86-86

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

et or Road: 196 Bolton Hill Rd.

Subdivision, Lot #: Michaud Subdiv. Lot #1

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

AUGUSTA 4465 TOWN COPY
Date Permit Issued: 8-12-99 $ 100 ☐ If Double Fee Charged
FEE
Local Plumbing Inspector Signature: [signature] L.P.I. # 85D

OWNER/APPLICANT INFORMATION

Name (last, first, MI): Telesis Housing Corp (Owner / Applicant)

Mailing Address of ☒ Owner ☐ Applicant: P.O. Box 1123, 138 St. John St., Portland, Me 04104

Daytime Tel. #:

Municipal Tax Map # 7 Lot # 99E

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: [signature] Date:

Caution: Inspections 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: [signature] (1st) Date Approved: 1-5-01

(2nd) Date Approved:

PERMIT INFORMATION

TYPE OF APPLICATION

1. ☒ First Time System
2. ☐ Replacement System
   Type Replaced: ____
   Year Installed: ____
3. ☐ Expanded System
   a. ☐ One-time exempted
   b. ☐ Non-exempted
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:
12. ☐ Miscellaneous components

SIZE OF PROPERTY

5.06± ☐ sq. ft. ☒ acres

DISPOSAL SYSTEM TO SERVE

1. ☒ Single Family Dwelling Unit, No. of Bedrooms: 6
2. ☐ Multiple Family Dwelling, No. of Units: ____
3. ☐ Other: ____ (SPECIFY)

SHORELAND ZONING

☐ Yes ☒ No

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 6 Bedrooms
   a. ☒ Regular
   b. ☐ Low Profile
2. ☐ Plastic
3. ☐ Other: ____

CAPACITY 1500 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 784 ☒ sq. ft. ☐ lin. ft.

GARBAGE DISPOSAL UNIT

1. ☐ No 3. ☒ 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

540 gallons per day

BASED ON:
1. ☐ Table 501.1 (dwelling unit(s)
2. ☐ Table 501.2 (other facilities)

SHOW CALCULATIONS – for other facilities –

6 bedrooms @ 90 gpd/eq.
540 gpd.

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

SOIL DATA & DESIGN CLASS

PROFILE	CONDITION	DESIGN
3	C	1

at Observation Hole # TP-13
Depth 30" Elevation -96"
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 11/19/99 (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: [signature] SE # 046 Date: 11/19/99

Site Evaluator Name Printed: Albert E. Hodsdon III Telephone #: 873-5164

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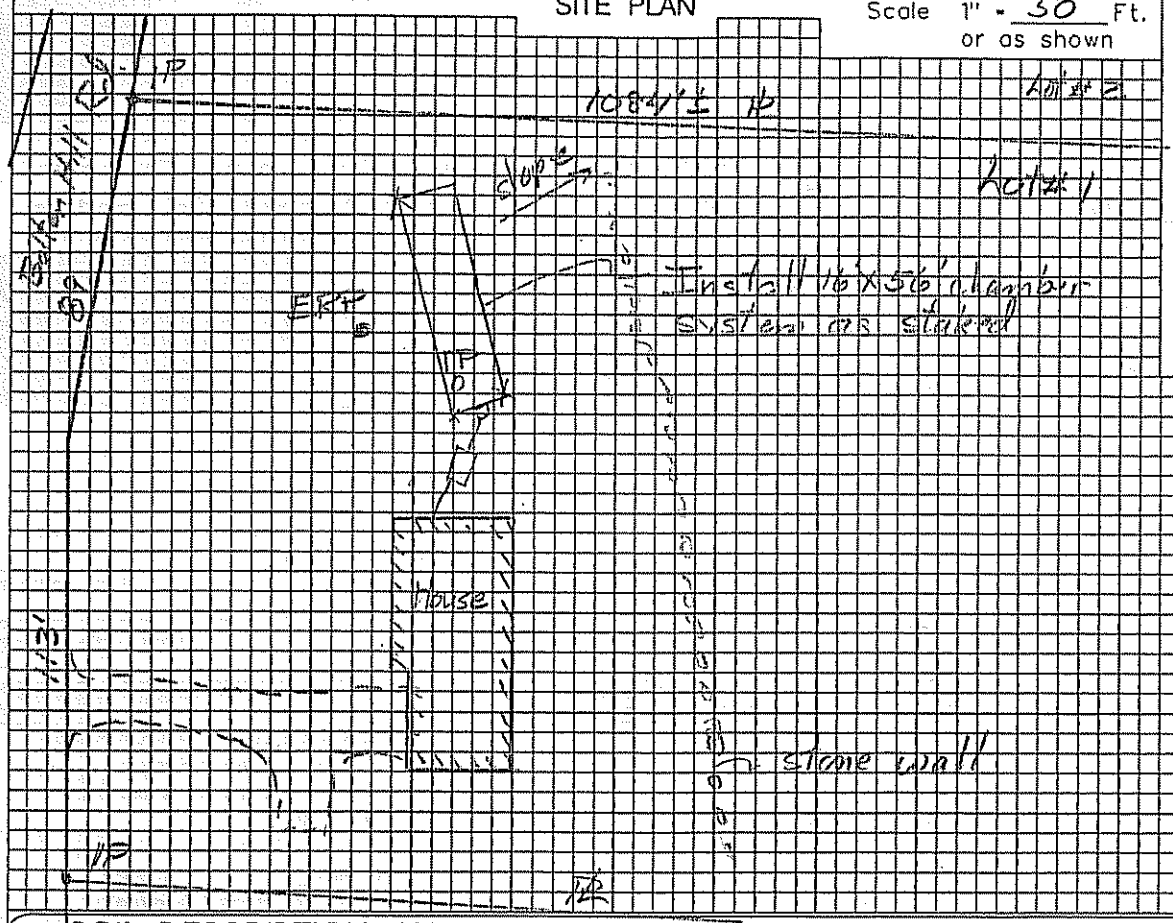
Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX (207) 287-4172

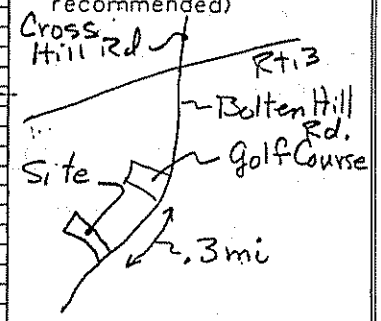
Town, City, Plantation: Augusta | Street, Road, Subdivision: Bolton Hill Road | Owner's Name: Telesis Housing Corp.

SITE PLAN

Scale 1" = 50 Ft. or as shown



SITE LOCATION PLAN (Map from Maine Atlas recommended)



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

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

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0	Sandy Loam	Loose	Red Bn	
10			Bn.	
20			Lt. Bn	
30	Stones.		Olive Bn	Faint @ 30"
40				
50				

Soil Classification		Slope	Limiting Factor	
3	C	16-17%	30"	☒ Ground Water
Profile	Condition			☐ 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				
20				
30				
40				
50				

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

Albert E. Hodsdon — Site Evaluator Signature
046 — SE #
11/19/99 — Date

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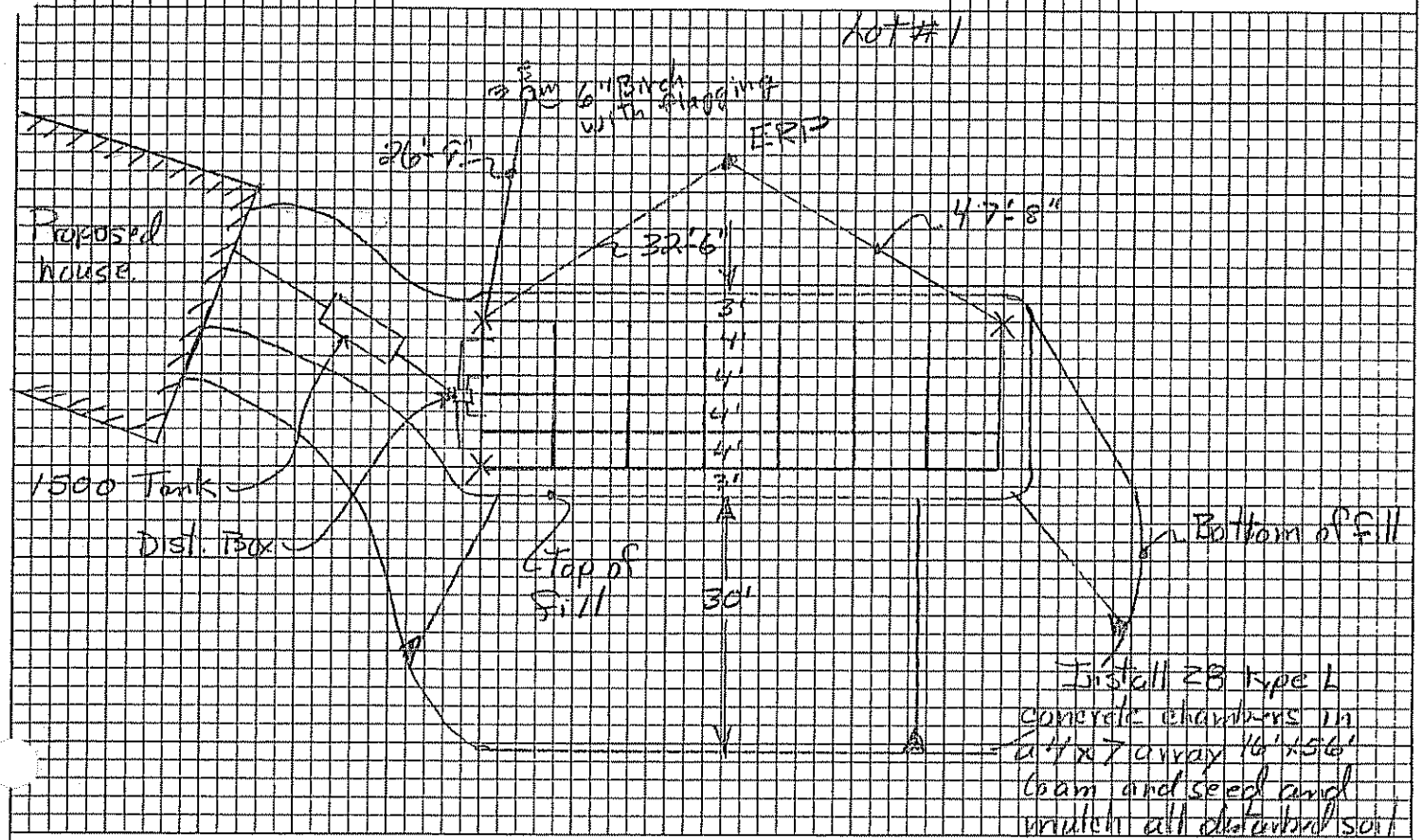
Division of Health Engineering
(207) 287-5672 FAX (207) 287-4172

Town, City, Plantation	Street, Road, Subdivision	Owner's Name
Augusta	Bolton Hill Rd.	Telesis Housing Corp.

SUBSURFACE WASTEWATER DISPOSAL PLAN

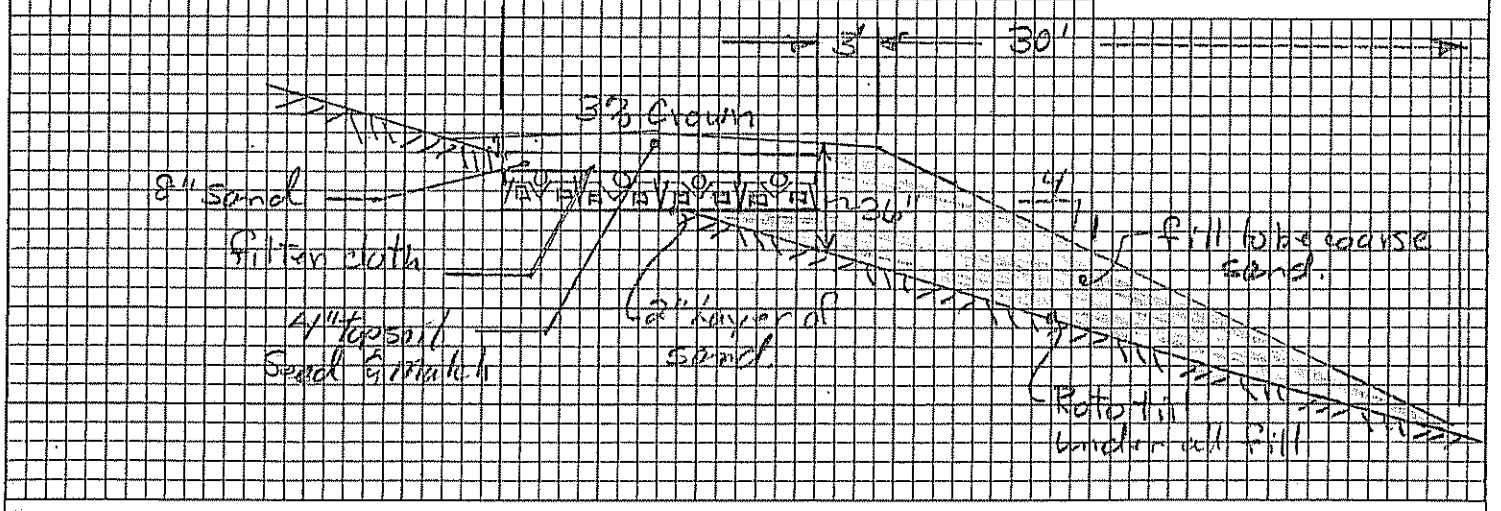
SCALE 1" = 20 FT.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT	
Depth of Fill (Upslope)	6	Finished Grade Elevation	-61"	Location & Description	Nail in Birch Tree
Depth of Fill (Downslope)	3'-0"	Top of Distribution Pipe or Proprietary Device	-73"	Reference Elevation	0"
		Bottom of Disposal Area	-84"		

DISPOSAL AREA CROSS SECTION

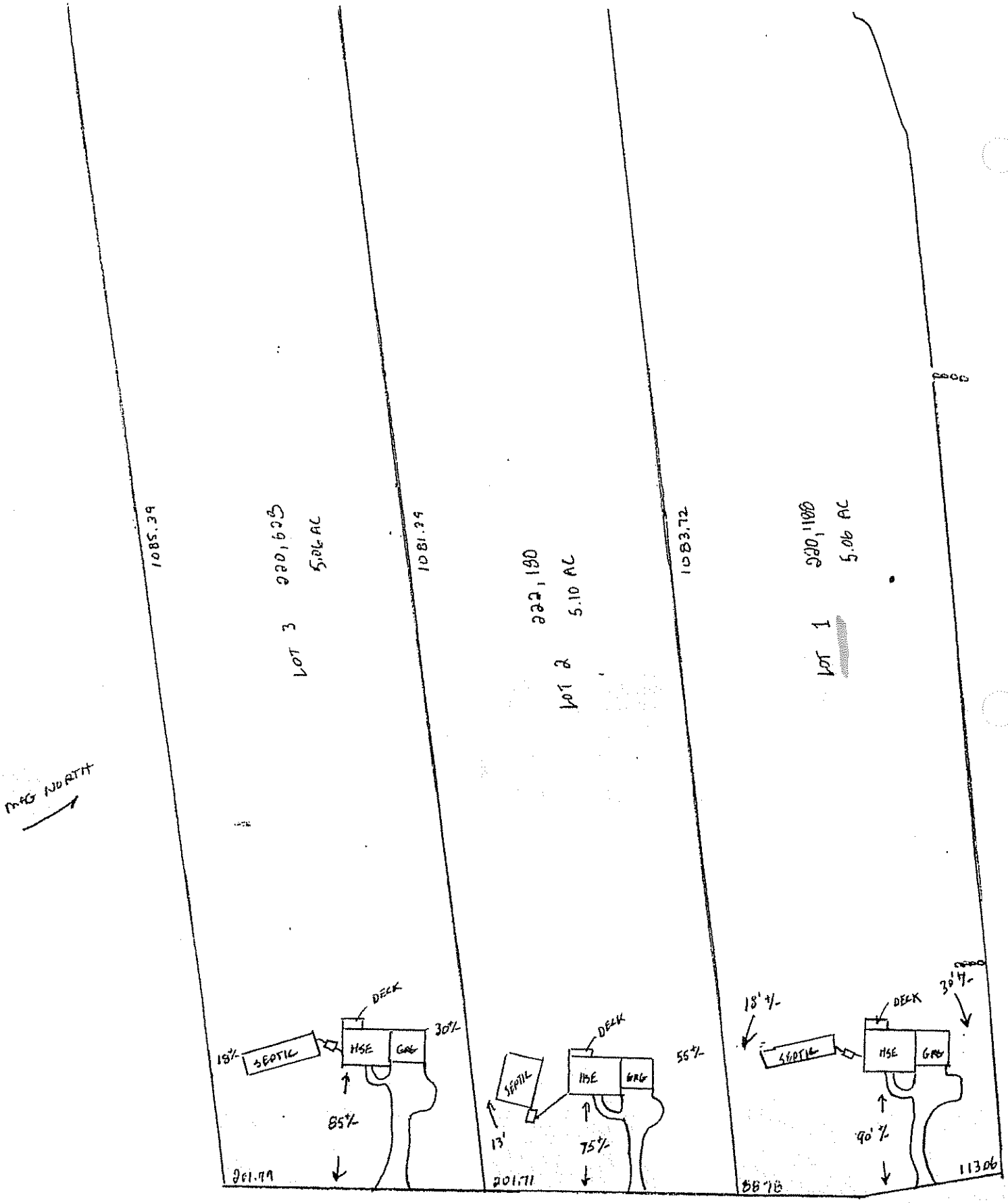
SCALE:
VERTICAL: 1" = 5'
HORIZONTAL: 1" = 10'



Allen E Hodsdon
Site Evaluator Signature

046
SE #

11/19/99
Date



BOLTON HILL ROAD

1" = 100'

MICHAUD SUBDIVISION
MAP 7
LOT 99 LOTS : E, F, G (1, 2, 3)
GODUTE BUILDING CO.
774-2753