

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY LOCATION		>> CAUTION: PERMIT REQUIRED -- ATTACH IN SPACE BELOW <<	
City, Town, or Plantation	AUGUSTA		
Street or Road	27 PENNMARIC ROAD		
Subdivision, Lot #	LOT 8, 9, & 10		
OWNER/APPLICANT INFORMATION		AUGUSTA Date Permit Issued: <u>10/7/04</u> 5396 Local Plumbing Inspector Signature: <u>[Signature]</u> L.P.I. # <u>872</u>	
Name (last, first, MI)		<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	
Mailing Address of Owner/Applicant		Municipal Tax Map # <u>7</u> Lot # <u>136, 137, 138</u>	
RR 2 BOX 2880 WINSLOW, ME 04901			
Daytime Tel. #		FEE Charged: \$ <u>110.9</u>	
877-8724		Double Fee: <input type="checkbox"/>	

OWNER OR APPLICANT STATEMENT		CAUTION: INSPECTION REQUIRED	
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.		I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application	
Signature of Owner/Applicant: <u>Lisa Greaton</u> Date: <u>9/9/04</u>		Local Plumbing Inspector Signature: _____ (1st) Date Approved: _____	
		_____ (2nd) Date Approved: _____	

PERMIT INFORMATION			
TYPE OF APPLICATION		THIS APPLICATION REQUIRES	
<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	
SIZE OF PROPERTY		DISPOSAL SYSTEM TO SERVE:	
2.3 <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres		<input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>3</u> <input type="checkbox"/> 2. Multiple Family Dwelling Unit, No. of Units: _____ <input type="checkbox"/> 3. Other _____ (specify)	
SHORELAND ZONING		DISPOSAL SYSTEM COMPONENTS	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<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. Pretreatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous Components	
		TYPE OF WATER SUPPLY	
		<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	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK		DISPOSAL FIELD TYPE & SIZE	
<input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile (IF NEEDED) <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other _____ CAPACITY <u>1000</u> GAL.		<input checked="" type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear <input type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other _____ SIZE <u>1100</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> ln. ft.	
SOIL DATA & DESIGN CLASS		GARBAGE DISPOSAL UNIT	
PROFILE CONDITION DESIGN <u>8 / D / 3</u> at Observation Hole # <u>TP-1</u> Depth <u>12"</u> of Most Limiting Soil Factor		1. <input checked="" type="checkbox"/> No 3. <input type="checkbox"/> Maybe 2. <input type="checkbox"/> Yes >> 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 type="checkbox"/> d. Filter on Tank Outlet	
		EFFLUENT/EJECTOR PUMP	
		1. <input checked="" type="checkbox"/> Not Required 2. <input type="checkbox"/> May Be Required 3. <input type="checkbox"/> Required >> Specify only for engineered or experimental systems DOSE _____ gallons	
		DESIGN FLOW	
		<u>270</u> gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 501.1 (dwelling unit(s)) <input type="checkbox"/> 2. Table 501.2 (other facilities) SHOW CALCULATIONS -for other facilities-	

SITE EVALUATOR'S STATEMENT		
I certify that on <u>4/27/04</u> (date) I completed a site evaluation on this property and state that the data reported are accurate and the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).		
Signature: <u>William P Brown</u> Site Evaluator Signature	188 SE#	4/27/2004 Date
WILLIAM P BROWN Site Evaluator Name Printed	293-2110 Telephone Number	_____ E-mail Address

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Town, City, Plantation
AUGUSTA

Street, Road, Subdivision
PENNMARIC ROAD

Owner or Applicant Name
LISA GREATON

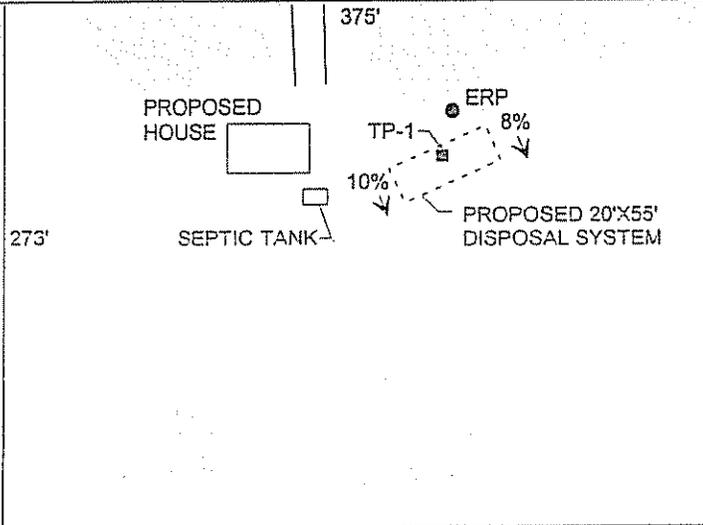
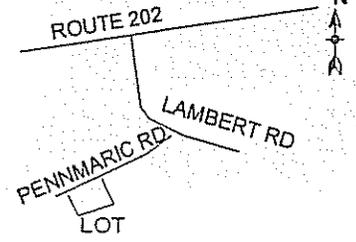
SITE PLAN

Scale 1" = 100 Ft.

NORTH

SITE LOCATION PLAN

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



ERP TO TP-1 = 23'

PROPOSED WELL TO BE AT LEAST 100 FEET FROM SEPTIC SYSTEM

LOCATE NEW HOUSE ON FULL FOUNDATION AT LEAST 20 FEET FROM DISPOSAL SYSTEM

SOIL PROFILE DESCRIPTION AND CLASSIFICATION

Observation Hole # TP-1 Test Pit Boring
0 " Depth of organic horizon above mineral soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	LOAM	FRIABLE	YELLOW BROWN	NONE
10	SILT LOAM	FIRM	OLIVE BRN	COMMON
20				
30				
40				
50				
60				
70				
80				
90				
100				

Soil Profile: 8	Classification: D	Slope: 8-10 %	Limiting Factor: 12 "	<input checked="" type="checkbox"/> Groundwater
Profile	Condition	Percent	Depth	<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock

(Location of Observation Holes Shown Above)

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				
60				
70				
80				
90				
100				

Soil Profile: _____	Classification: _____	Slope: _____ %	Limiting Factor: _____ "	<input type="checkbox"/> Groundwater
Profile	Condition	Percent	Depth	<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock

WILLIAM P BROWN *William P Brown*
Site Evaluator Signature

188
SE #

4/27/2004
Date

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Owner or Applicant Name

LISA GREATON

SUBSURFACE WASTEWATER DISPOSAL PLAN

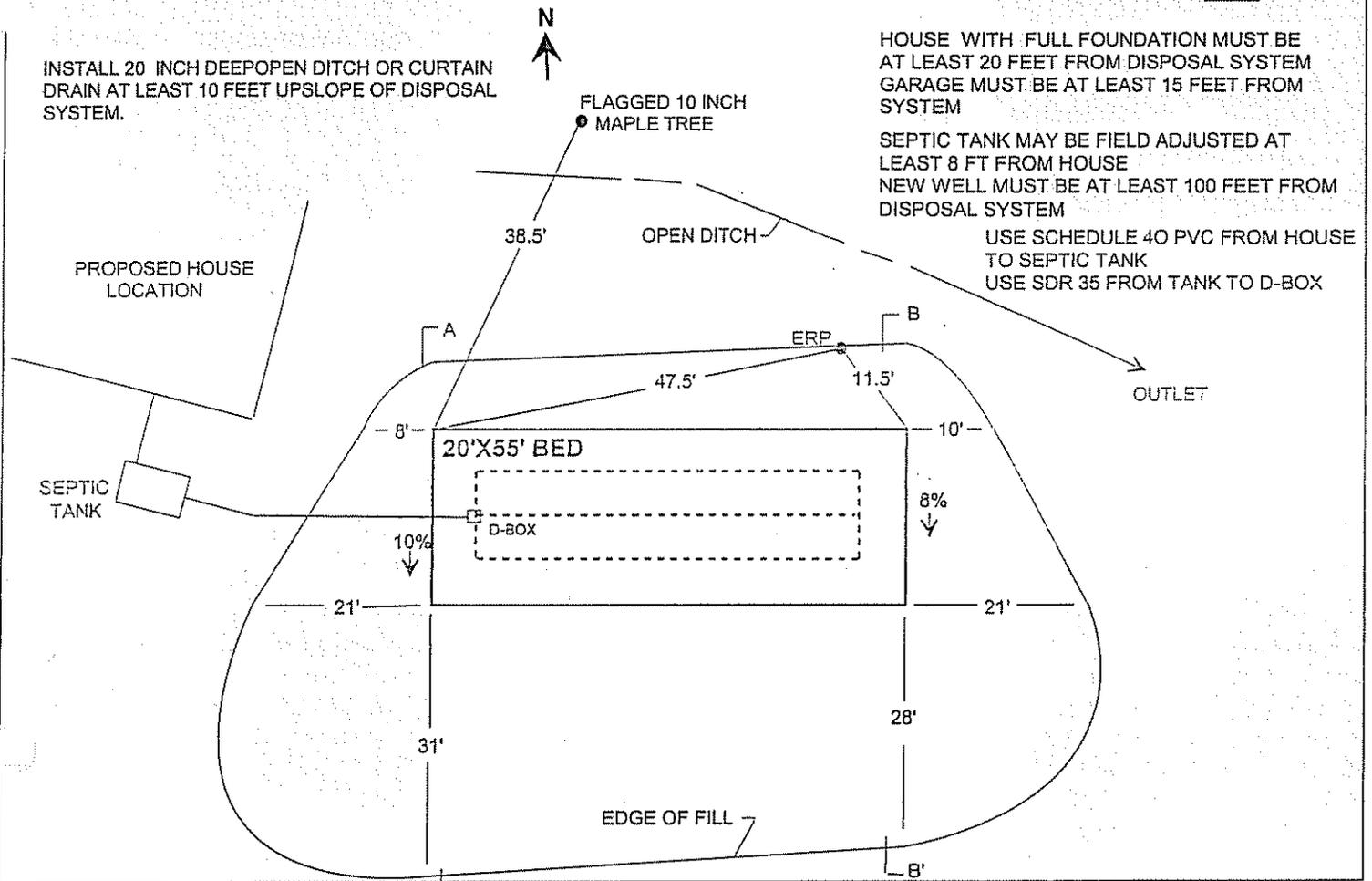
Scale 1" = 20' Ft.

INSTALL 20 INCH DEEPOPEN DITCH OR CURTAIN DRAIN AT LEAST 10 FEET UPSLOPE OF DISPOSAL SYSTEM.

HOUSE WITH FULL FOUNDATION MUST BE AT LEAST 20 FEET FROM DISPOSAL SYSTEM
GARAGE MUST BE AT LEAST 15 FEET FROM SYSTEM

SEPTIC TANK MAY BE FIELD ADJUSTED AT LEAST 8 FT FROM HOUSE
NEW WELL MUST BE AT LEAST 100 FEET FROM DISPOSAL SYSTEM

USE SCHEDULE 40 PVC FROM HOUSE TO SEPTIC TANK
USE SDR 35 FROM TANK TO D-BOX



BACKFILL REQUIREMENTS

Depth of Fill (Upslope) **30-35"**
Depth of Fill (Downslope) **54"**
DEPTHS AT CROSS-SECTION (shown below)

A' CONSTRUCTION ELEVATIONS

Finished Grade Elevation **VARIES**
Top of Distribution Pipe or Proprietary device **-30"**
Bottom of Disposal Area **-41"**

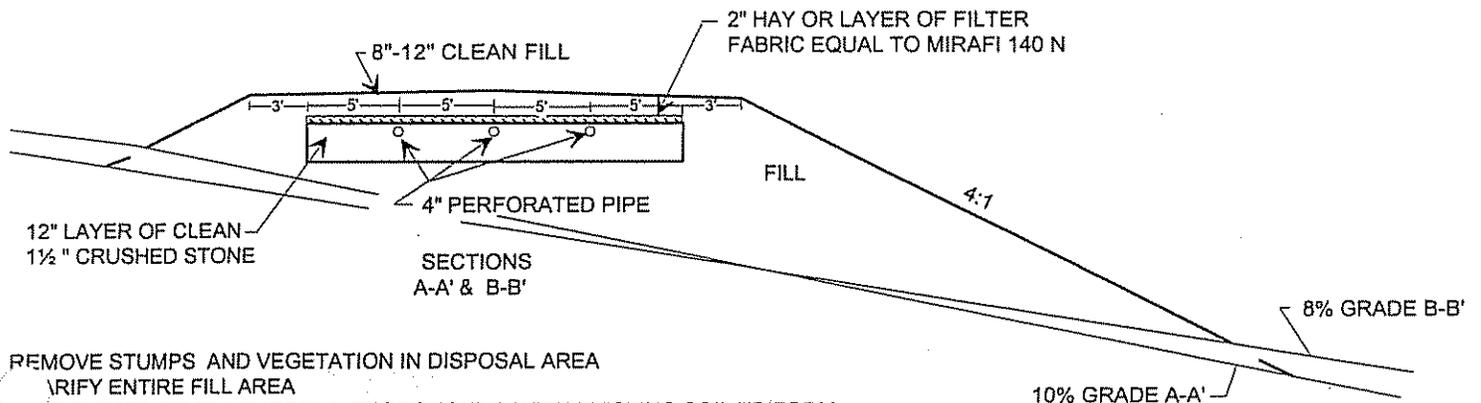
ELEVATION REFERENCE POINT

Location and Description:
FLAGGED NAIL IN 10 INCH MAPLE TREE, 4 FEET ABOVE GROUND
Reference Elevation is: **00.0"**

DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = 5 Ft.
Horizontal: 1 inch = 10 Ft.



REMOVE STUMPS AND VEGETATION IN DISPOSAL AREA
VERIFY ENTIRE FILL AREA
MIX 4 INCHES OF FILL MATERIAL THOROUGHLY WITH EXISTING SOIL TO FORM A TRANSITION ZONE (ACCORDING TO CHAPTER 8, PLUMBING CODE)
ALL FILL SHALL BE GRAVELLY COARSE SAND
CROWN FINISH GRADE FROM CENTER AT 3%
LOAM, SEED, MULCH DISTURBED AREAS

WILLIAM P BROWN
Site Evaluator Signature

William P Brown

188
SE #

4/27/2004
Date

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