SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept.Health & 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, or Plantation	AUGUSTA
Street or Road	BUCK & DOE TRAIL
Subdivision, Lot #	

AUGUSTA
Date Permit Issued: 2/26/11
Local Plumbing Inspector Signature
PERMIT # 6610 TOWN COPY
$ 250.00 FEE ☐ If Double Fee Charged
L.P.I. # 1850

OWNER/APPLICANT INFORMATION

Name (last, first, MI): D'ERRICO ANNE & MARK ☒ Owner ☐ Applicant

Mailing Address of Owner/Applicant	216 CALEB DRIVE DANVILLE NH 03819
Daytime Tel. #	603-378-0426

Municipal Tax Map # 4A Lot # 3

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 _____

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 2/9/12 (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
9.4 ☐ 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 PROPOSED

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK
- ☒ 1. Concrete
  - ☐ a. Regular
  - ☐ b. Low Profile
- ☐ 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: _____ ☐ 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. Section 503.0 (meter readings)
  ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS
PROFILE CONDITION DESIGN
3 / ADT /
at Observation Hole # _____
Depth 26"
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

LATITUDE AND LONGITUDE
at center of disposal area
Lat. 44 d 20 m 26.5 s
Lon. 69 d 38 m 50.4 s
if g.p.s, state margin of error: ± 9'

SITE EVALUATOR STATEMENT

I certify that on 8-27-11 (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 _____ SE # 398 Date 9-8-11

Site Evaluator Name Printed: TIM WADE
Telephone Number: 547-2086
E-mail Address: WADELOTCADE@GMAIL.COM

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

UBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

...n, City, Plantation	Street, Road Subdivision	Owner's Name
AUGUSTA	BUCK & DOE TRAIL	ANNE & MARK D'ERRICO

SITE PLAN

Scale 1" = _____ Ft. or as shown

SEE Attached PLAN
BY CAREY LAND SURVEYORS

TIES FROM ERP
to CORNER #
1) 68' N 32°W
2) 85' N 19°W

SEE CAREY LAND SURVEYORS
for ADDITIONAL TIE INFORMATION

SITE LOCATION PLAN
(Map from Maine Atlas recommended)

SEE Attached MAP

Current Elevation at CORNER #
1) - 73"
2) - 73"
3) - 86"
4) - 82"

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
0–10	FINE SANDY LOAM	FRIABLE	GREYISH BROWN / REDDISH BROWN	NONE
10–20	LOAMY SAND			
20–30	BEDROCK			
30–40				
40–50				

Soil Classification	Slope	Limiting Factor	
3 (Profile) AIII (Condition)	7 %	26"	☐ 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	FINE SANDY LOAM	FRIABLE	REDDISH BROWN	NONE
10–20				
20–30	BEDROCK			
30–40				
40–50				

Soil Classification	Slope	Limiting Factor	
3 (Profile) AIII (Condition)	5 %	26"	☐ Ground Water ☐ Restrictive Layer ☒ Bedrock ☐ Pit Depth

Jim Wade
Site Evaluator Signature

398
SE #

9-10-11
Date

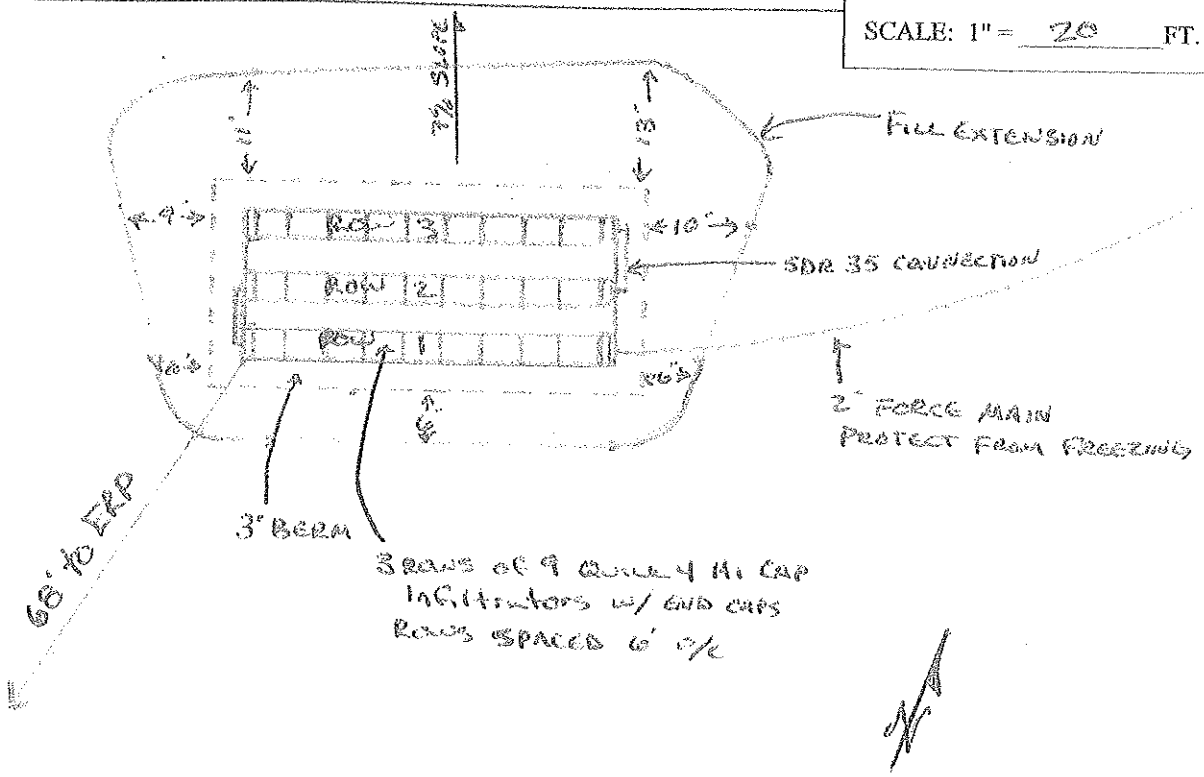
SURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept.Health & Human Services
Division of Environmental Health
(207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation	Street, Road, Subdivision	Owner's Name
AUGUSTA	BUCK & DOE TRAIL	ANNE & MARK D'ERRICO

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 20 FT.

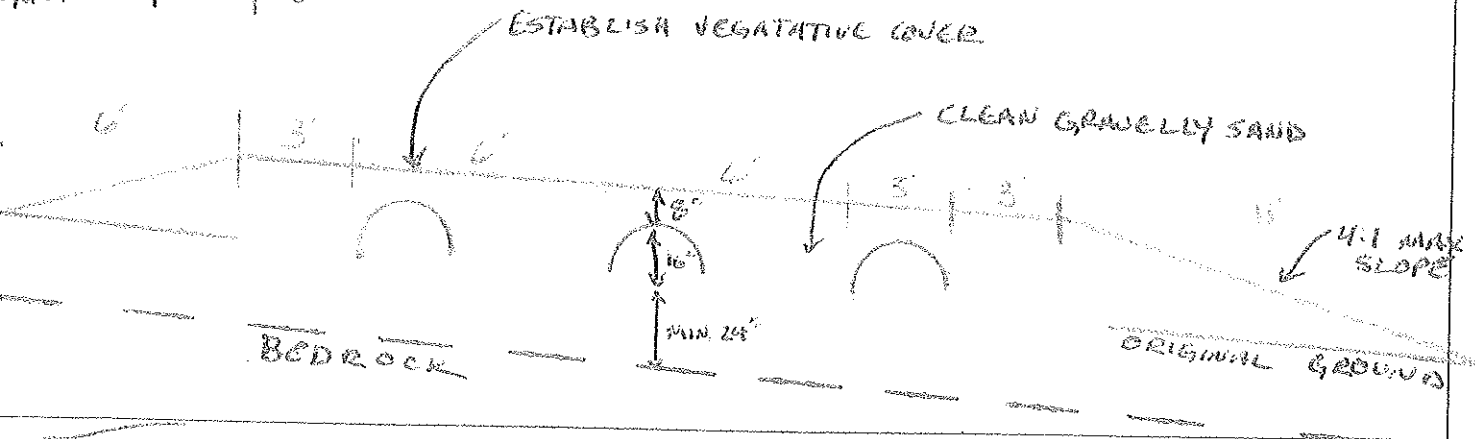


FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT
Depth of Fill (Upslope)	22"	Finished Grade Elevation	SEE	Location & Description: 35" UP ~ 10" BAR
		Top of Distribution Pipe or Proprietary Device	BELOW	
Depth of Fill (Downslope)	24"	Bottom of Disposal Area		Reference Elevation: 0-0"

DISPOSAL AREA CROSS SECTION

Scale
Horizontal 1" = 5 ft.
Vertical 1" = 5 ft.

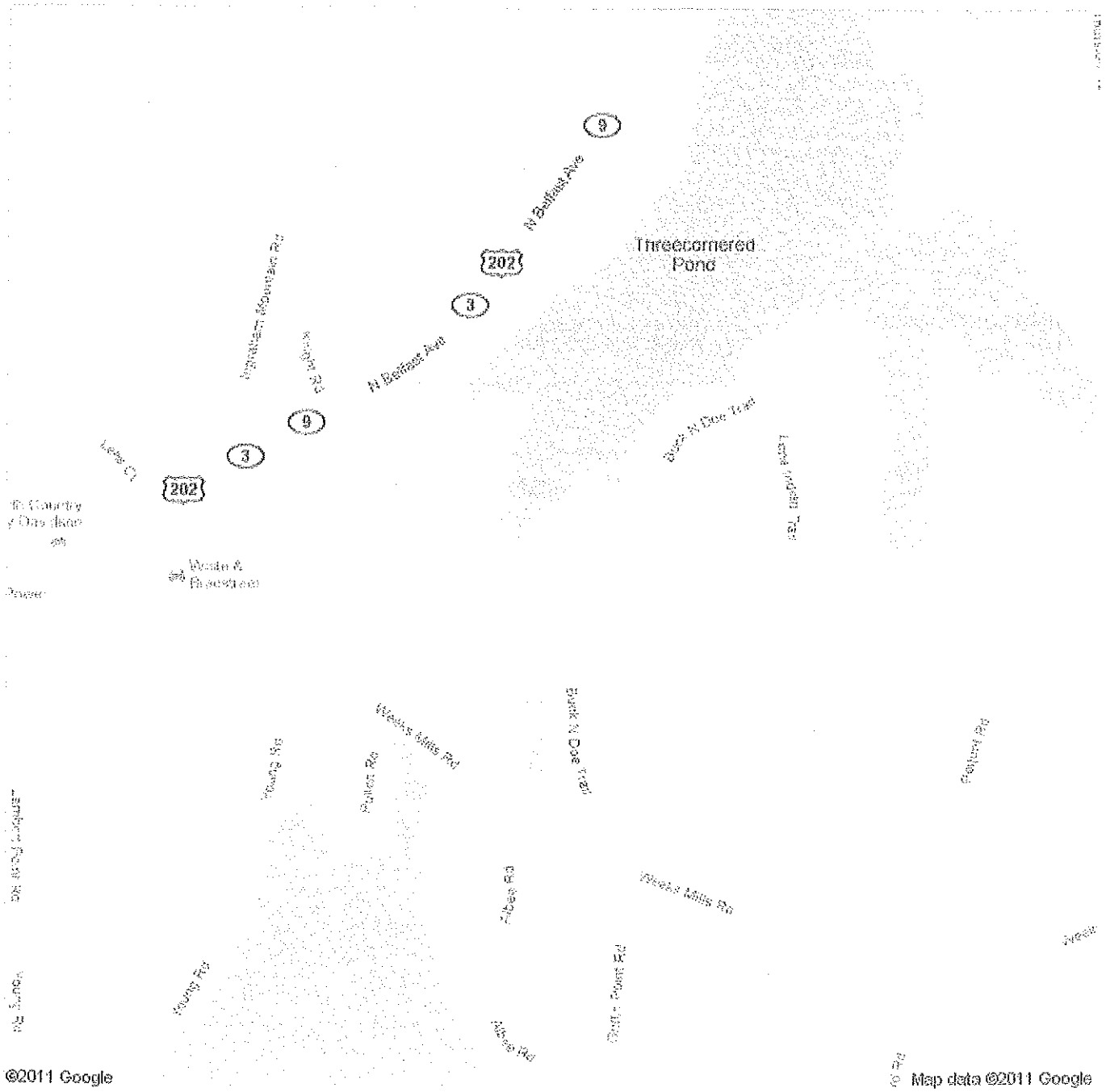
	Row 1	Row 2	Row 3
FG	-51"	-56"	-61"
Top Infil	-59"	-64"	-69"
Bottom System	-75"	-80"	-85"



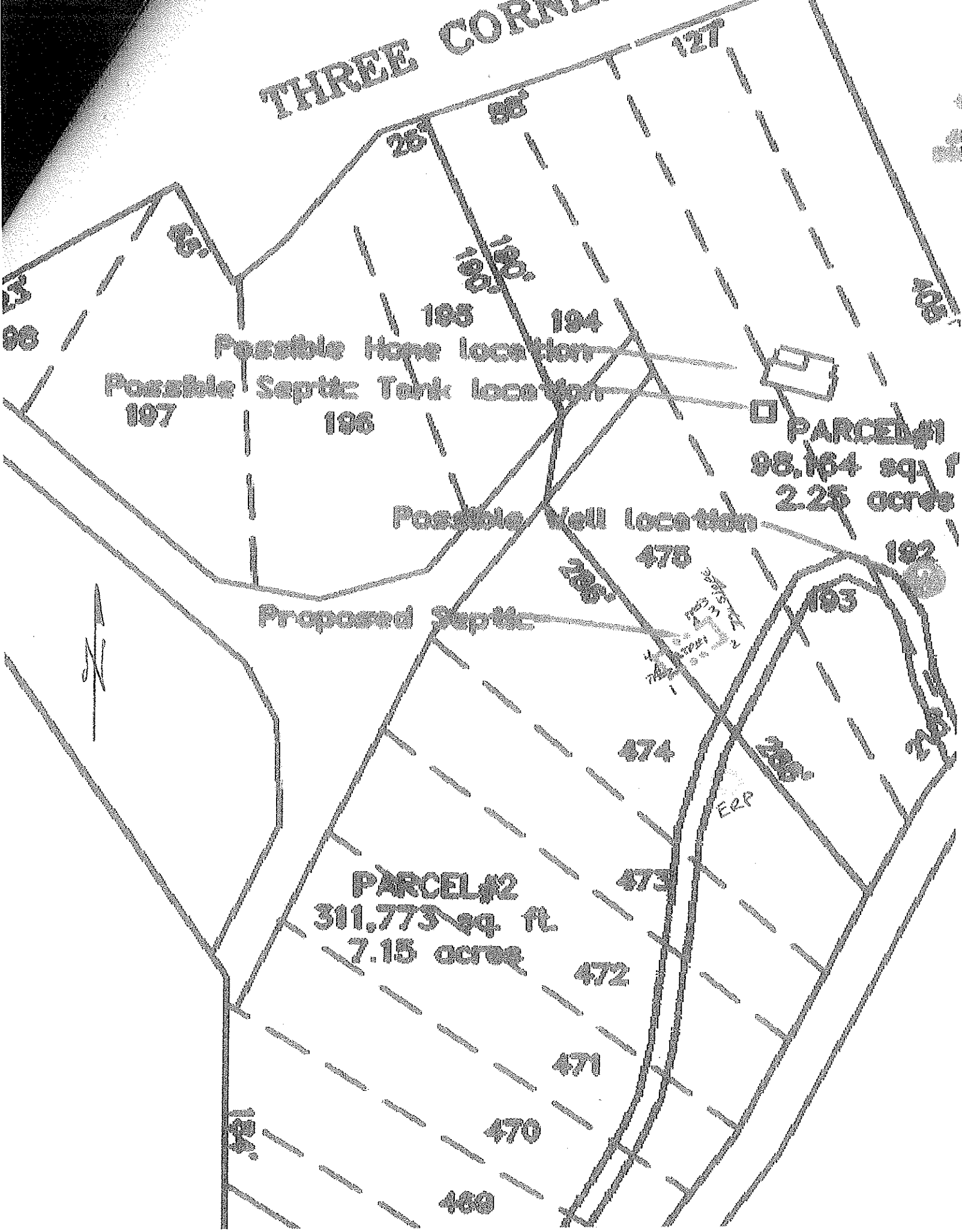
Site Evaluator Signature	SE #	Date
Tom Wade	398	9-10-11

Google maps

Get Google Maps on your phone
Text the word "GMAPS" to 466453



©2011 Google
Map data ©2011 Google


THREE CORNE
127'
88'
25'
195
194
Possible Home location
Possible Septic Tank location
197
196
PARCEL#1
98,164 sq. f
2.25 acres
Possible Well location
475
192
193
Proposed Septic
474
ERP
PARCEL#2
311,773 sq. ft.
7.15 acres
473
472
471
470
469

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept.Health & Human Services
Division of Health Engineering, 10 SHS
(207) 287-5672 Fax: (207) 287-3165

PROPERTY LOCATION

City, Town, or Plantation	AUGUSTA
Street or Road	Rock & Doe Trail
Subdivision, Lot #	

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

AUGUSTA
Date Permit Issued: 9-26-11
Local Plumbing Inspector Signature

PERMIT # 6610 TOWN COPY
$ 250.00 ☐ Double Fee Charged
FEE
L.P.I. # 1560

OWNER/APPLICANT INFORMATION

Name (last, first, MI)	D'Cerico Anne & Mario ☒ Owner ☐ Applicant
Mailing Address of Owner/Applicant	216 Calco Drive
	Dearborn NH 03819
Daytime Tel. #	603-398-0426

Municipal Tax Map # _____ Lot # _____

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 10-1-11

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

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
9.4 ☐ 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 Pond Spring

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK
- ☒ 1. Concrete
  - ☐ a. Regular
  - ☐ b. Low Profile
- ☐ 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: _____ ☐ 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. Section 503.0 (meter readings)
  ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS
PROFILE CONDITION DESIGN
3 / ABC /
at Observation Hole # _____
Depth 20"
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

LATITUDE AND LONGITUDE
at center of disposal area
Lat. 44 d 20 m 26.5 s
Lon. 69 d 38 m 56.4 s
If g.p.s, state margin of error: ± 9'

SITE EVALUATOR STATEMENT

I certify that on 8-27-11 (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 — SE # 398 — Date 9-8-11

Tim Wade
Site Evaluator Name Printed — Telephone Number 547-7086 — E-mail Address Wadeforcade@gmail.com

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

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, or Plantation: AUGUSTA

Street or Road: BUCK & DOE TRAIL

Subdivision, Lot #:

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

The Subsurface Wastewater Disposal System ***shall not*** be installed until a Permit is attached HERE by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

OWNER/APPLICANT INFORMATION

Name (last, first, MI): D'ERRICO ANNE & MARK ☒ Owner ☐ Applicant

Mailing Address of Owner/Applicant: 26 CALEB DRIVE, DANVILLE NH 03819

Daytime Tel. #: 603 - 378 - 0426

Municipal Tax Map # 49A Lot # 3

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 _____

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 _____

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
9.4 ☐ 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 PROPOSED

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK
- ☒ 1. Concrete
  - ☐ a. Regular
  - ☐ b. Low Profile
- ☐ 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: 960 ☒ 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

SOIL DATA & DESIGN CLASS
PROFILE / CONDITION / DESIGN: 3 / C / 1

at Observation Hole # 1

Depth 17 "

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

☐ 3. Section 503.0 (meter readings)
ATTACH WATER METER DATA.

LATITUDE AND LONGITUDE
at center of disposal area

Lat. 44 d 20 m 28.3 s

Lon. 69 d 38 m 53.2 s

if g.p.s, state margin of error: 10'

SITE EVALUATOR STATEMENT

I certify that on 10-22-11 (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: Tim Wade

SE #: 398

Date: 11-1-11

Site Evaluator Name Printed: TIM WADE

Telephone Number: 547-2086

E-mail Address: WADELOTCARE@GMAIL.COM

HHE-200 Rev. 4/05

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept.Health & Human Services
Division of Environmental Health
(207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation	Street, Road, Subdivision	Owner's Name
AUGUSTA	BUCK & DOE TRAIL	ANNE & MARK D'ERRICO

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

TIES TO ERP

CORNER 3 27.0' N34°E

4 28.6' N64°E

ELEVATIONS
1 "88"
2 -72"
3 -53"
4 -84"

ROW 1 ± 20' from Rock Bluff

ROW 3 ± 115' from High Water Mark

SEE CARGY LAND SURVEY PLAN FOR ADDITIONAL INFORMATION (ATTACHED)

SITE LOCATION PLAN
(map from Maine Atlas recommended)

SEE ATTACHED MAP

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

Observation Hole 1 [✓] Test Pit [ ] Boring

1 " Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0–10	FINE	FRIABLE	REDISH BROWN	
10–20	SANDY		YELLOWISH	COMMON
20–30	LOAM	FIRM	BROWN	DISTINCT
30–40		BED ROCK		
40–50				

Soil Classification	Slope	Limiting Factor	
3 Profile, C Condition	12-17 %	12"	[✓] 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				
10–20				
20–30				
30–40				
40–50				

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

Tim Wade — 398 — 11-1-11

Site Evaluator Signature — SE # — Date

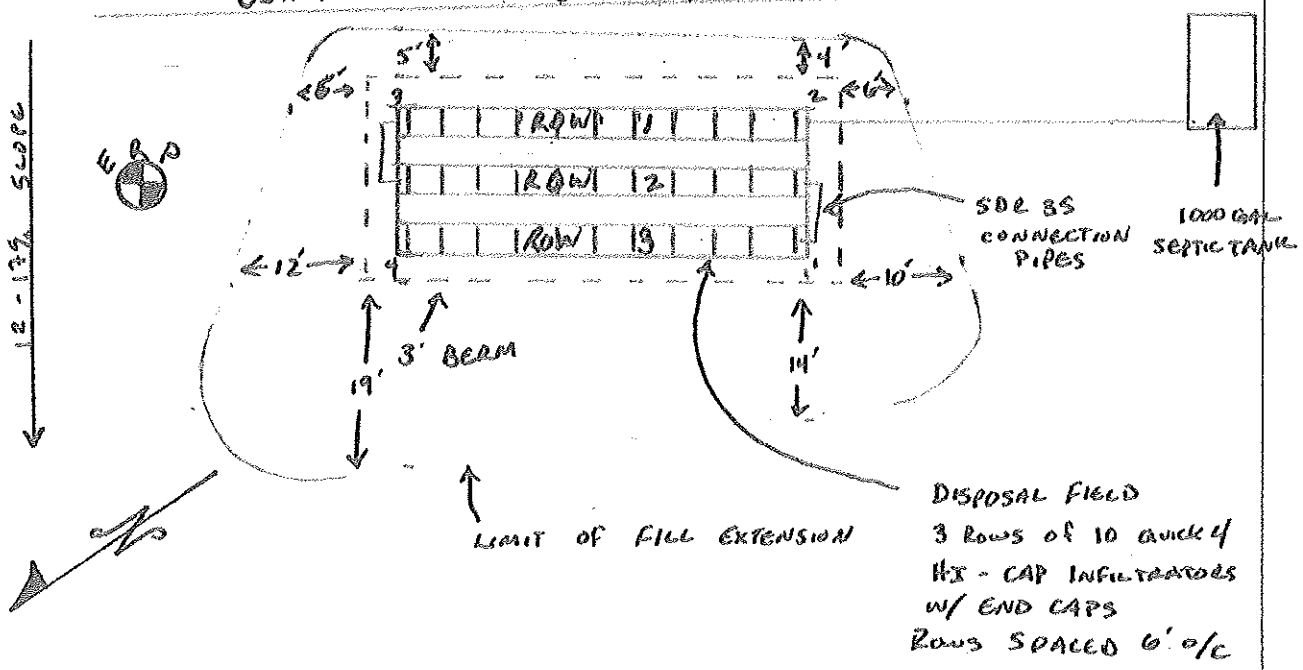
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept.Health & Human Services
Division of Environmental Health
(207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation	Street, Road, Subdivision	Owner's Name
AUGUSTA	BUCK & DOE TRAIL	ANNE & MARK D'ERRICO

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 20 FT.

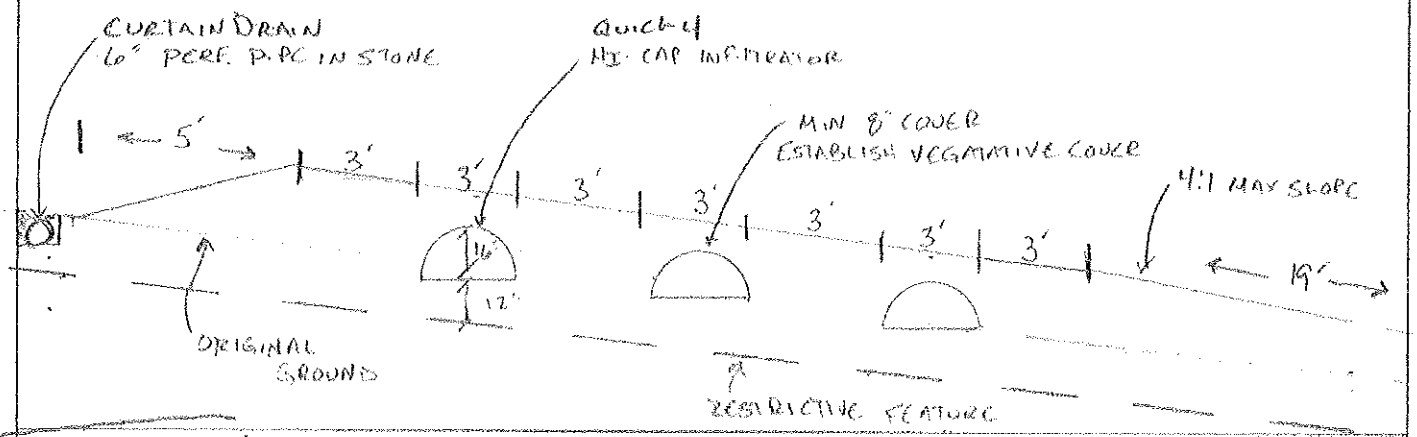


FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT
Depth of Fill (Upslope)	19"	Finished Grade Elevation		Location & Description: NAIL IN 6" BEECH 60" UP FROM GROUND
		Top of Distribution Pipe or Proprietary Device		
Depth of Fill (Downslope)	20"	Bottom of Disposal Area		Reference Elevation: 0-0"

DISPOSAL AREA CROSS SECTION

	Row 1	Row 2	Row 3
Finish Grade	-34"	-42"	-50"
Top	-42"	-50"	-58"
Bottom	-58"	-66"	-74"

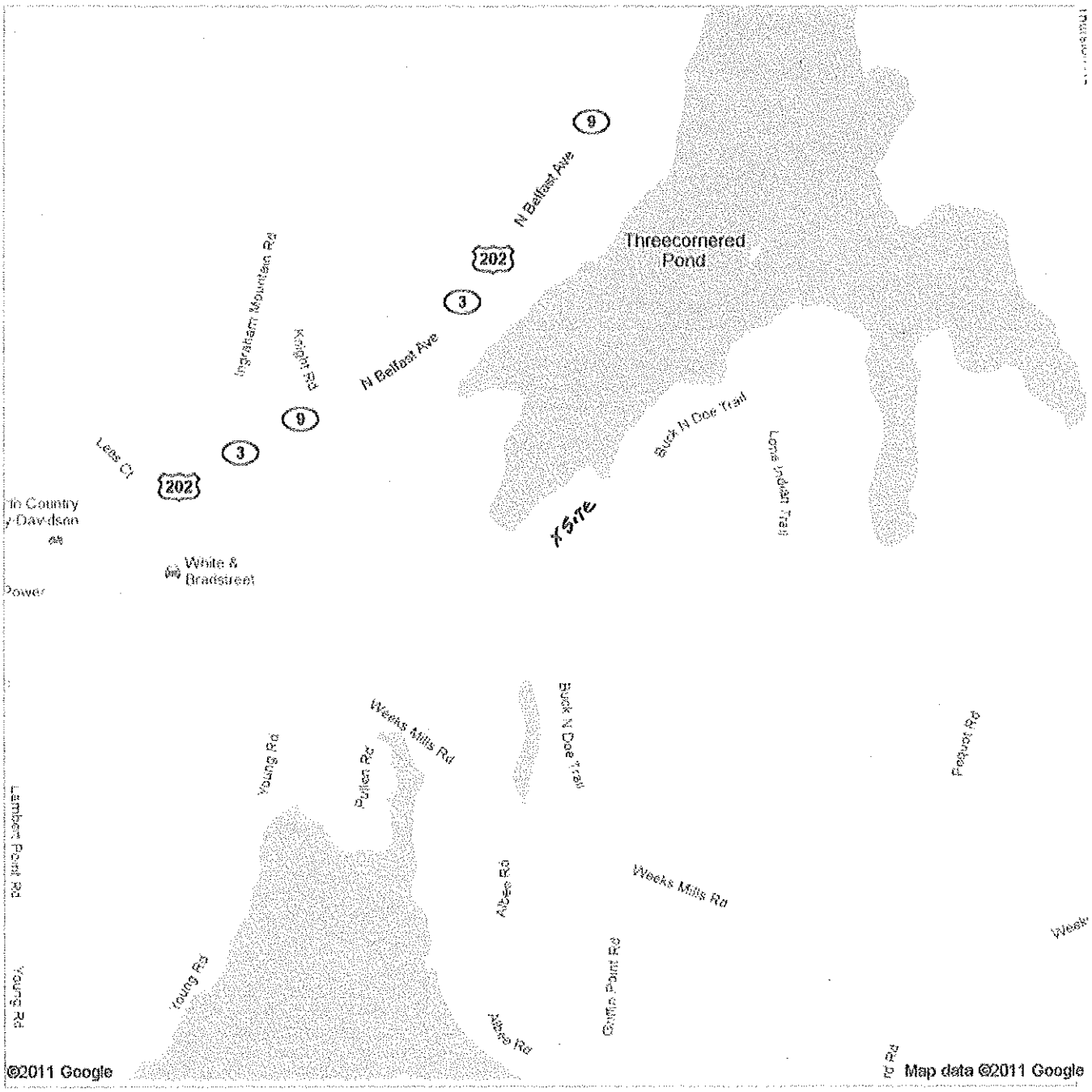
Scale
Horizontal 1" = 5 ft.
Vertical 1" = 5 ft.

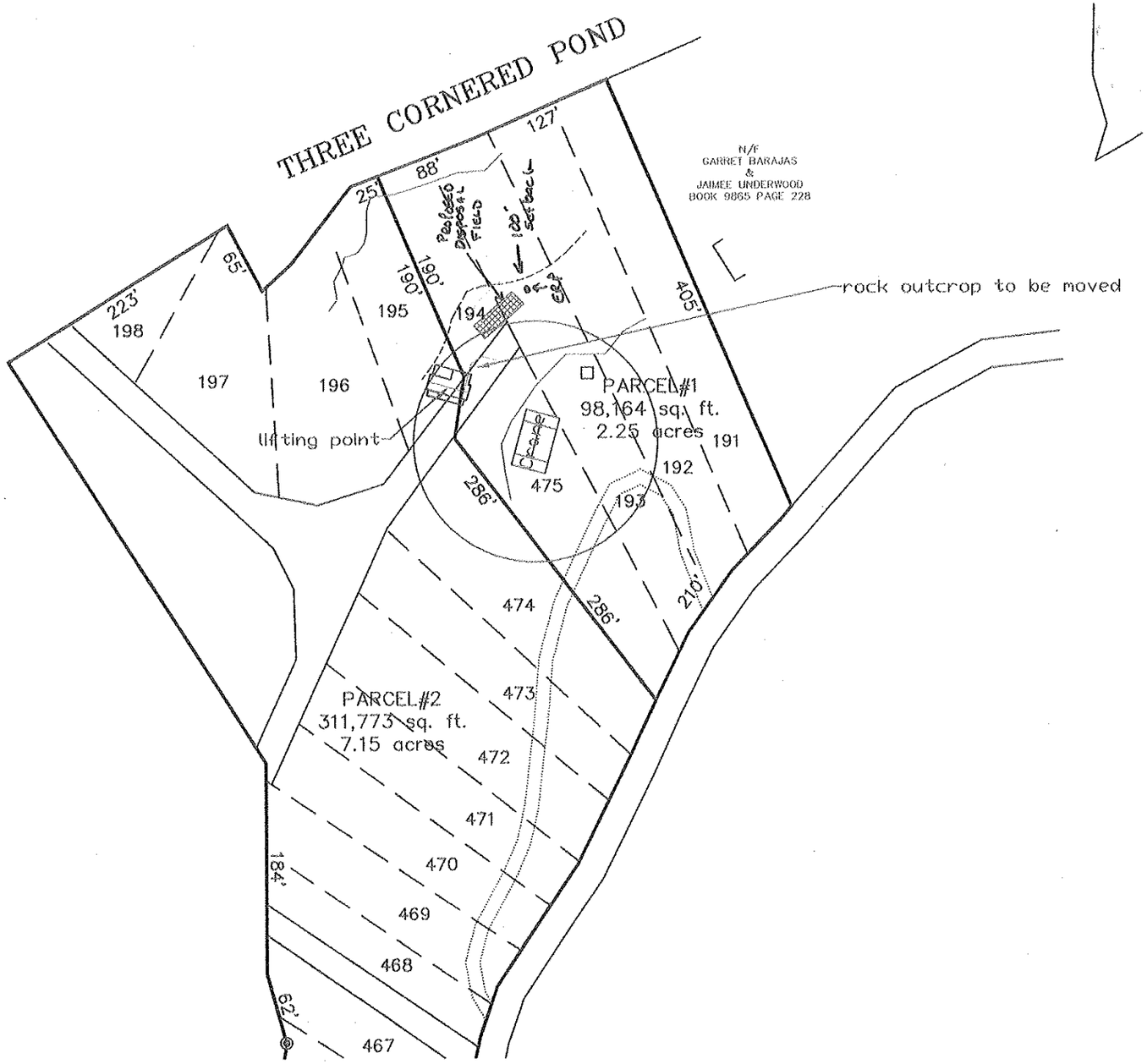


Site Evaluator Signature	SE #	Date
[signature]	398	11-1-11

Google maps

Get Google Maps on your phone
Text the word "GMAPS" to 466453




THREE CORNERED POND
N/F
GARRET BARAJAS
&
JAIMEE UNDERWOOD
BOOK 9865 PAGE 228
127'
88'
25'
65'
223'
198
197
196
195
194
190'
190'
Proposed Disposal Field
100' setback
ERP
405'
rock outcrop to be moved
lifting point
PARCEL#1
98,164 sq. ft.
2.25 acres
191
192
193
475
286'
286'
210'
474
473
472
471
470
469
468
467
PARCEL#2
311,773 sq. ft.
7.15 acres
184'
62'