Site B

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Service
Division of Health Engineering, 10 SH
(207) 287-5672 Fax: (207) 287-316

PROPERTY LOCATION

City, Town, or Plantation	AUGUSTA
Street or Road	INGRAHAM MT. RD
Subdivision, Lot #	SITE B 1-05-142

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

AUGUSTA PERMIT # 5684 TOWN COPY

Date Permit Issued: 11/1/2005 $ 100.00 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature L.P.I. # 852

OWNER/APPLICANT INFORMATION

Name (last, first, MI): PERRON, JOHN ☒ Owner ☐ Applicant

Mailing Address of Owner/Applicant	33 MAIN ST. UNIT 2
	AUGUSTA ME 04330
Daytime Tel. #	841-5135

Municipal Tax Map # 4 Lot # 102 Site B

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 11/7/05

CAUTION: INSPECTION REQUIRED

I have inspected the installation authoirzed 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. 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

4.6 ☐ 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

TO BE

- ☒ 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 501.1 (dwelling unit(s))
- ☐ 2. Table 501.2 (other facilities)

SHOW CALCULATIONS — for other facilites —

3 B.R. @ 90 ea

- ☐ 3. Section 503.0 (meter readings)

ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS

PROFILE	CONDITION	DESIGN
3	C	1

at Observation Hole # B

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. 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

SITE EVALUATOR STATEMENT

I certify that on 10-19-05 (date) I completed a site evaluation on this property and state that the data reported are accurate that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

Site Evaluator Signature	S 364	10-22-05
	SE #	Date
RICKY S. PERSHKEN	873-5164	rsp@maxanet.com
Site Evaluator Name Printed	Telephone Number	E-mail Address

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

HHE

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

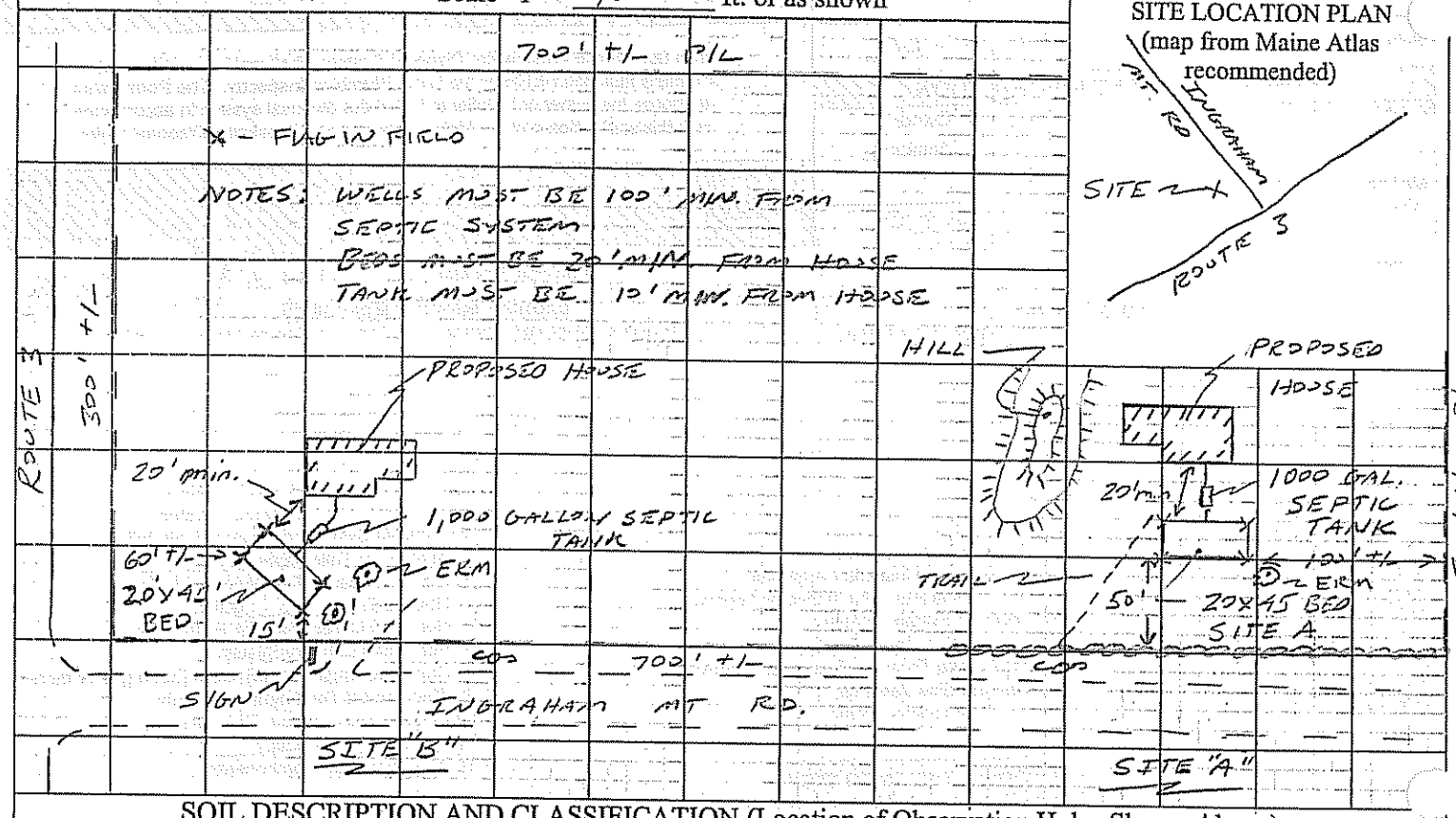
Town, City, Plantation: AUGUSTA, ME

Street, Road, Subdivision: INGRAHAM MT. ROAD SITE B

Owner's Name: JOHN PIERRON

SITE PLAN

Scale 1" = 100 ft. or as shown



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

Observation Hole B ☐ Test Pit ☒ Boring

1/2 " Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0–10	Coarse Sandy Loam w/ Boulders	Medium	Medium Reddish Brown	None
10–30		Firm	Yellowish Brown	Few

Soil Classification	Slope	Limiting Factor	
3 C 1 (Profile Condition)	7 %	24"	[X] Ground Water [X] 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
0–50				

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

Site Evaluator Signature: [signature] SE #: 5369 Date: 10/22/05

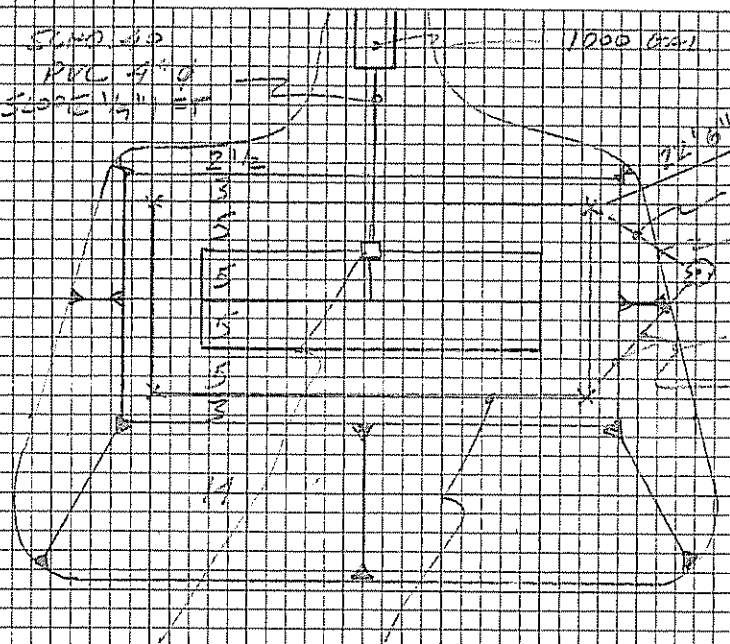
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation	Street, Road, Subdivision	Owner's Name
AUGUSTA ME	INGERSHAM MT. RD SITE B	JOHN PERRON

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT.

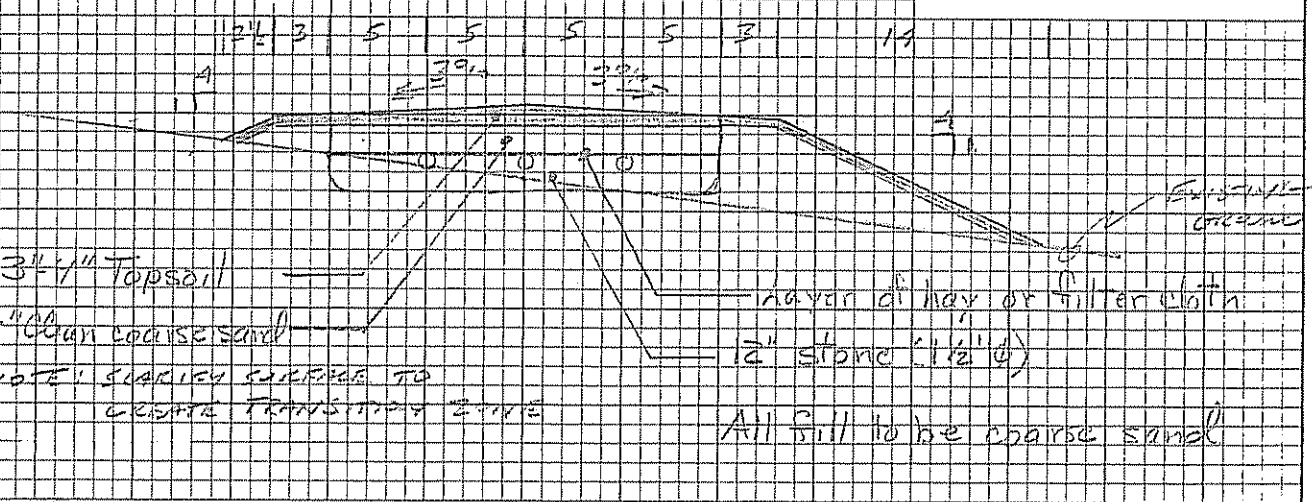


Install 45 x 20 Bed with 3-35 ft. long 4" Ø perf. pipes in a grid spaced 5' apart. Loam & seed when finished.

FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT
Depth of Fill (Upslope)	12"	Finished Grade Elevation	-39"	Location & Description NAIL IN 30" WHITE PINE 27"
Depth of Fill (Downslope)	28"	Top of Distribution Pipe or Proprietary Device	-51"	Reference Elevation AGL 0.0"
		Bottom of Disposal Area	-63"	

DISPOSAL AREA CROSS SECTION

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



Site Evaluator Signature

S 364
SE #

10/22/05
Date