FORMS

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of 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	PENN MARIC ROAD
Subdivision, Lot #	LOT #2

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

AUGUSTA PERMIT # 5557 TOWN COPY

Date Permit Issued: 6/24/05 $ 100.00 FEE ☐ If Double Fee Charged

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

OWNER/APPLICANT INFORMATION

Name (last, first, MI): MENDES, CHRISTIAN ☒ Owner ☐ Applicant

Mailing Address of Owner/Applicant: P.O. BOX 575 / MARSTON MILLS, MA

Daytime Tel. #: 508-989-2547 02648

Municipal Tax Map # 7 Lot # 131

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.

Christian Mendes 6/22/05
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 11/1/05 (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 (greywater & all. 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

± 0.75 ☐ 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

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 4)

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: 1000 ☒ 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 facilities ---

SOIL DATA & DESIGN CLASS

PROFILE CONDITION DESIGN
3 / C / _____
at Observation Hole # 1
Depth 24"
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

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

SITE EVALUATOR STATEMENT

I certify that on 4/10/04 (date) I completed a site evaluation on this property and state that the date 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 — 226 SE # — 4/20/04 Date

VAUGHN L. SMITH — Site Evaluator Name Printed

724-5635 — Telephone Number

E-mail Address

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

HHE-200 Rev. 8/01

Septic Design

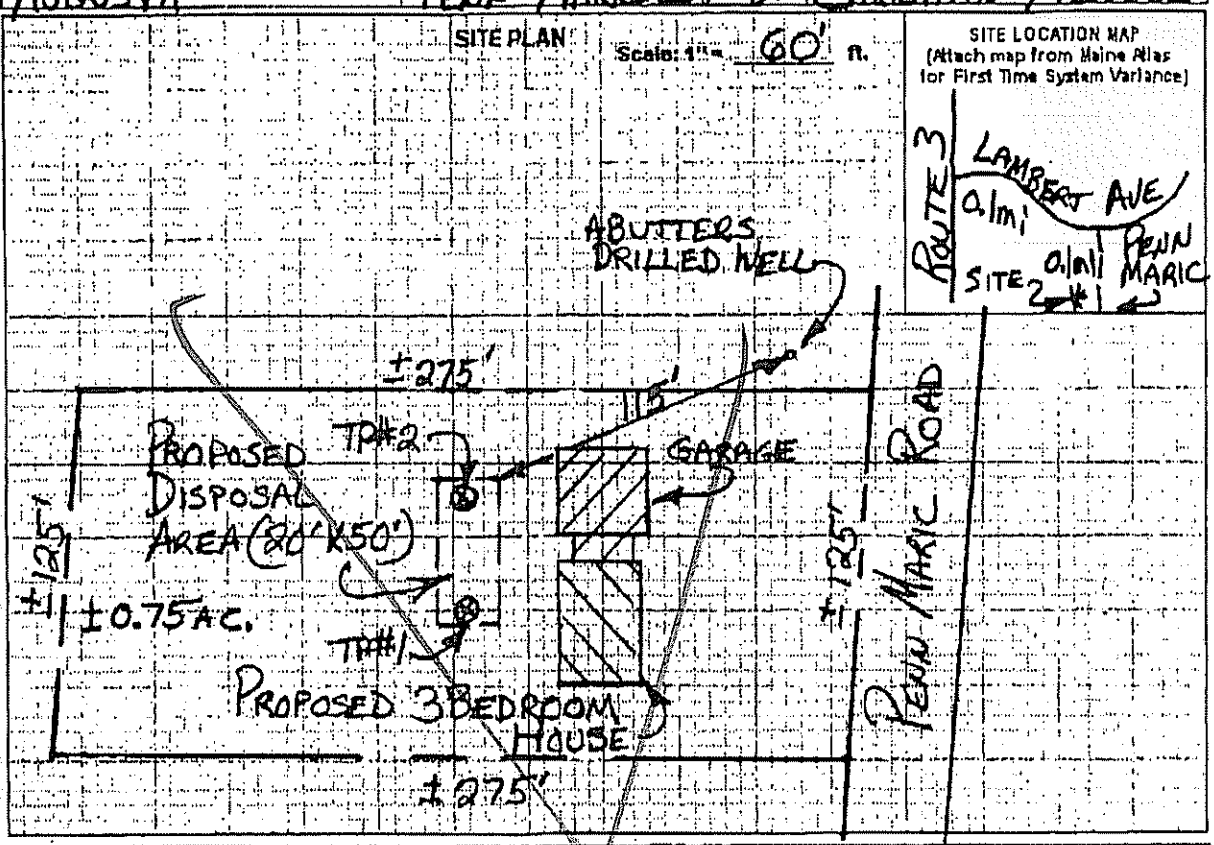
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation: AUGUSTA | Street, Road, Subdivision: PENN MARIC LOT #2 | Owner or Applicant Name: CHRISTIAN MENDES

SITE PLAN

Scale: 1" = 60' ft.



SITE LOCATION MAP

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

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

Observation Hole # 1 ☐ Test Pit ☐ Boring

3" Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–8	STONY	FRIABLE	DARK BROWN	
8–12				NONE
12–18	SANDY		STRONG BROWN	
18–24	LOAM			
24–30				
30–36		FIRM	PALE	FEW
36–42			OLIVE	FAINT
42–48				

Soil Profile: 3 | Classification: C (Condition) | Slope: 3 (Percent) | Limiting Factor: 24 (Depth) | ☒ Groundwater ☒ Restrictive Layer ☐ Bedrock

Observation Hole # 2 ☐ Test Pit ☐ Boring

3" Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–8	STONY	FRIABLE	DARK BROWN	
8–12				NONE
12–18	SANDY		BROWNISH YELLOW	
18–24	LOAM			
24–30				
30–36		FIRM	PALE	FEW
36–42			OLIVE	FAINT
42–48				

Soil Profile: 3 | Classification: C (Condition) | Slope: 3 (Percent) | Limiting Factor: 25 (Depth) | ☒ Groundwater ☒ Restrictive Layer ☐ Bedrock

Vaughn L. Cobb — Site Evaluator Signature | 226 — SE # | 4/20/04 — Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

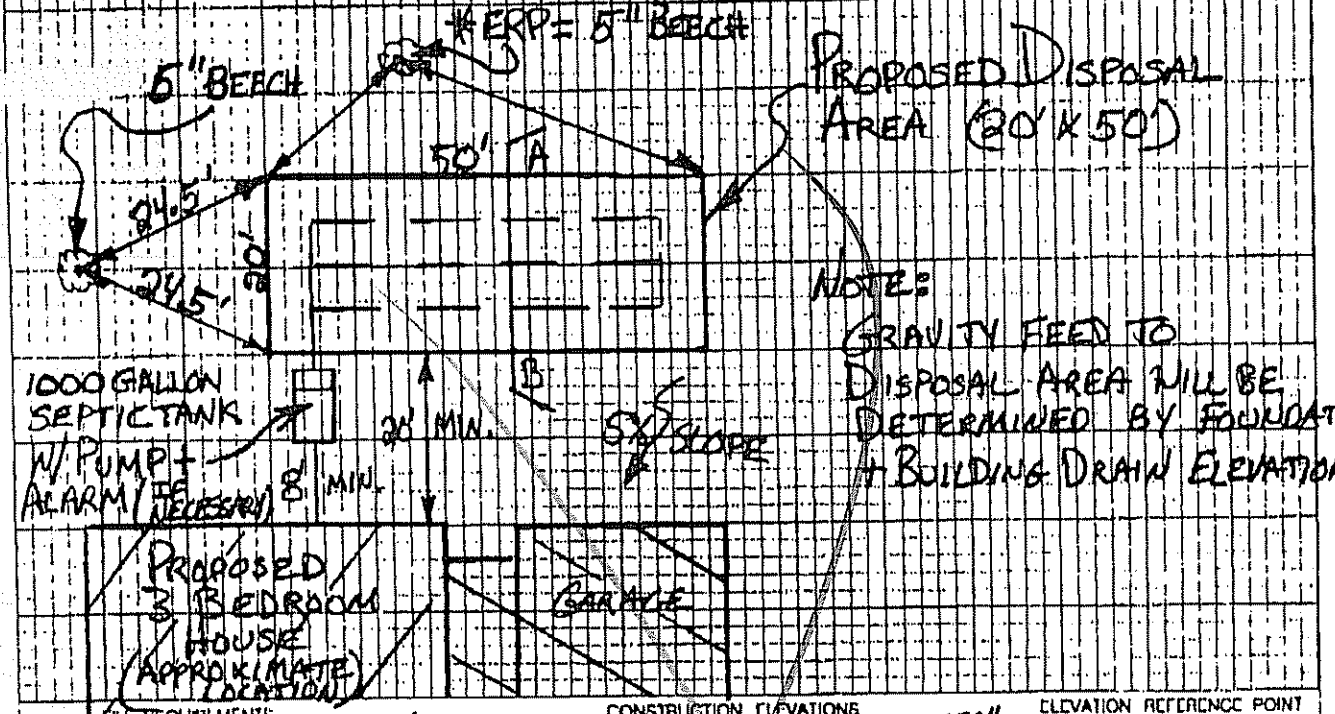
Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX (207) 287-4172

AUGUSTA PENNMARIC ROAD Lot #2 — CHRISTIAN MENDES

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT

NOTE:
ALL TIES, ELEVATIONS, & PROPERTY LINES SHALL BE CONFIRMED PRIOR TO CONSTRUCTION



FILL REQUIREMENTS

Depth of Fill (Upslope) 12"
Depth of Fill (Downslope) 18"
FILL DEPTHS WILL VARY

CONSTRUCTION ELEVATIONS

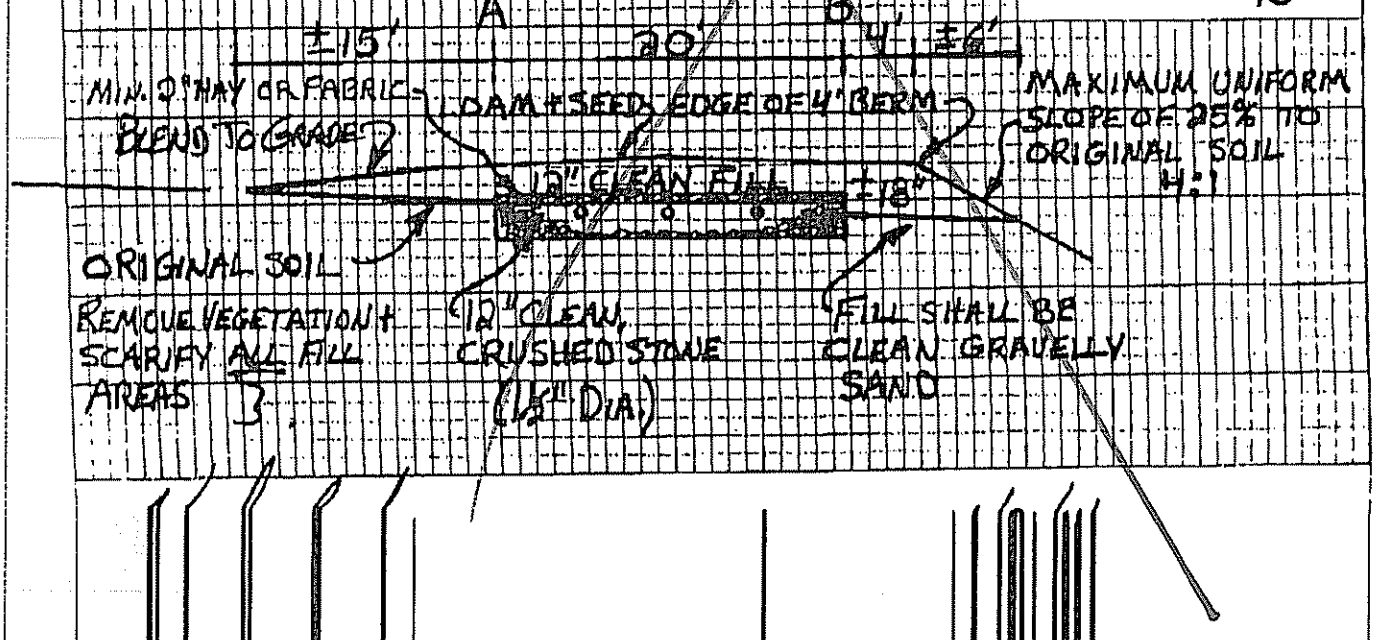
Finished Grade Elevation	-56"
Top of Distribution Pipe or Proprietary Device	-68"
Bottom of Disposal Area	-80"

ELEVATION REFERENCE POINT

Location & Description: 5" BEECH W/ NAIL 55" ABOVE GROUND
Reference Elevation: 0'

DISPOSAL AREA CROSS SECTION

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



FORMS

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of 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: PENN MARK ROAD
Subdivision, Lot #: LOT #2

OWNER/APPLICANT INFORMATION

Name (last, first, MI): MENDES, CHRISTIAN [X] Owner [ ] Applicant
Mailing Address of Owner/Applicant: P.O. BOX 575
MARSTON MILLS, MA 02648
Daytime Tel. #: 508-989-2547

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 reasonful for Department and/or Local Plumbing Inspector to deny a Permit.

Christian Mendes 7/25/05
Signature of Owner or Applicant — Date

>> 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.

Municipal Tax Map # 7 Lot # 131

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
[X] 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
[X] 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
[X] 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
0.75 [ ] SQ FT [X] ACRES

DISPOSAL SYSTEM TO SERVE
[X] 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

SHORELAND ZONING
[ ] Yes [X] No

TYPE OF WATER SUPPLY
[X] 1. Drilled Well [ ] 2. Dug Well [ ] 3. Private
[ ] 4. Public [ ] 5. Other

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK
[X] 1. Concrete
[X] a. Regular
[ ] b. Low Profile
[ ] 2. Plastic
[ ] 3. Other: _____
CAPACITY: 1000 GAL.

DISPOSAL FIELD TYPE & SIZE
[X] 1. Stone Bed [ ] 2. Stone Trench
[ ] 3. Proprietary Device
[ ] a. cluster array [ ] c. Linear
[ ] b. regular load [ ] d. H-20 load
[ ] 4. Other: _____
SIZE: 1000 [X] sq. ft. [ ] lin. ft.

GARBAGE DISPOSAL UNIT
[X] 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:
[X] 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 /
at Observation Hole # 2
Depth 20"
of Most Limiting Soil Factor

DISPOSAL FIELD SIZING
[ ] 1. Small---2.0 sq. ft. / gpd
[ ] 2. Medium---2.6 sq. ft. / gpd
[X] 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
[X] 2. May Be Required
[ ] 3. Required
Specify only for engineered systems:
DOSE: _____ gallons

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

SITE EVALUATOR STATEMENT

I certify that on 7/25/05 (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 — 8/1/05 Date

VAUGHN L. SMITH — Site Evaluator Name Printed

STATE OF MAINE VAUGHN L. SMITH LSE # 225 LICENSED SITE EVALUATOR

224-5635 Telephone Number — E-mail Address

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

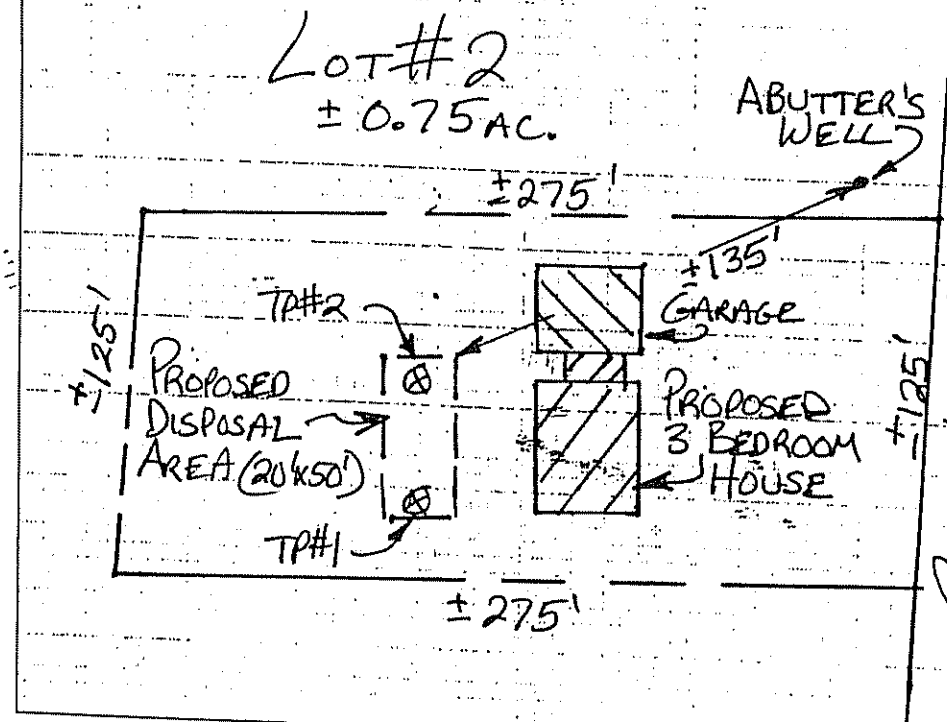
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation: AUGUSTA
Street, Road, Subdivision: PENN MARIC ROAD LOT #2
Owner or Applicant Name: CHRISTIAN MENDES

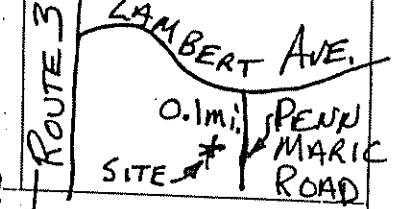
SITE PLAN

Scale: 1" = 60 ft.



SITE LOCATION MAP

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



SOIL PROFILE 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				
6	STONY	FRIABLE	DARK BROWN	NONE
12				
18	SANDY		STRONG BROWN	
24				
30	LOAM			
36		FIRM		FEW FAINT
42				
48				

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	Groundwater / Restrictive Layer / Bedrock
3	C	3	24	

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				
8"	BOULDERY TO STONY	FRIABLE	DARK BROWN	NONE
12				
18			OLIVE	
24	SANDY		BROWN	
30				
36	LOAM		PALE OLIVE	FEW FAINT
42		FIRM		
48				

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	Groundwater / Restrictive Layer / Bedrock
3	C	3	20	

STATE OF MAINE
VAUGHN L SMITH
226
LICENSED SITE EVALUATOR

Vaughn L Smith
Site Evaluator Signature

8/1/05
Date

MR CMR 144 (October 1, 2002)

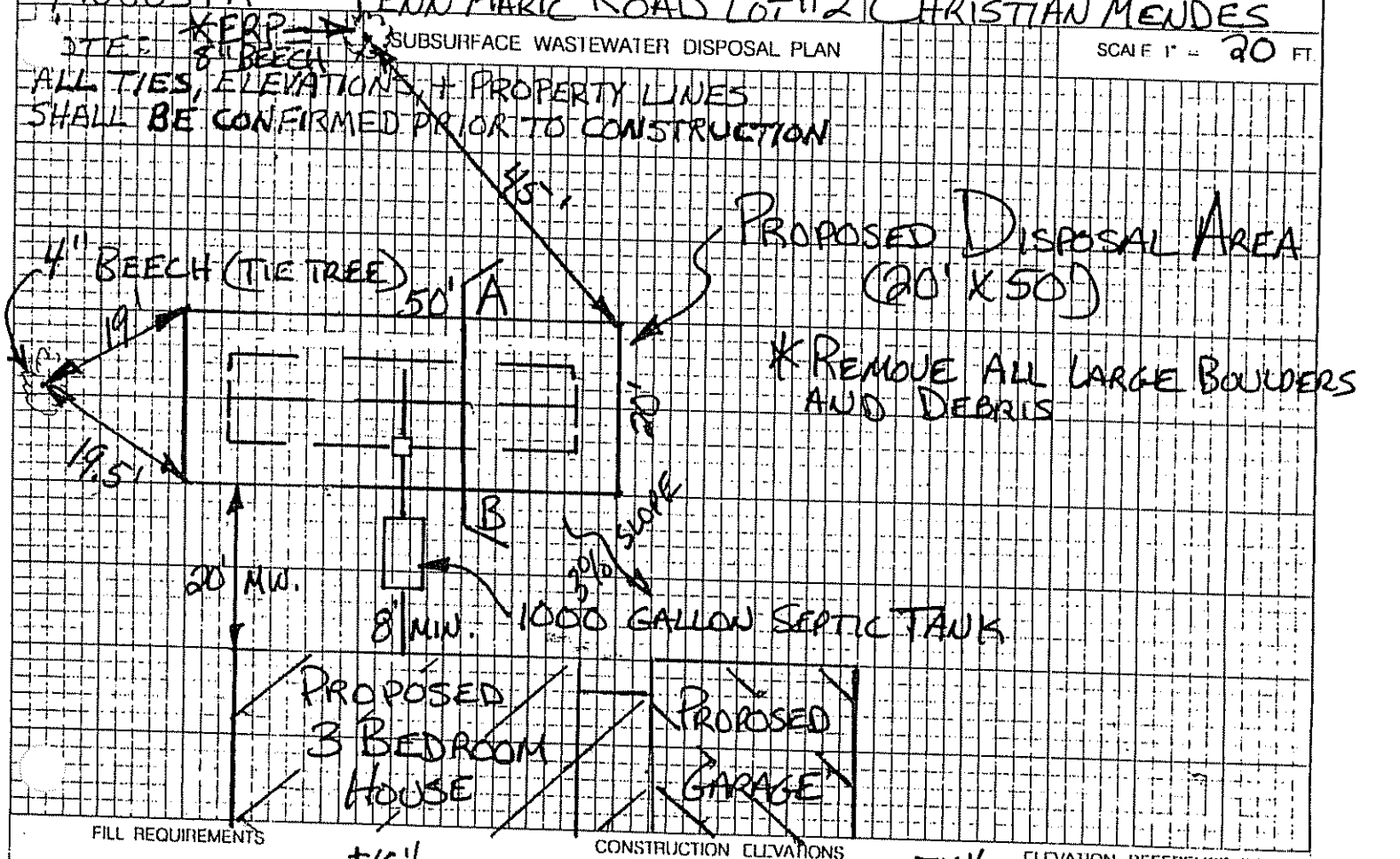
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation: AUGUSTA | Street, Road, Subdivision: PENN MARIC ROAD LOT #2 | Owner's Name: CHRISTIAN MENDES

SUBSURFACE WASTEWATER DISPOSAL PLAN

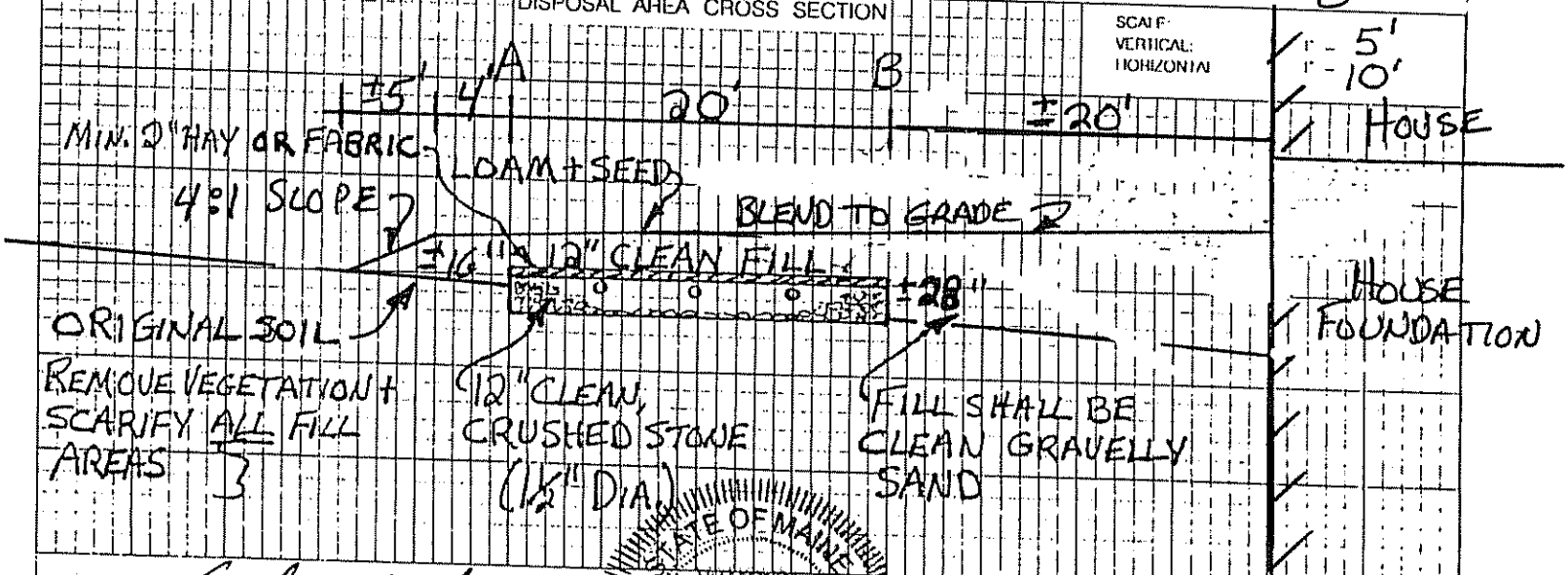
SCALE 1" = 20 FT.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT
Depth of Fill (Upslope)	±16"	Finished Grade Elevation	-54"	Location & Description 8" BEECH W/NAIL 43" ABOVE GROUND
Depth of Fill (Downslope)	±28"	Top of Distribution Pipe or Proprietary Device	-66"	
FILL DEPTHS WILL VARY		Bottom of Disposal Area	-78"	Reference Elevation 0"

DISPOSAL AREA CROSS SECTION

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



Vaughn L. Smith — site evaluator signature

STATE OF MAINE — VAUGHN L. SMITH 2066 — LICENSED SITE EVALUATOR

8/1/05
Date

FAX COVER SHEET

RECEIVED
NOV 1 0 2005
BY:

TO: Augusta Codes ATTN: Gravy Fuller

DATE: TIME:

FROM:

Jon Canty Construction
(207) 582-1687 FAX: (207) 582-4356

TOTAL NUMBER OF PAGES INCLUDING COVER SHEET: 4

MESSAGE:

Gravy,

Here is Final revised Disposal System For Mendes Job that Vaughn Smith Desired if you have any Questions please call the Office. Thanks

JON CANTY CONSTRUCTION
189 Indiana Road
West Gardiner, ME 04345

FORMS

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, 10 SHS
(207) 287-5672 Fax (207) 287-7165

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Municipal Tax Map # _____ Lot # _____

CAUTION: INSPECTION REQUIRED

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application

_____ (1st) date approved

_____ Local Plumbing Inspector Signature _____ (Last) Date Approved

PERMIT INFORMATION

TYPE OF APPLICATION

[X] 1. First Time System
[ ] 2. Replacement System
Type replaced: _____
Year installed: _____
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± 0.75 [ ] SQ FT [X] ACRES

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[ ] Yes [X] No

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[X] a. Regular
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CAPACITY: 1000 GAL.

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[X] 1. Stone Bed [ ] 2. Stone Trench
[ ] 3. Proprietary Device
[ ] a. cluster array [ ] c. Linear
[ ] b. regular load [ ] d. H-20 load
[ ] 4. Other: _____
SIZE: 1050 [X] sq. ft. [ ] lin. ft.

GARBAGE DISPOSAL UNIT

[X] 1. No [ ] 2. Yes [ ] 3. Maybe
If Yes or Maybe, specify one below:
[ ] a. multi-compartment tank
[ ] b. ___ tanks in series
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270 gallons per day
BASED ON:
[X] 1. Table 501.1 (dwelling unit(s))
[ ] 2. Table 501.2 (other facilities)
SHOW CALCULATIONS — for other facilities —

SOIL DATA & DESIGN CLASS

PROFILE: 3 CONDITION: C DESIGN: _____
at Observation Hole # 2
Depth 20"
of Most Limiting Soil Factor

DISPOSAL FIELD SIZING

[ ] 1. Small—2.0 sq. ft. / gpd
[ ] 2. Medium—2.5 sq. ft. / gpd
[X] 3. Medium—Large 3.3 sq. ft. / gpd
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Specify only for engineered systems:
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[ ] 3. Section 503.0 (meter readings)
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_____ Site Evaluator Signature

VAUGHN L. SMITH Site Evaluator Name Printed

STATE OF MAINE VAUGHN L. SMITH 226 SITE EVALUATOR

SMSE # 226

724-5635 Telephone Number

8/1/05 Date

REVISED 11/08/05 VLS

_____ E-mail Address

Note: Changes to or deviations from the design should be approved by the Site Evaluator.

HHE-200 Rev. 8/01

Mendes 11-05

FORMS

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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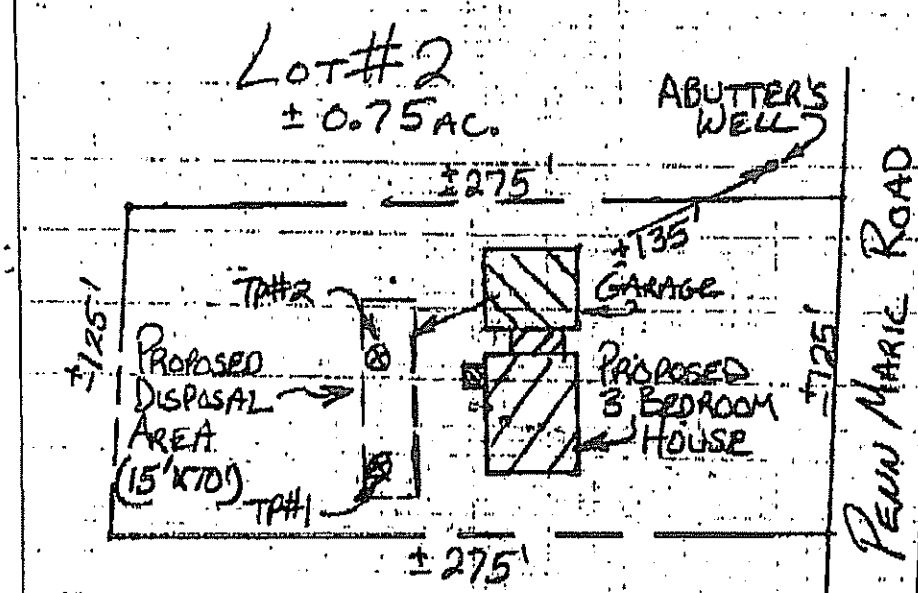
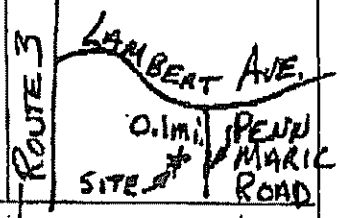
Division of Health Engineering, Station 10
(207) 287-5972 Fax: (207) 287-3165

Town, City, Plantation: AUGUSTA
Street, Road, Subdivision: PENN MARIC ROAD LOT #2
Owner or Applicant Name: CHRISTIAN MENDES

SITE PLAN Scale: 1" = 60 ft.



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



SOIL PROFILE 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
0–6			DARK	
6–12	STONY	FRIABLE	BROWN	NONE
12–18	SANDY		STRONG BROWN	
18–24				
24–30	LOAM			
30–36				
36–42		FIRM		FEW FAINT
42–48				

Soil Profile: 3 Classification: C Condition: Slope: 3 Percent: Limiting Factor: 24 Depth: Groundwater Restrictive Layer: Bedrock

Observation Hole # 2 ☒ Test Pit ☐ Boring
2 " Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–6	BOULDERY TO STONY	FRIABLE	DARK BROWN	NONE
6–12				
12–18			OLIVE	
18–24	SANDY		BROWN	
24–30				
30–36	LOAM			
36–42		FIRM	PALE OLIVE	FEW FAINT
42–48				

Soil Profile: 3 Classification: C Condition: Slope: 3 Percent: Limiting Factor: 20 Depth: Groundwater Restrictive Layer: Bedrock

Site Evaluator Signature: [signature]

STATE OF MAINE VAUGHN SMITH 226 SE # LICENSED SITE EVALUATOR

8/1/05 Date

10 CMR 241 (October 1, 2002) REVISED 11/08/05

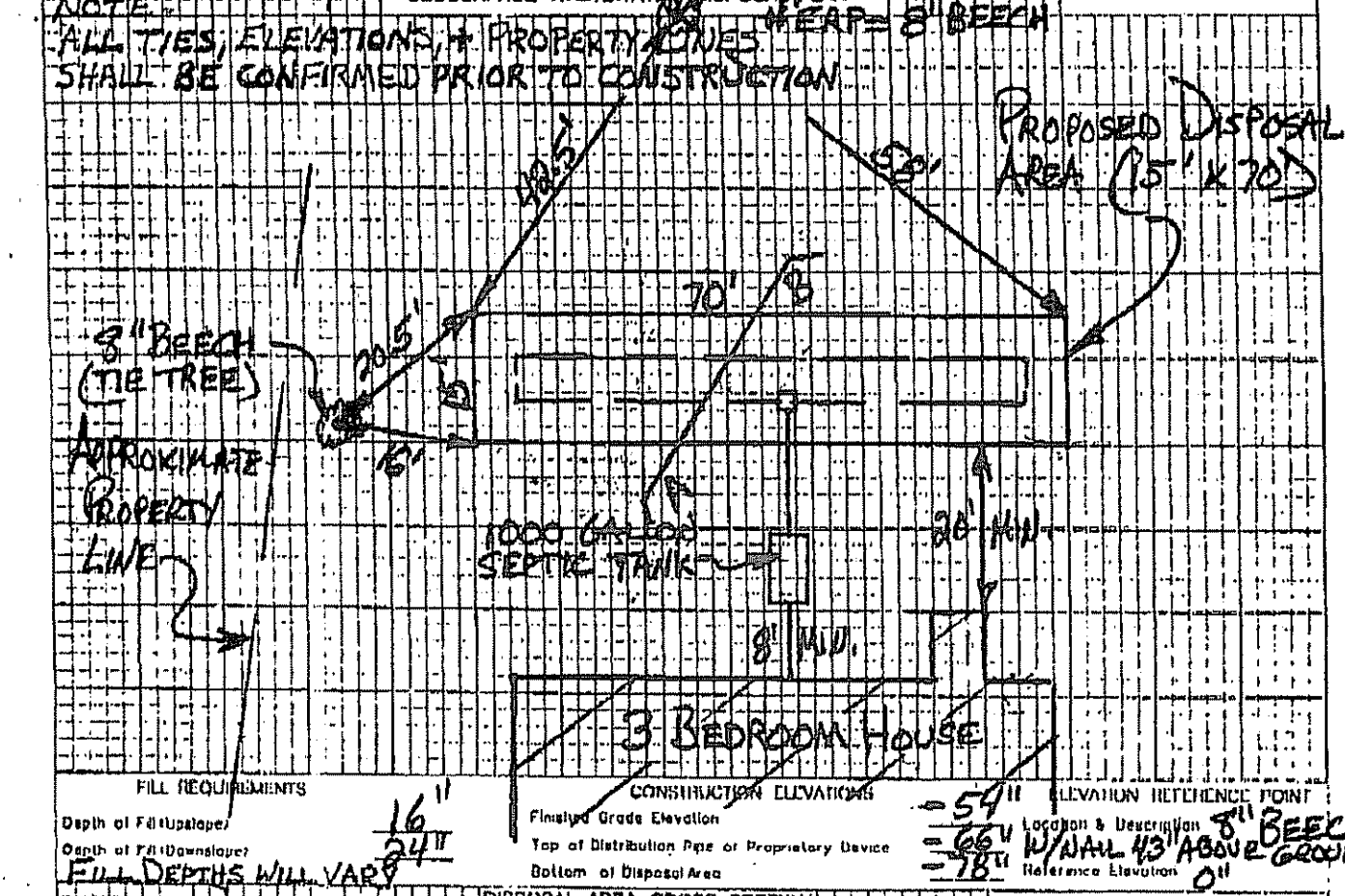
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation: AUGUSTA | Street, Road, Subdivision: PENN MARIC ROAD Lot #2 | Owner's Name: CHRISTIAN MENDES

NOTE: ALL TIES, ELEVATIONS, + PROPERTY LINES SHALL BE CONFIRMED PRIOR TO CONSTRUCTION

SUBSURFACE WASTEWATER DISPOSAL PLAN — SCALE 1" = 20 FT



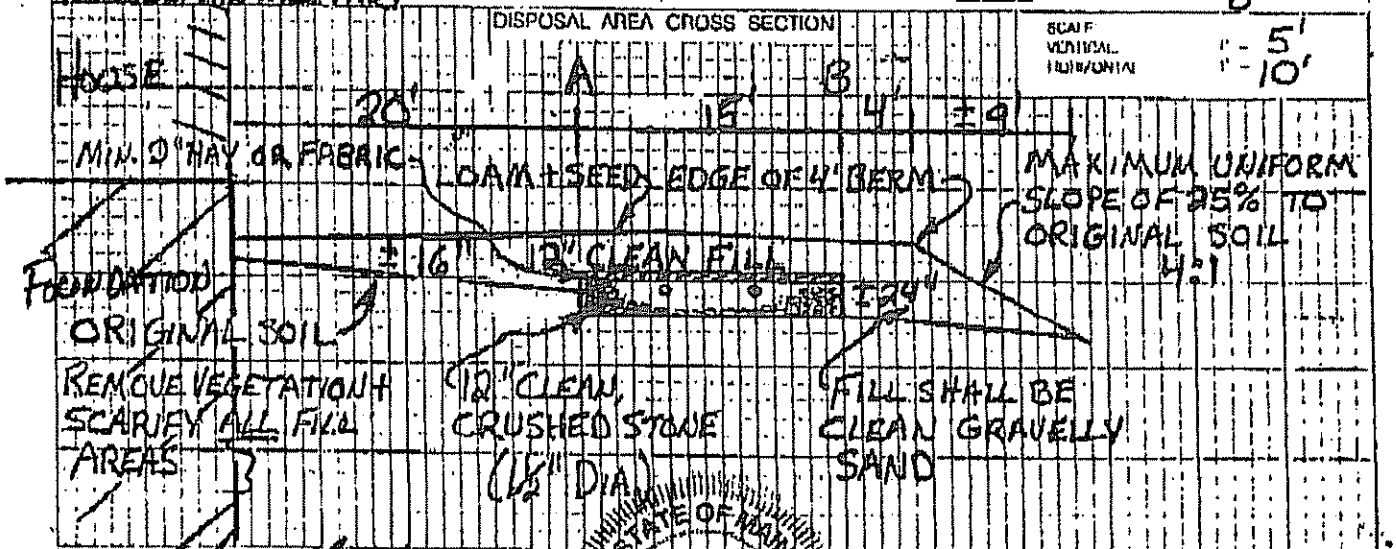
FILL REQUIREMENTS
Depth of Fill Upslope: 16"
Depth of Fill Downslope: 24"
FILL DEPTHS WILL VARY

CONSTRUCTION ELEVATIONS
Finished Grade Elevation = 54"
Top of Distribution Pipe or Proprietary Device = 66"
Bottom of Disposal Area = 78"

ELEVATION REFERENCE POINT
Location & Description: 8" BEECH W/NAIL 43" ABOVE GROUND
Reference Elevation: 0"

DISPOSAL AREA CROSS SECTION

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



Site Evaluator's Signature

STATE OF MAINE — VAUGHN 2276 — LICENSED SITE EVALUATOR

11/08/05 Revised Date