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: BUCK + DOE TRAIL
Subdivision, Lot #:

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

The Permit will

AUGUSTA 4720 TOWN COPY
Date Permit Issued: 8/1/01 $ 100.00 FEE ☐ If Double Fee Charged
Local Plumbing Insector Signature L.P.I. # 850 Ins.

OWNER/APPLICANT INFORMATION

Name (last, first, MI)
Owner: BRANN, BETTY ☐
Applicant ☐

Mailing Address of ☒ Owner ☐ Applicant: RR#10 Box 985, AUGUSTA, ME 04330

Daytime Tel #: 626-2400

Municipal Tax Map # 4A Lot # 22

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.

Betty L. Brann 8/1/01
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 — 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

SIZE OF PROPERTY
± 2 ☐ sq. ft. ☒ acres

SHORELAND ZONING
☒ Yes ☐ No

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 TO SERVE
1. ☒ Single Family Dwelling Unit, No. of Bedrooms: 2
2. ☐ Multiple Family Dwelling, No. of Units: ____
3. ☐ Other: ____ SPECIFY

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: ____

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 1000 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. ENVIRO SEPTIC

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
180 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
8 C 1
at Observation Hole # 2
Depth 16" Elevation ____
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 7/10/01 (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).

Vaughn L. Smith
Site Evaluator Signature — Date 7/18/01

VAUGHN L. SMITH
Site Evaluator Name Printed — Telephone # 622-0635

STATE OF MAINE VAUGHN L. SMITH LICENSED SITE EVALUATOR 226

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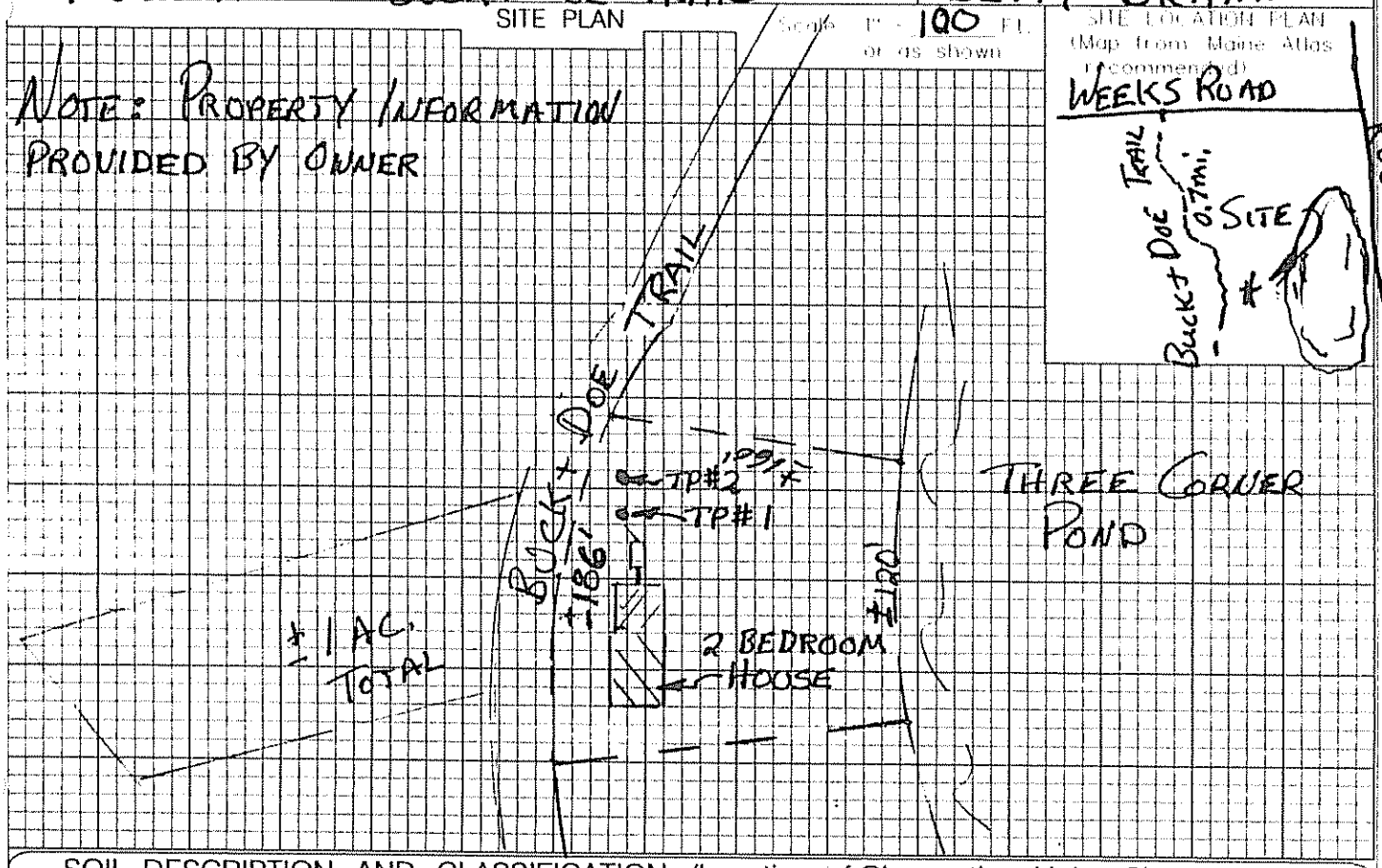
Owner's Name: BETTY BRANN

SITE PLAN — Scale 1" = 100 FT. or as shown



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	GRAVELLY	FRIABLE	DARK BROWN / YELLOWISH BROWN	NONE
10–20	SANDY			
20–30	LOAM	FIRM	PALE OLIVE	FEW FAINT
30–40				
40–50				

Soil Classification: Profile 3, Condition C; Slope 4 %; Limiting Factor 17"; ☒ 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	SANDY LOAM	FRIABLE	DARK BROWN / OLIVE BROWN	NONE
10–20	VERY			
20–30	FINE	FIRM	PALE OLIVE	FEW FAINT
30–40	SANDY			
40–50	LOAM			

Soil Classification: Profile 6, Condition C; Slope 3 %; Limiting Factor 16"; ☒ Ground Water ☒ Restrictive Layer ☐ Bedrock ☐ Pit Depth

STATE OF MAINE — VAUGHN L. SMITH — LICENSED SITE EVALUATOR — 226

Site Evaluator Signature: Vaughn L. Smith
Date: 7/18/01

HHE-200 Rev. 7/97

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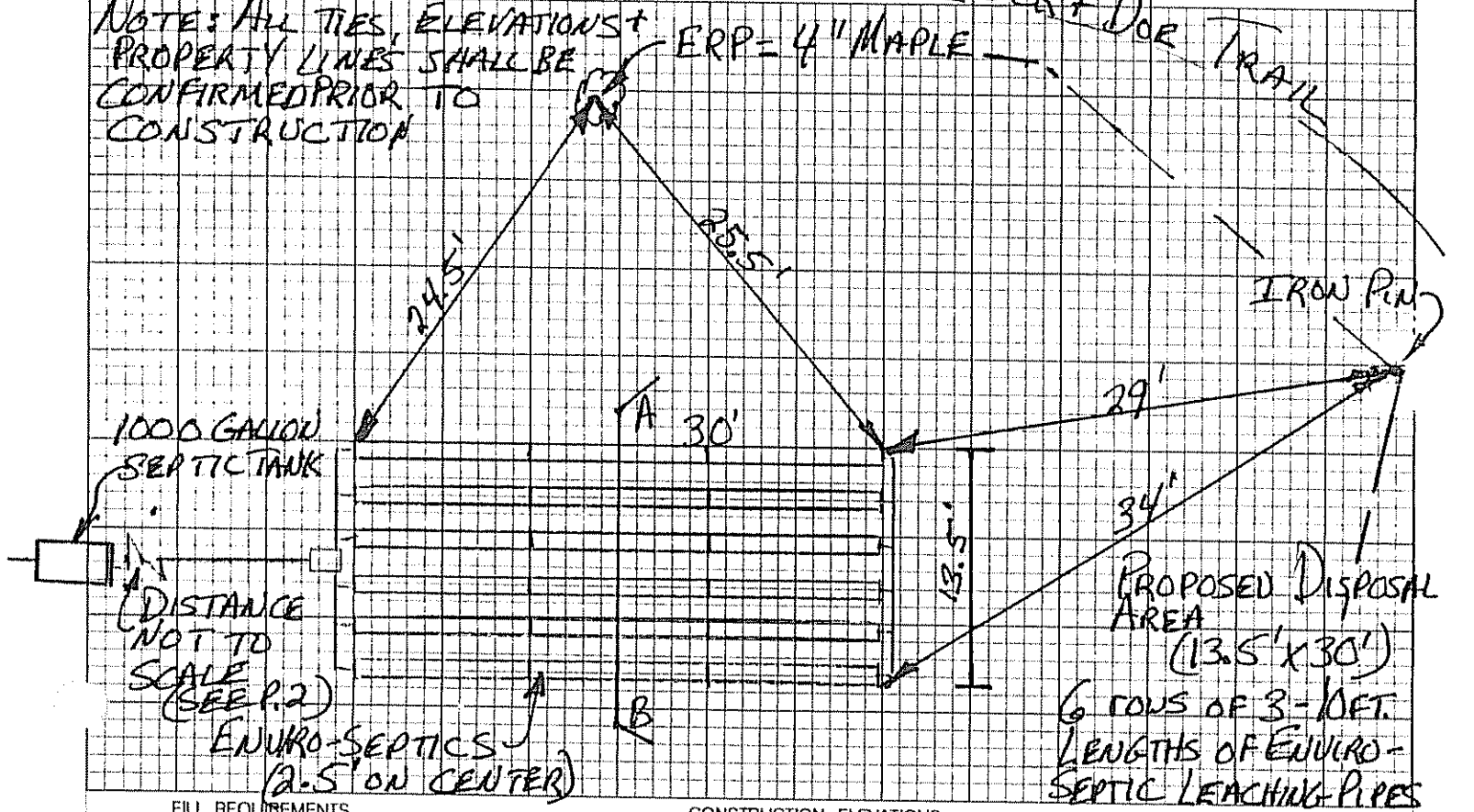
SUBSURFACE WASTEWATER DISPOSAL PLAN BUCK + DOE TRAIL

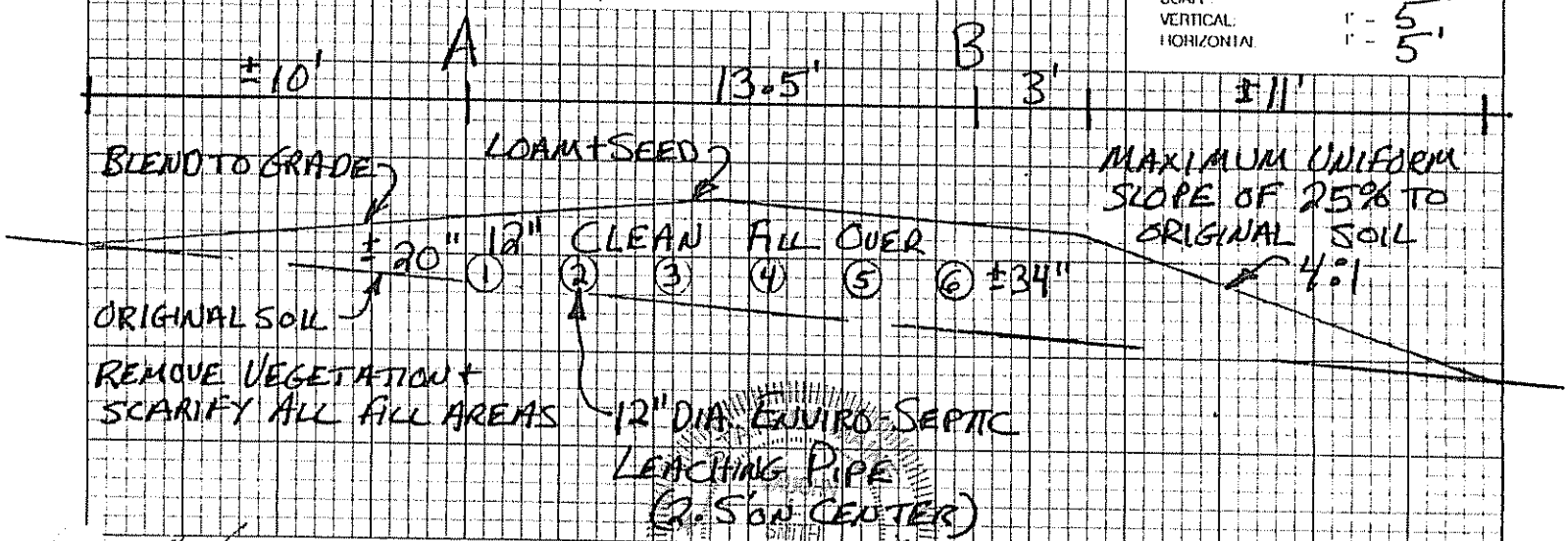
SCALE 1" = 10 FT



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT	
Depth of Fill (Upslope)	20"	Finished Grade Elevation	-44"	Location & Description	ERP = 4" MAPLE W/NAIL 40" A.G.
Depth of Fill (Downslope)	34"	Top of Distribution Pipe or Proprietary Device	-56"	Reference Elevation	0"
FILL DEPTHS WILL VARY		Bottom of Disposal Area	-68"		

DISPOSAL AREA CROSS SECTION

SCALE: VERTICAL: 1" = 5'; HORIZONTAL: 1" = 5'



Vaughn L. Sutton
Site Evaluator Signature

226

7/18/01
Date

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