# 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, Plantation | AUGUSTA |
| Street or Road | ROUTE 3 |
| Subdivision, Lot # | |

## OWNER/APPLICANT INFORMATION

Name (last, first, MI): LEGAL, MARK ☒ Owner ☐ Applicant

| | |
|---|---|
| Mailing Address of ☒ Owner ☐ Applicant | 111 SANDY POINT RD. |
| | VASSALBORO, ME. 04989 |
| Daytime Tel. # | 445-5514 |

**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 — Date: 9.2.05

**>> 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 # _____ 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.

Local Plumbing Inspector Signature — (1st) Date Approved — (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. ☐ Experimental System
5. ☐ Seasonal Conversion Approval

### DISPOSAL SYSTEM COMPONENT(S)

1. ☒ Complete Non-engineered System
2. ☐ Primitive System (graywater & alternative toilet)
3. ☐ Alternative Toilet, specify: _____
4. ☐ Non-engineered Treatment Tank (only)
5. ☐ Holding Tank, capacity: _____ 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

6 ± ☐ 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

### 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: 1000 ☒ sq. ft. ☐ lin. ft.

### GARBAGE DISPOSAL UNIT

1. ☒ No 2. ☐ Yes 3. ☐ Maybe

>> If yes/maybe, specify one below:

a. ☐ Multi-Compartment Tank
b. ☐ Tanks in Series
c. ☐ Increase inTank Capacity
d. ☐ Filter on Tank Outlet

### DESIGN FLOW

270 gallons-per-day (gpd)

BASED ON:
1. ☒ Table 501.1 (dwelling unit(s)
2. ☐ Table 501.2 (other facilities)
   SHOW CALCULATIONS
   – for other facilities –
3. ☐ Section 503.0 (meter readings)
   ATTACH WATER–METER DATA

### SOIL DATA & DESIGN CLASS

| PROFILE | CONDITION | DESIGN |
|---|---|---|
| 3 | C | 1 |

at Observation Hole # 2
Depth 25" 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 dose for engineered & experimental systems

DOSE: gallons

## SITE EVALUATOR STATEMENT

I certify that on 7/6/05 (date) I completed a site evaluation on this property and state that the data reported herein are accurate and that the proposed system is in compliance with the Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

J. John Brochu — Site Evaluator Signature
J. JOHN BROCHU

194 — SE #
968-3434

8/29/05 — Date

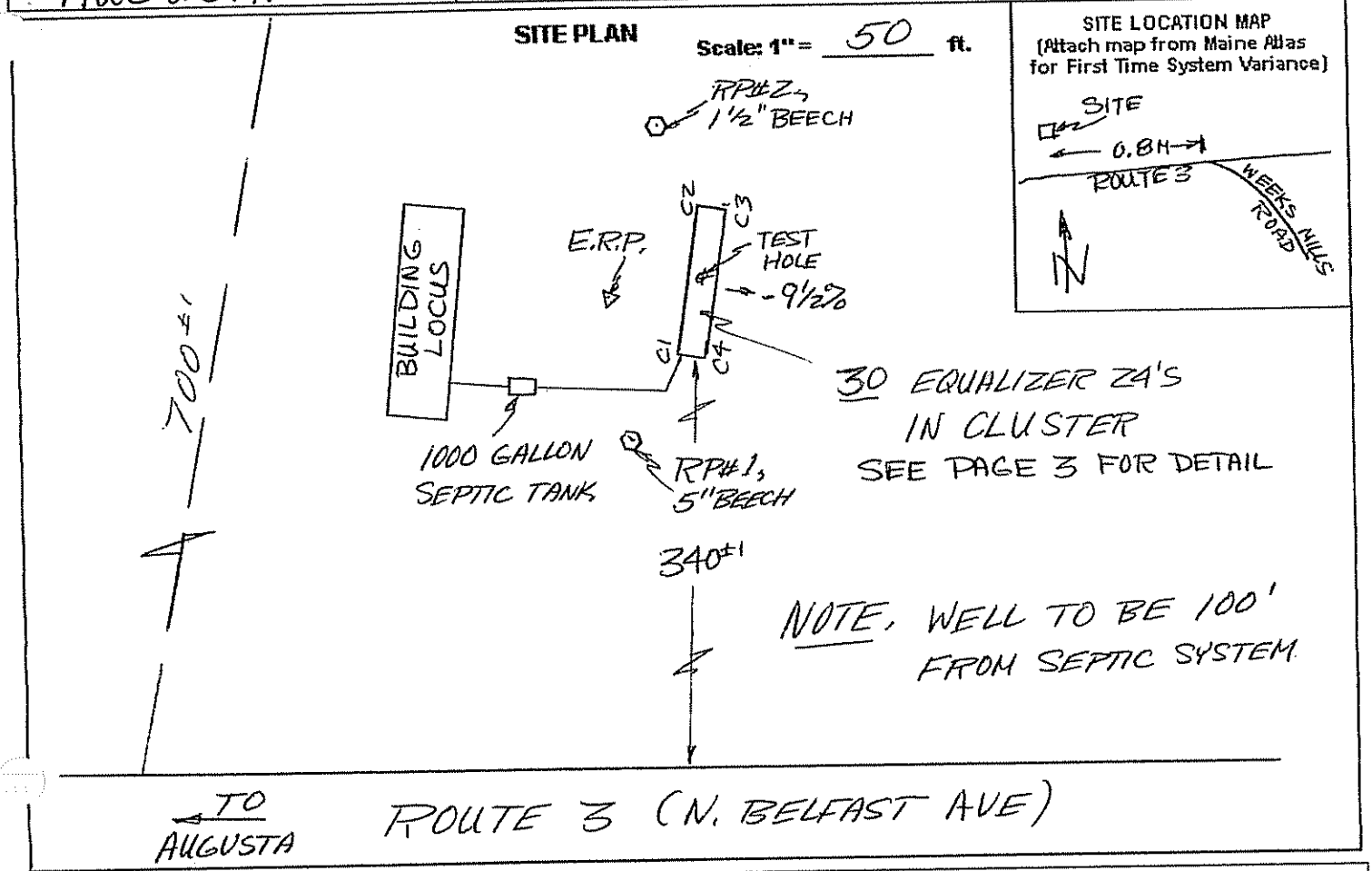
# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5672 FAX (207) 287-4172

| Town, City, Plantation | Street, Road, Subdivision | Owner or Applicant Name |
|---|---|---|
| AUGUSTA | ROUTE 3 | MARK LEGAL |

## SITE PLAN

Scale: 1" = 50 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 # 2 ☒ Test Pit ☐ Boring

2½" Depth of organic horizon above mineral soil

| Depth below mineral soil surface (inches) | Texture | Consistency | Color | Mottling |
|---|---|---|---|---|
| 0–6 | COBBLY SANDY LOAM | | BROWN | |
| 6–12 | | | REDDISH BROWN | |
| 12–18 | | FRIABLE | ORANGE BROWN | NONE |
| 18–24 | | | YELLOW OLIVE BROWN | |
| 24–30 | SILTY COBBLY SANDY LOAM | | LIGHT OLIVE BROWN | COMMON |
| 30–36 | | | | |
| 36–42 | | FIRM | OLIVE | |
| 42–48 | | | | |

| Soil Profile | Classification Condition | Slope Percent | Limiting Factor Depth | |
|---|---|---|---|---|
| 3 | C | 9½ | 25" | ☒ Groundwater ☐ Restrictive Layer ☐ Bedrock |

Observation Hole # _____ ☐ Test Pit ☐ Boring

_____" Depth of organic horizon above mineral soil

| Depth below mineral soil surface (inches) | Texture | Consistency | Color | Mottling |
|---|---|---|---|---|
| 0–6 | | | | |
| 6–12 | | | | |
| 12–18 | | | | |
| 18–24 | | | | |
| 24–30 | | | | |
| 30–36 | | | | |
| 36–42 | | | | |
| 42–48 | | | | |

| Soil Profile | Classification Condition | Slope Percent | Limiting Factor Depth | |
|---|---|---|---|---|
| | | | " | ☐ Groundwater ☐ Restrictive Layer ☐ Bedrock |

J. John Brochu
Site Evaluator Signature

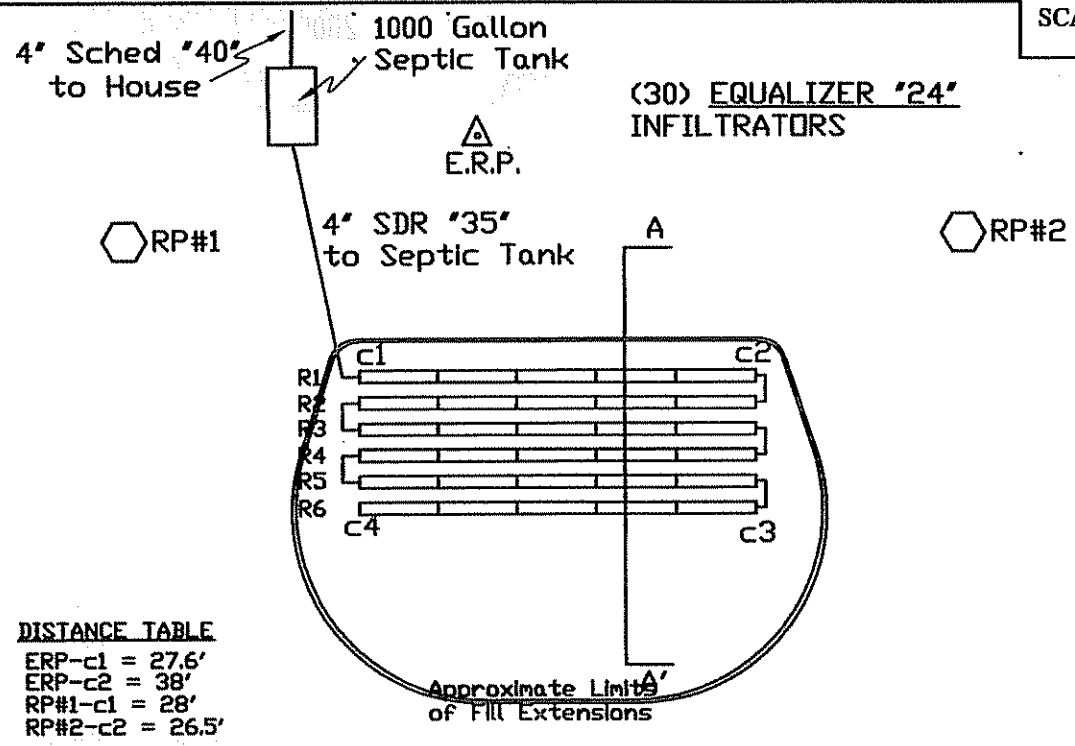
194
SE #

8/29/05
Date

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

## SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 20 FT.




**DISTANCE TABLE**

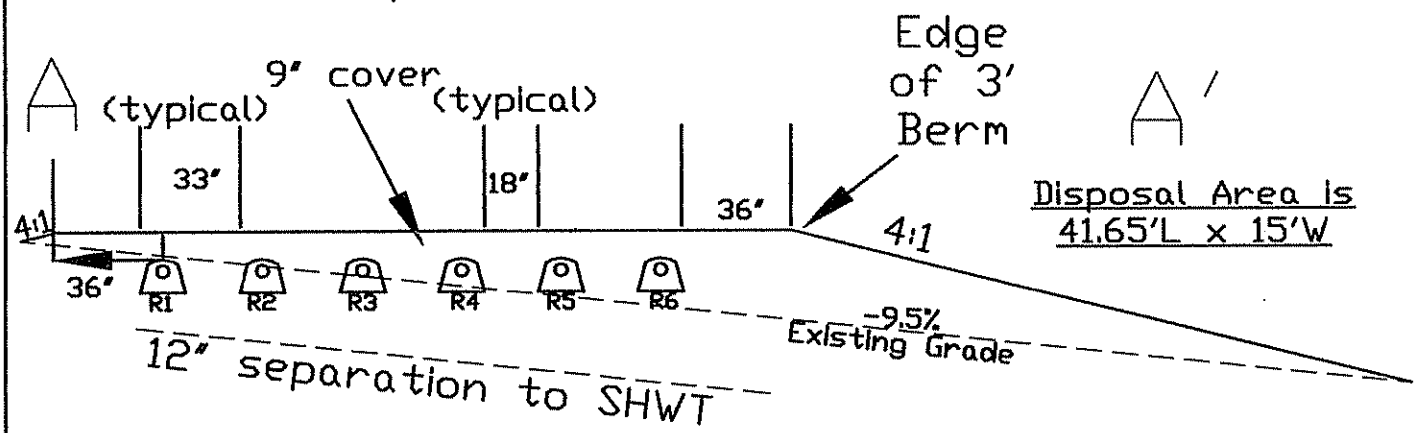
ERP-c1 = 27.6'
ERP-c2 = 38'
RP#1-c1 = 28'
RP#2-c2 = 26.5'

| FILL REQUIREMENTS | | CONSTRUCTION ELEVATIONS | | ELEVATION REFERENCE POINT |
|---|---|---|---|---|
| Depth of Fill (Upslope) | 7" | Finished Grade Elevation | Row#1-6 -65" | Location & Description: Nail 14" above ground on 2" Beech Tree |
| | | Top of Distribution Pipe or Proprietary Device | -74" | Reference Elevation: 0.0" |
| Depth of Fill (Downslope) | 24" | Bottom of Disposal Area | Row#1-6 -85" | |

## DISPOSAL AREA CROSS SECTION

Scale
Horizontal 1" = 5 ft.
Vertical 1" = 5 ft.

*Scarify surface before placing fill
*Fill To be Gravelly sand
*Loam & seed to prevent erosion




Disposal Area is
41.65'L x 15'W

| John Burchm | 194 | 8/29/2005 |
|---|---|---|
| Site Evaluator Signature | SE # | Date |

# 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, Plantation | AUGUSTA. |
| Street or Road | ROUTE 3 2923 No. Belfast Ave. |
| Subdivision, Lot # | |

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

AUGUSTA PERMIT # 5607 TOWN COPY
Date Permit Issued: 8 18 05 $ 100.00 FEE ☐ If Double Fee Charged
Local Plumbing Inspector Signature L.P.I. # 1858

## OWNER/APPLICANT INFORMATION

| | |
|---|---|
| Name (last, first, MI) | LEGAL, MARK E ☒ Owner ☐ Applicant |
| Mailing Address of ☒ Owner ☐ Applicant | 111 SANDY POINT RD. VASSALBORO, ME. 04989 |
| Daytime Tel. # | 445-5514 |

Municipal Tax Map # 8 Lot # 8

**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 — Date 8-8-05

**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

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. ☐ Experimental System
5. ☐ Seasonal Conversion Approval

### DISPOSAL SYSTEM COMPONENT(S)

1. ☒ Complete Non-engineered System
2. ☐ Primitive System (graywater & alternative toilet)
3. ☐ Alternative Toilet, specify: _____
4. ☐ Non-engineered Treatment Tank (only)
5. ☐ Holding Tank, capacity: _____ 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

6± ☐ sq. ft. ☒ acres

### SHORELAND ZONING

☐ Yes ☒ No

### DISPOSAL SYSTEM TO SERVE

1. ☒ Single Family Dwelling Unit, No. of Bedrooms: 2
2. ☐ Multiple Family Dwelling, No. of Units: _____
3. ☐ Other: _____ 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: 666 ☒ sq. ft. ☐ lin. ft.

### GARBAGE DISPOSAL UNIT

1. ☒ No 2. ☐ Yes 3. ☐ Maybe

>> If yes/maybe, specify one below:

a. ☐ Multi-Compartment Tank
b. ☐ Tanks in Series
c. ☐ Increase inTank Capacity
d. ☐ Filter on Tank Outlet

### DESIGN FLOW

200 gallons-per-day (gpd)

BASED ON:

1. ☒ Table 501.1 (dwelling unit(s)
2. ☐ Table 501.2 (other facilities)
   SHOW CALCULATIONS
   -- for other facilities --
3. ☐ Section 503.0 (meter readings)
   ATTACH WATER-METER DATA

### SOIL DATA & DESIGN CLASS

| PROFILE | CONDITION | DESIGN |
|---|---|---|
| 3 | C | 1 |

at Observation Hole # 2
Depth 25" 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 dose for engineered & experimental systems

DOSE: gallons

## SITE EVALUATOR STATEMENT

I certify that on 7/6/05 (date) I completed a site evaluation on this property and state that the data reported herein are accurate and that the proposed system is in compliance with the Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

J. John Brochu — Site Evaluator Signature
194 — SE #
7/7/05 — Date

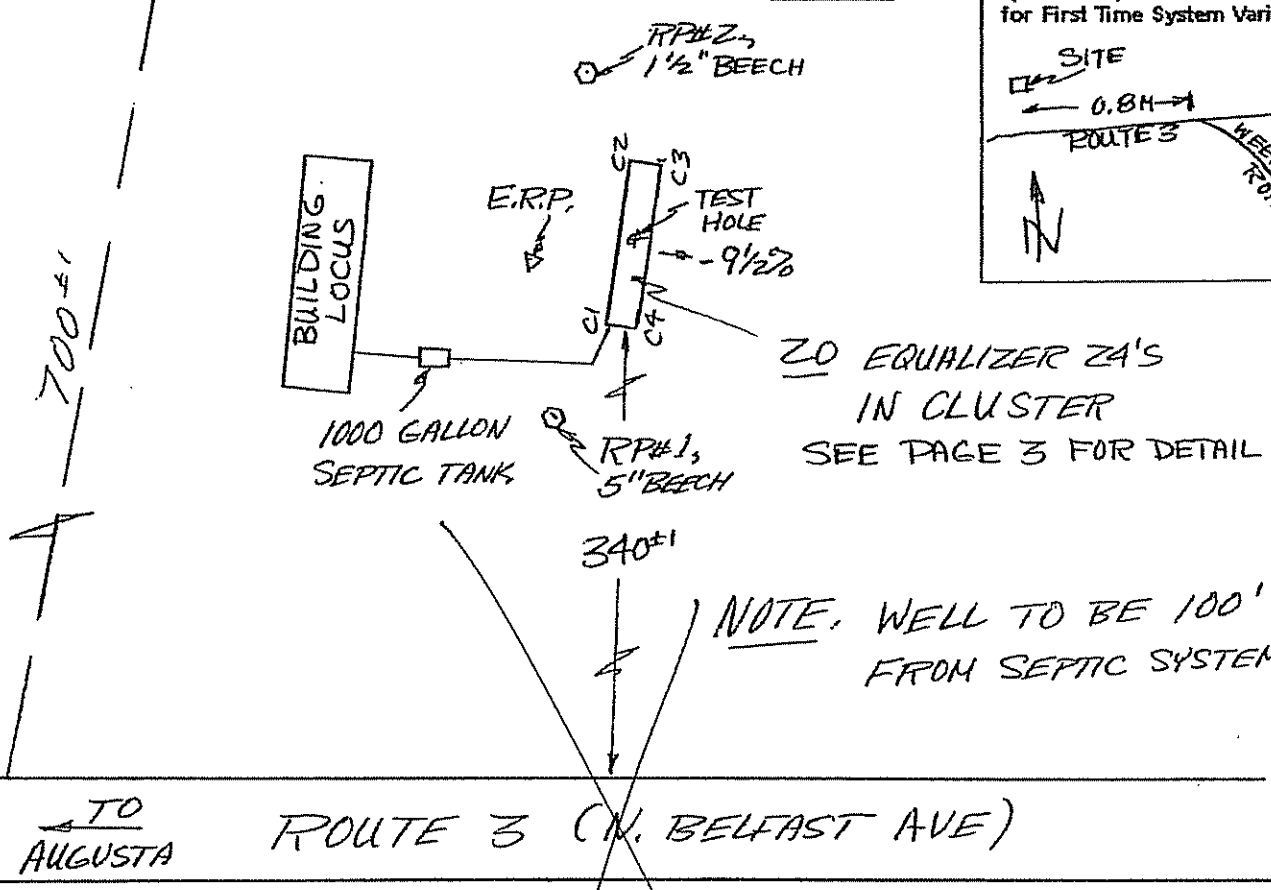
J. JOHN BROCHU 968-3434

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

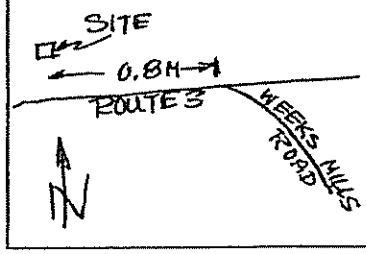
Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5672 FAX (207) 287-4172

| Town, City, Plantation | Street, Road, Subdivision | Owner or Applicant Name |
|---|---|---|
| AUGUSTA | ROUTE 3 | MARK LEGRAL |

**SITE PLAN** Scale: 1" = 50 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 # 2 ☒ Test Pit ☐ Boring

2½" Depth of organic horizon above mineral soil

| Depth below mineral soil surface (inches) | Texture | Consistency | Color | Mottling |
|---|---|---|---|---|
| 0–6 | COBBLY SANDY LOAM | | BROWN | |
| 6–12 | | | REDDISH BROWN | |
| 12–18 | | FRIABLE | ORANGE BROWN | NONE |
| 18–24 | | | YELLOW OLIVE BROWN | |
| 24–30 | SILTY COBBLY SANDY LOAM | | LT OLIVE BROWN | COMMON |
| 30–36 | | FIRM | OLIVE | |
| 36–42 | | | | |
| 42–48 | | | | |

| Soil Profile | Classification Condition | Slope Percent | Limiting Factor Depth | |
|---|---|---|---|---|
| 3 | C | 9½ | 25 | ☒ Groundwater ☐ Restrictive Layer ☐ Bedrock |

Observation Hole # _____ ☐ Test Pit ☐ Boring

_____" Depth of organic horizon above mineral soil

| Depth below mineral soil surface (inches) | Texture | Consistency | Color | Mottling |
|---|---|---|---|---|
| 0–6 | | | | |
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| 42–48 | | | | |

| Soil Profile | Classification Condition | Slope Percent | Limiting Factor Depth | |
|---|---|---|---|---|
| | | | | ☐ Groundwater ☐ Restrictive Layer ☐ Bedrock |

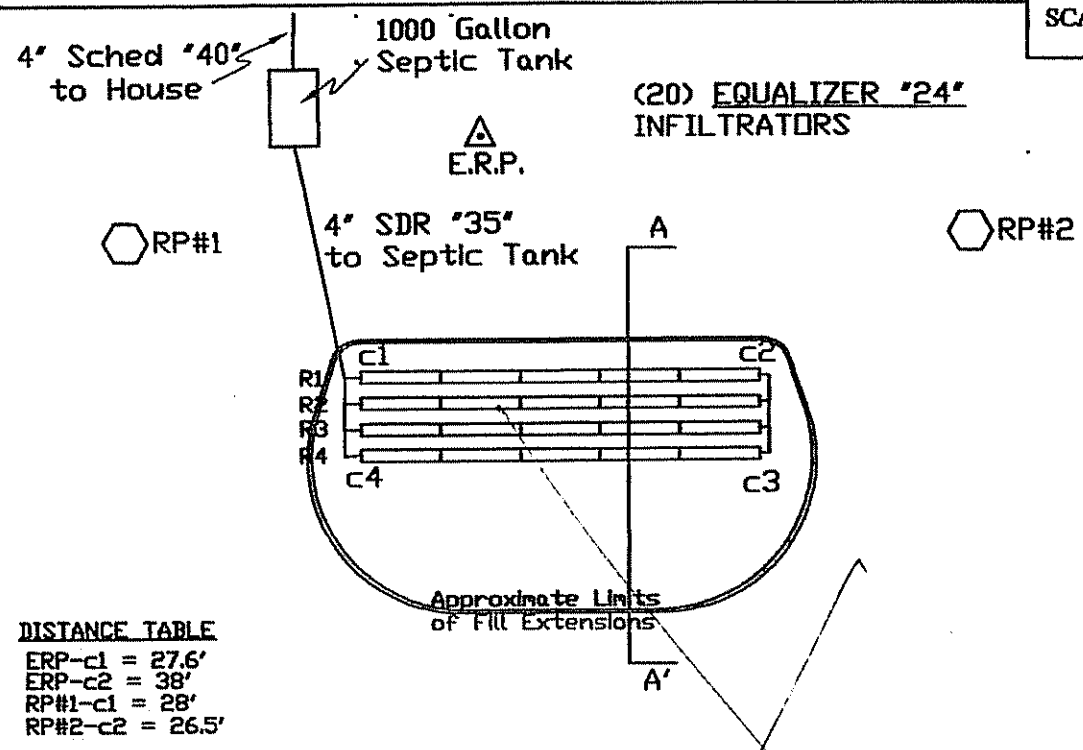
J. John Brochu — Site Evaluator Signature
194 — SE #
7/7/05 — Date

| SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION | Department of Human Services<br>Division of Health Engineering<br>(207) 287-5672 Fax: (207) 287-3165 |
|---|---|

| Town, City, Plantation | Street, Road, Subdivision | Owner's Name |
|---|---|---|
| AUGUSTA | ROUTE 3 | MARK LEGAL |

**SUBSURFACE WASTEWATER DISPOSAL PLAN**

SCALE: 1" = 20 FT.




**DISTANCE TABLE**

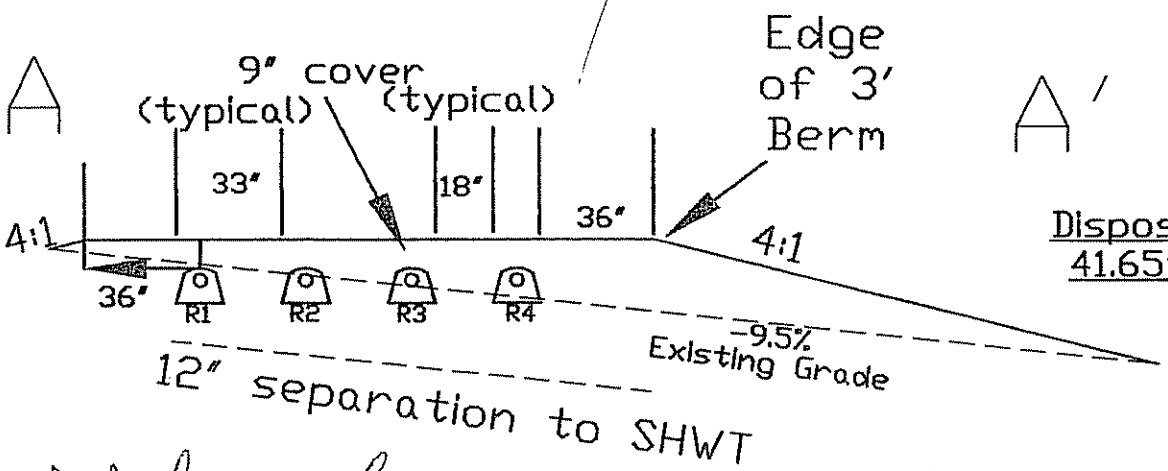
ERP-c1 = 27.6'
ERP-c2 = 38'
RP#1-c1 = 28'
RP#2-c2 = 26.5'

| FILL REQUIREMENTS | | CONSTRUCTION ELEVATIONS | | ELEVATION REFERENCE POINT |
|---|---|---|---|---|
| Depth of Fill (Upslope) | 7" | Finished Grade Elevation | Row#1-4 -65" | Location & Description: Nail 14" above ground on 2" Beech Tree |
| | | Top of Distribution Pipe or Proprietary Device | -74" | Reference Elevation: 0.0" |
| Depth of Fill (Downslope) | 19" | Bottom of Disposal Area | Row#1-4 -85" | |

**DISPOSAL AREA CROSS SECTION**

Scale
Horizontal 1" = 5 ft.
Vertical 1" = 5 ft.

*Scarify surface before placing fill
*Fill To be Gravelly sand
*Loam & seed to prevent erosion




Disposal Area Is 41.65'L x 9.5'W

J. John Buck — Site Evaluator Signature
194 — SE #
7/7/05 — Date