

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

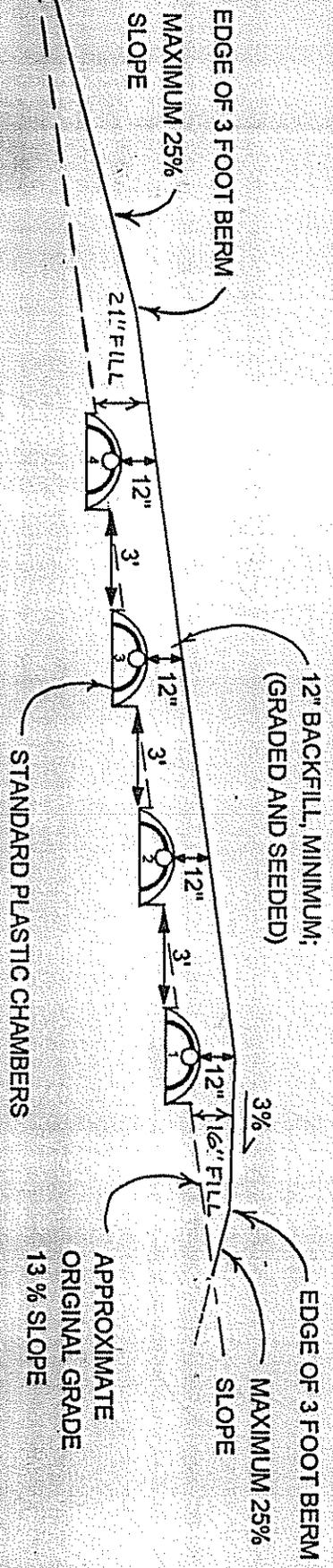
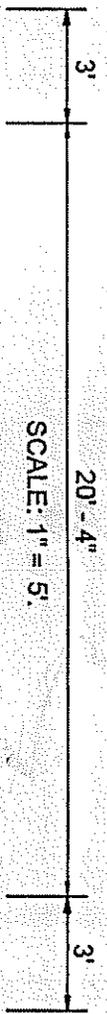
So-05-011

<b>PROPERTY LOCATION</b>		<b>&gt;&gt; CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW &lt;&lt;</b>	
City, Town, or Plantation	AUGUSTA	AUGUSTA Date Permitted Issued: <u>8/22/05</u> \$ <u>1000.00</u> <input type="checkbox"/> If Double Fee Charged Permit # <u>5617</u> TOWN COPY L.P.I. # <u>850</u> Signature: <u>Mary R. Galloway</u> Local Plumbing Inspector/Signature	
Street or Road	ROUTE 3 <u>2689</u>		
Subdivision, Lot #	<u>No. Bellport Ave</u>		
<b>OWNER/APPLICANT INFORMATION</b>		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 _____	
Name (last, first, MI)	GRODY, DAVID <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant		
Mailing Address of Owner/Applicant	6 EASTERN AVENUE AUGUSTA, ME. 04330		
Daytime Tel. #		Municipal Tax Map # <u>7</u> Lot # <u>71A</u>	
<b>OWNER OR APPLICANT STATEMENT</b>		<b>CAUTION: INSPECTION REQUIRED</b>	
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: <u>David Grody</u> Date: <u>8/9/05</u>			
<b>PERMIT INFORMATION</b>			
<b>TYPE OF APPLICATION</b>	<b>THIS APPLICATION REQUIRES</b>	<b>DISPOSAL SYSTEM COMPONENTS</b>	
<input checked="" type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type replaced: _____ Year installed: _____ <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. Minor Expansion <input type="checkbox"/> b. Major Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	<input checked="" type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	<input checked="" type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: _____ <input type="checkbox"/> 4. Non-engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pre-treatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous Components	
<b>SIZE OF PROPERTY</b>	<b>DISPOSAL SYSTEM TO SERVE</b>	<b>TYPE OF WATER SUPPLY</b>	
3.5 ± <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES	<input type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: _____ <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input checked="" type="checkbox"/> 3. Other: <u>DENTIST OFFICE</u> (specify) Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	<input checked="" type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other	
<b>SHORELAND ZONING</b>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)</b>			
<b>TREATMENT TANK</b>	<b>DISPOSAL FIELD TYPE &amp; SIZE</b>	<b>GARBAGE DISPOSAL UNIT</b>	<b>DESIGN FLOW</b>
<input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: <u>1000</u> GAL.	<input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. cluster array <input checked="" type="checkbox"/> c. Linear <input type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE: <u>200</u> <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> lin. ft.	<input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> a. multi-compartment tank <input type="checkbox"/> b. _____ tanks in series <input type="checkbox"/> c. increase in tank capacity <input checked="" type="checkbox"/> d. Filter on Tank Outlet	<u>315</u> gallons per day BASED ON: <input type="checkbox"/> 1. Table 501.1 (dwelling unit(s)) <input checked="" type="checkbox"/> 2. Table 501.2 (other facilities) SHOW CALCULATIONS — for other facilities — 2 MEDICAL STAFF @ 80 GPD/EA. = 160 GPD 5 GENERAL STAFF @ 15 GPD/EA. = 75 GPD 16 PATIENTS @ 5 GPD/EA. = 80 GPD 315 GPD <input type="checkbox"/> 3. Section 503.0 (meter readings) ATTACH WATER METER DATA
<b>SOIL DATA &amp; DESIGN CLASS</b>	<b>DISPOSAL FIELD SIZING</b>	<b>EFFLUENT/EJECTOR PUMP</b>	
PROFILE CONDITION DESIGN <u>3, C, 1, 1</u> at Observation Hole # <u>TP</u> Depth <u>20"</u> of Most Limiting Soil Factor	<input type="checkbox"/> 1. Small—2.0 sq. ft. / gpd <input type="checkbox"/> 2. Medium—2.6 sq. ft. / gpd <input checked="" type="checkbox"/> 3. Medium—Large 3.3 sq. ft. / gpd <input type="checkbox"/> 4. Large—4.1 sq. ft. / gpd <input type="checkbox"/> 5. Extra Large—5.0 sq. ft. / gpd	<input type="checkbox"/> 1. Not Required <input checked="" type="checkbox"/> 2. May Be Required <input type="checkbox"/> 3. Required Specify only for engineered systems: DOSE: _____ gallons	
<b>SITE EVALUATOR STATEMENT</b>			
I certify that on <u>2/9/05</u> (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: <u>Terry Adams</u>		SE #: <u>137</u>	Date: <u>2/14/05</u>
Site Evaluator Name Printed: <u>TERRY ADAMS</u>		Telephone Number: <u>(207) 395-3029</u>	E-mail Address: <u>adamster@ctel.net</u>
Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.			

## NOTES FROM THE SITE EVALUATOR

1. Systems shall be installed in accordance with the Maine State Plumbing Code.
2. Remove vegetation from the proposed disposal area and scarify original ground before placing fill.
3. Fill shall be clean, coarse sand to gravelly sand. See section 804.2 of the Maine Subsurface Waste Water Disposal rules.
4. All stone shall be uniform size and free of fines.
5. Site shall be graded in a manner, which will divert surface water from the bed.
6. Grass, clover, trefoil, vetch, perennial wild flowers or other herbaceous perennials may be planted on disposal area surfaces. Woody shrubs in conjunction with a hardy perennial ground cover may only be used on fill extensions.
7. If this application includes a new system variance request, it is assumed that this site is not part of a proposed subdivision.
8. "Permit By Rule" – When the toe of fill for a system extends closer than 100' to a wetland or water body, even though the system itself is 100' or more from the wetland or water body; or, when a system requires a Replacement System Variance, the applicant may be required to file a "Permit By Rule" notification form or a complete application form with the Department of Environmental Protection. "Permit by Rule" does not take the place of any other local, state or federal approvals, which may be needed for the proposed activity. In specific instances, the activity may require a shoreland zoning permit from the town, a lease from the Bureau of Public Lands, if the work extends onto state owned submerged lands or a permit from the U.S. Army Corps of Engineering.
9. If a system requires a pump, it shall be vented in accordance with standard practice. It is recommended that the required audible high water alarm be installed on the premises on a different electrical circuit from the pump.
10. As a general rule, a septic tank should be cleaned every two years. It is recommended that no commercial septic tank additives be used.
11. Unless otherwise stated this design does not provide for the use of a garbage disposal. If one is to be added, contact the site evaluator in order that they may alter the design to accommodate the change.
12. This site evaluation and design has been done in compliance with the Maine State Plumbing Code. The approval and/or design may be subject to more restrictive local ordinances. The Local Plumbing Inspector is to be contacted for final review approval.
13. By signature on this application, the client agrees with the location of lot lines, wells and other physical features shown and further agrees to limit the liability of the site evaluator to the original cost of installation of the system or the total fee for services rendered on this project, whichever is greater.
14. This site evaluation and septic design has been done for the owner or applicant shown on page 1 and for the structure as described to the site evaluator. Any change in ownership, house location or other data shown on the HHE 200 form will make this design null and void.

# PLASTIC CHAMBER CROSS SECTION 13% SECTION A - A



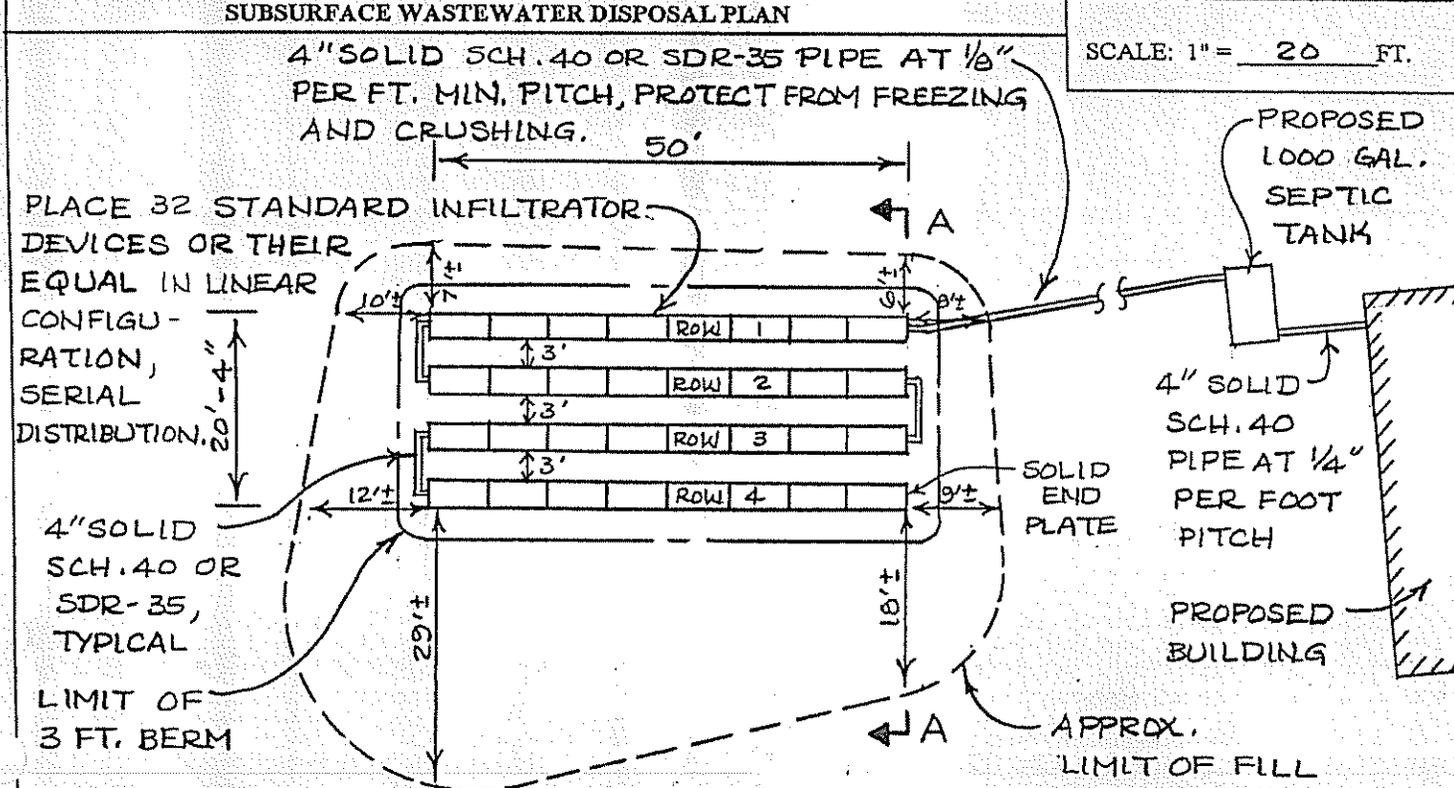
BM: 0"

FINISHED GRADE:	ROW 1	ROW 2	ROW 3	ROW 4
TOP OF PLASTIC CHAMBERS:	-34"	-43 1/2"	-53"	-62 1/2"
BOTTOM OF PLASTIC CHAMBERS:	-58"	-67 1/2"	-77"	-86 1/2"

OWNER: DAVID GRODY  
 LOCATION: AUGUSTA

*Terry Adams*  
 TERRY ADAMS      S.E.# 132      DATE 2/14/05

<b>SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION</b>		Department of Human Services Division of Health Engineering (207) 287-5672 Fax: (207) 287-3165
Town, City, Plantation <b>AUGUSTA</b>	Street, Road, Subdivision <b>ROUTE 3</b>	Owner's Name <b>DAVID GRODY</b>



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT
Depth of Fill (Upslope) <u>16"-20"</u>	Finished Grade Elevation	(See attached X-sec) Location & Description: BM' NAIL 1'-8" ABOVE GROUND IN HEMLOCK TREE
Depth of Fill (Downslope) <u>21"-26"</u>	Top of Distribution Pipe or Proprietary Device	Reference Elevation: <u>0"</u>
	Bottom of Disposal Area	

**DISPOSAL AREA CROSS SECTION**

Scale  
Horizontal 1" = \_\_\_ ft.  
Vertical 1" = \_\_\_ ft.

(SEE ATTACHED CROSS SECTION A-A)



**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Department of Human Services  
Division of Health Engineering  
(207) 257-5672 FAX (207) 257-4172

Town, City, Plantation  
**AUGUSTA**

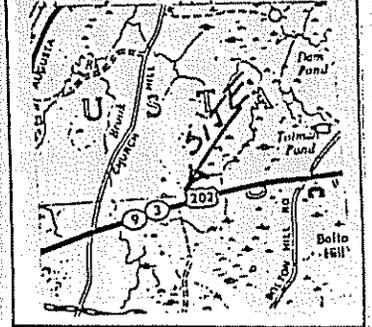
Street, Road, Subdivision  
**ROUTE 3**

Owner's Name  
**DAVID GRADY**

**SITE PLAN**

Scale 1" = 50 Ft.  
or as shown

**SITE LOCATION PLAN**



(SEE ATTACHED SITE PLAN)

**SOIL DESCRIPTION AND CLASSIFICATION**

(Location of Observation Holes Shown Above)

Observation Hole TP  Test Pit  Boring  
0" Depth of Organic Horizon Above Mineral Soil

Observation Hole       Test Pit  Boring  
" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0			BROWN	
10				NONE
15	SANDY	FRIABLE	REDDISH	
20	LOAM			EVIDENT
25		VERY FIRM	LIGHT BROWN	
35	DEPTH OBSERVED			

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0				
10				
20				
30				
40				
50				

Soil Classification 3 Slope 13-16% Limiting Factor 20"  
Profile C Condition     

Soil Classification      Slope      Limiting Factor       
Profile      Condition     

*David Grady*  
Site Evaluator Signature

132  
SE

2/14/05  
Date