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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

City, Town or Plantation	AUGUSTA
Street or Road	RT # 3 No. Belfast Rd.
Subdivision, Lot #	

OWNER/APPLICANT INFORMATION

Name (last, first, MI)	
Owner	RYNOLDS, ROBERT ☐
Applicant	☐
Mailing Address of ☑ Owner ☑ Applicant	RR #1 BOX 6080
	AUGUSTA, ME. 04330
Daytime Tel #	

>> Caution: Permit Required -- Attach In Space Below <<

AUGUSTA 4726 TOWN COPY

Date Permit Issued 8/10/01 $ 100.00 ☐ If Double Fee Charged FEE

Local Plumbing Inspector Signature L.P.I. # 850

Municipal Tax Map # 4 Lot # 158

Owner or Applicant Statement

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.

Signature of Owner or Applicant 8/10/01 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.

Local Plumbing Inspector Signature 8/28/01 Date Approved

PERMIT INFORMATION

TYPE OF APPLICATION

1. ☑ First Time System
2. ☐ Replacement System
   Type Replaced: _____
   Year Installed: _____
3. ☐ Expanded System
   a. ☐ Minor expansion
   ☐ 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 Approval

DISPOSAL SYSTEM COMPONENT(S)

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:

SIZE OF PROPERTY

10 ± ☐ 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

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 gallons

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. ☐ Maybe
2. ☐ Yes >> 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 901.1 (dwelling unit(s)
2. ☐ Table 901.2 (other facilities)

SHOW CALCULATIONS -- for other facilities --

3. ☐ Section 903.0 (meter readings)

ATTACH WATER-METER DATA

SOIL DATA & DESIGN CLASS

PROFILE CONDITION

DESIGN -3 / C / 1

at Observation Hole # 1

Depth 18" Elevation -55"

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

PUMPING

1. ☐ Not Required
2. ☐ May Be Required
3. ☑ Required >> Specify only for engineered or experimental systems:

DOSE: gallons

SITE EVALUATOR STATEMENT

I Certify that on 7/28/01 (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 256 SE # 8/01/01 Date

JOHN PHILBRICK Site Evaluator Name Printed 547-3732 Telephone #

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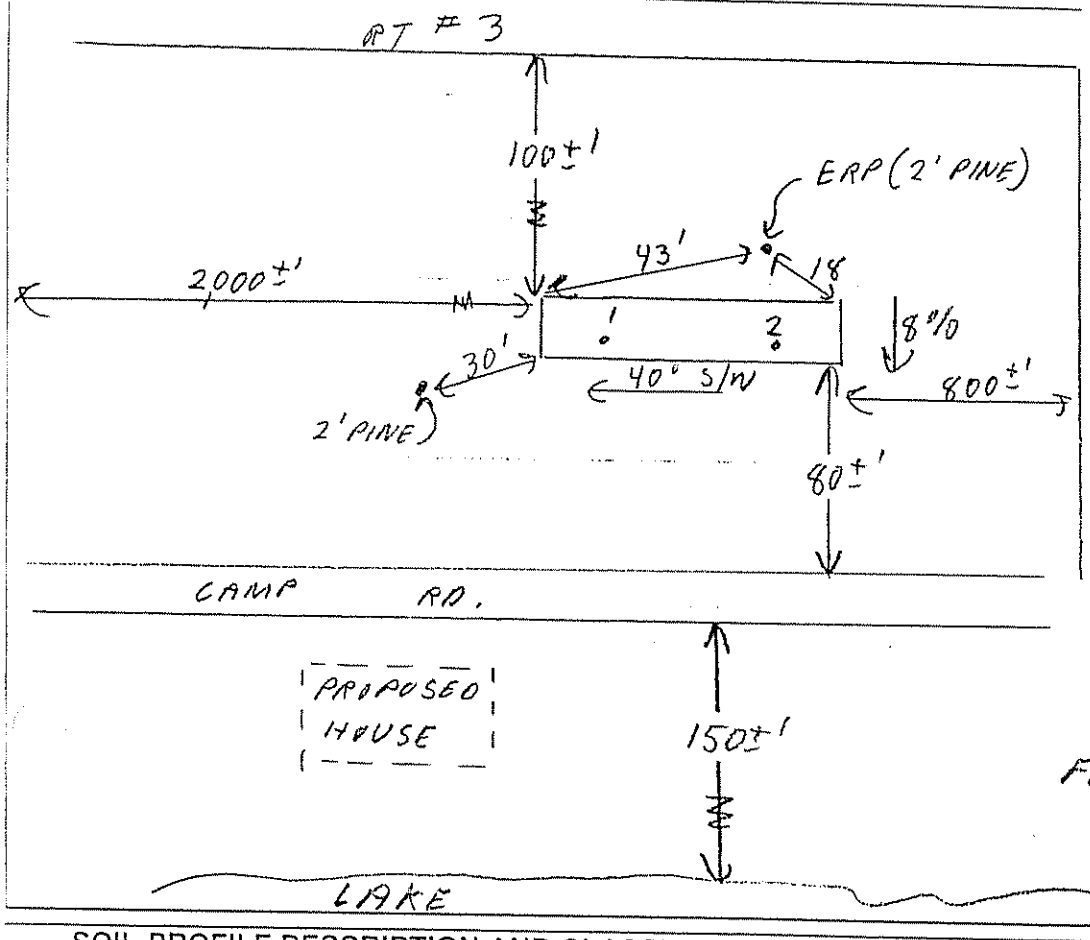
Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5672 FAX (207) 287-4172

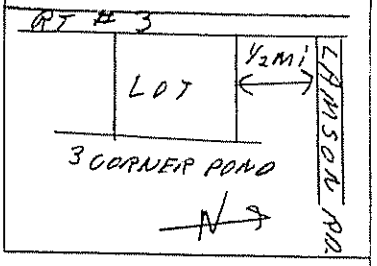
Town, City, Plantation	Street, Road, Subdivision	Owner or Applicant Name
AUGUSTA	RT # 3	ROBERT RYNOLDS

SITE PLAN

Scale: 1" = 50 ft.



SITE LOCATION MAP
(Attach map from Maine Atlas for First Time System Variance)



15'x60' BED
FLAGS MARK
CORNERS

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

Observation Hole # 1 ☑ Test Pit ☐ Boring

2½" Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0	VERY STONY	FRIABLE	DARK BR.	NONE
6			ORANGE	
12	SANDY		BR.	
18	LOAM		YELLOW BR.	
24		FIRM	GRAY	COMMON DISTINCT
30				
36				
42				
48				

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	
3	C	8	18"	☑ Groundwater ☑ Restrictive Layer ☐ Bedrock

Observation Hole # _____ ☐ Test Pit ☐ Boring

_____" Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0				
6				
12				
18		SAME	AS #1	
24				
30				
36				
42				
48				

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	
3	C	8	18"	☑ Groundwater ☑ Restrictive Layer ☐ Bedrock

Site Evaluator Signature _____ SE # _____ Date 8/01/01

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

01040103

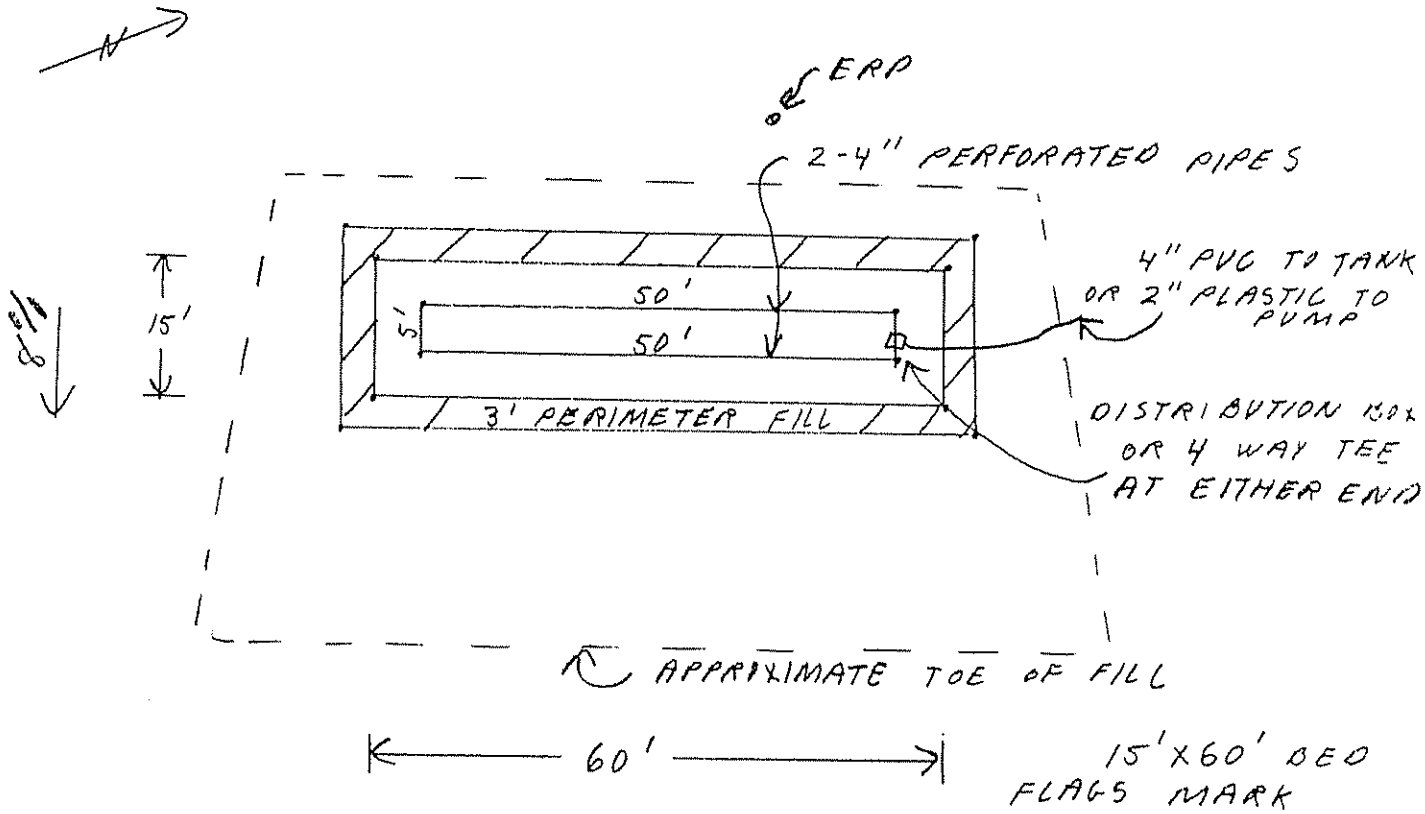
Town, City, Plantation: AUGUSTA

Street, Road, Subdivision: RT # 3

Owner's Name: ROBERT RYNOLDS

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 Ft. or as shown



15'X60' BED
FLAGS MARK CORNERS

FILL REQUIREMENTS

Depth of Fill (Upslope): 18"

Depth of Fill (Downslope): 32"

CONSTRUCTION ELEVATION

Reference Elevation is 0"

Bottom of Disposal Area -43"

Top of Distribution Lines or Chambers -32"

ELEVATION REFERENCE POINT

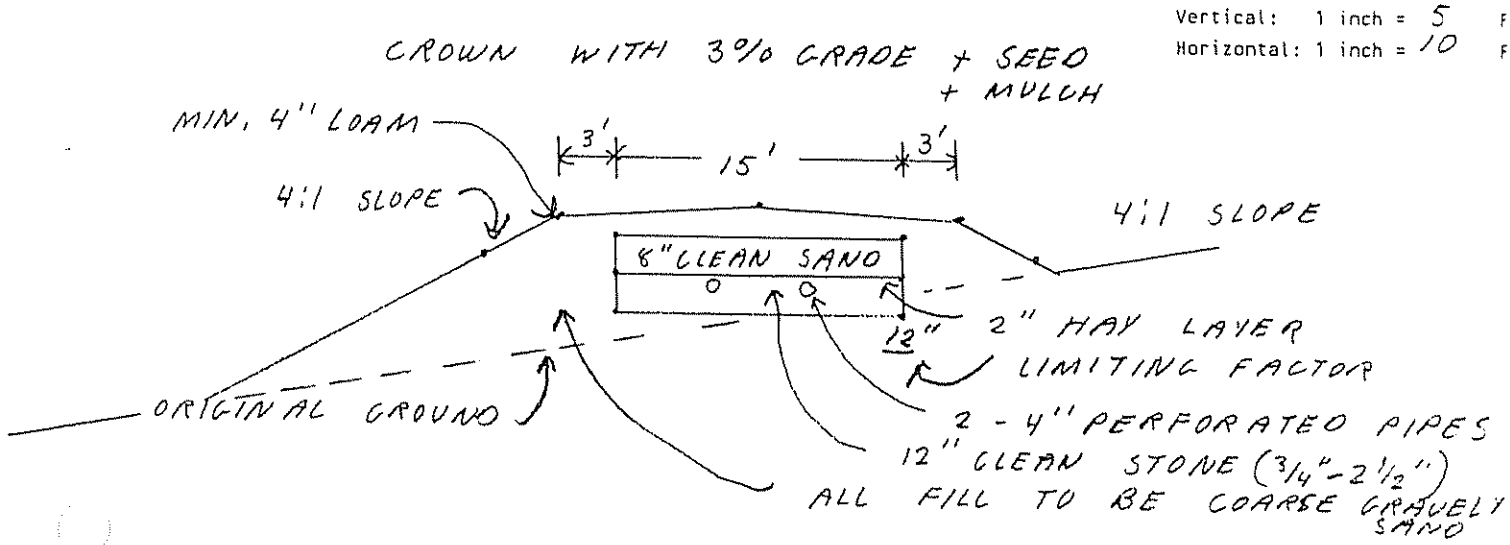
ERP IS IN 2' PINE 15' N/W OF SYSTEM 22" ABOVE GROUND

DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = 5 Ft.

Horizontal: 1 inch = 10 Ft.



Site Evaluator Signature

256
SE#

8/01/01
Date

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