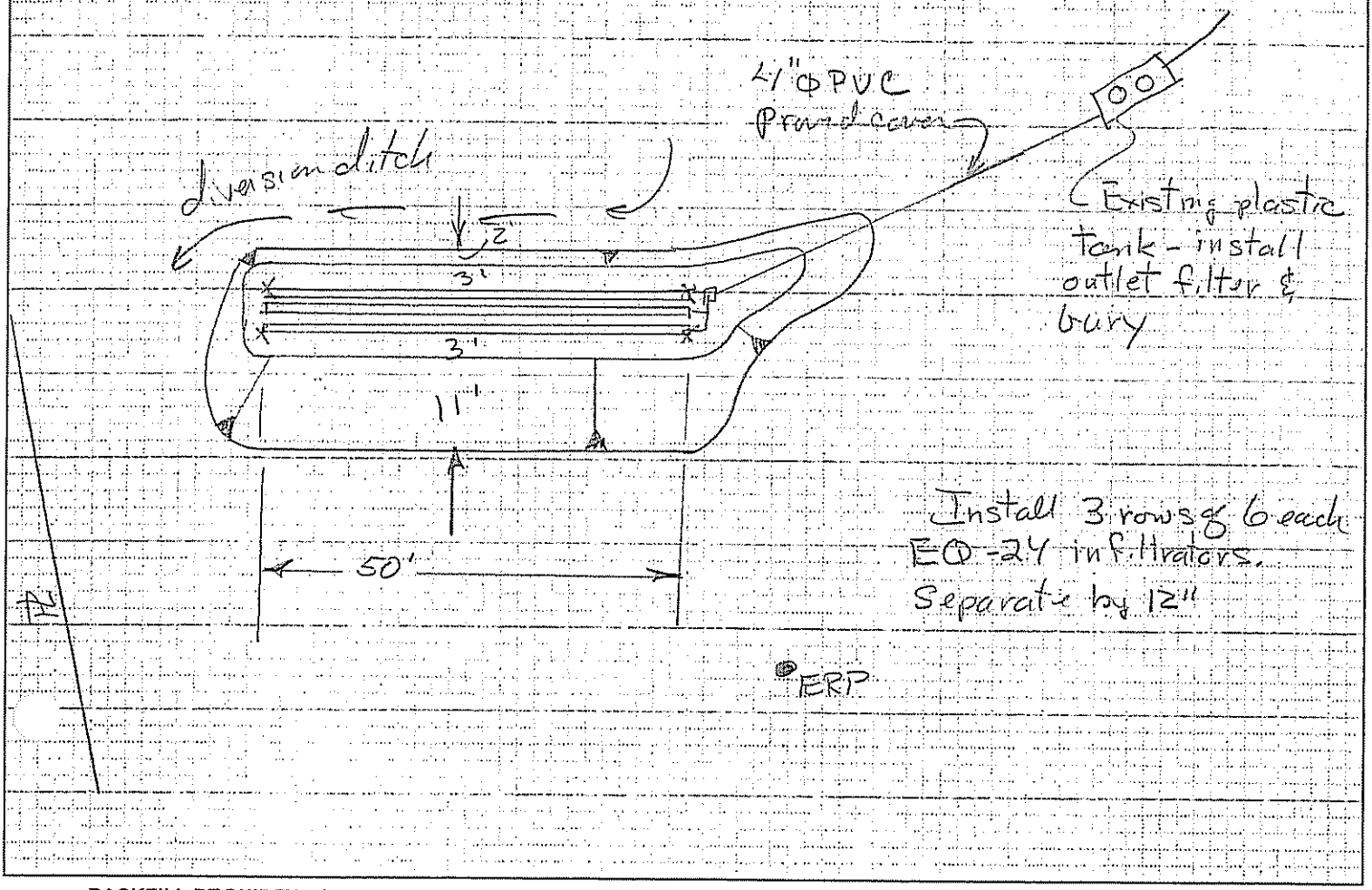
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5672 FAX (207) 287-4172

Town, City, Plantation	Street, Road, Subdivision	Owner or Applicant Name
Augusta.	94 Ingraham Mtn. Rd.	Kevin Bricker

SUBSURFACE WASTEWATER DISPOSAL PLAN

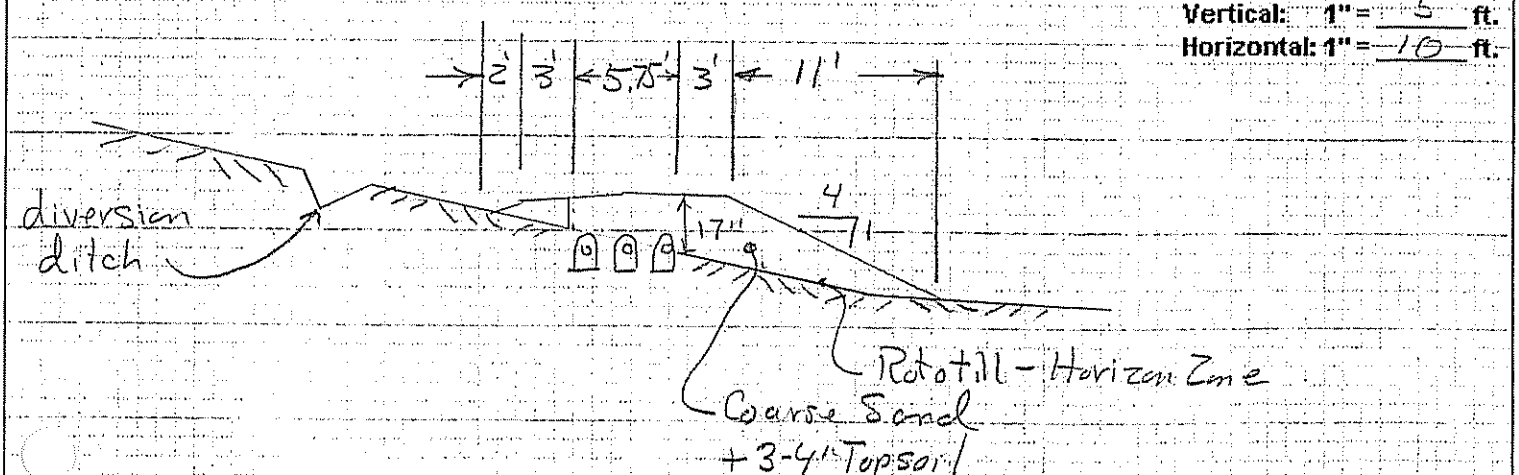
Scale: 1" = 20 ft.



BACKFILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT
Depth of Backfill (upslope)	12"	Finished Grade Elevation	-53"	Location & Description: Insulator in Pine Tree 48" high
Depth of Backfill (downslope)	17"	Top of Distribution Pipe or Proprietary Device	-66"	Reference Elevation is: 0.0" or:
DEPTHS AT CROSS-SECTION (shown below)		Bottom of Disposal Field	-75"	

DISPOSAL FIELD CROSS-SECTION

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



Albert E. Wadsworth — Site Evaluator Signature
646 — SE #
6/6/05 — Date