Division of Health Engineering, Station 10
(207) 287-5672 FAX (207) 287-4172

PROPERTY LOCATION

City, Town, or Plantation: AUGUSTA

Street or Road: WEEKS MILLS ROAD

Subdivision, Lot #:

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

AUGUSTA 5133 TOWN COPY

Date Permit Issued: 7/31/03 $ 100.00 ☐ If Double Fee Charged

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

OWNER/APPLICANT INFORMATION

Name (last, first, MI): SHEA, MICHAEL (Owner) Applicant

Mailing Address of ☒ Owner ☐ Applicant: RR#7 Box 1108, AUGUSTA, ME 04330

Daytime Tel #: 242-9982

Municipal Tax Map # 8 Lot # 12C

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

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 (1st) Date Approved 10/8/03 (2nd) Date Approved 10/10/03

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
± 4 ☐ 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 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
270 gallons per day
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 2, CONDITION A, DESIGN III
at Observation Hole # 1
Depth 16" 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 only for engineered or experimental systems:
DOSE: ____ gallons

SITE EVALUATOR STATEMENT

I Certify that on 3/23/02 (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 Date 4/23/02

VAUGHN L. SMITH
Site Evaluator Name Printed

STATE OF MAINE VAUGHN L. SMITH SE # 226 SITE EVALUATOR

Telephone #

10 CMR 241 (June 1, 2000)

Copied 7/31 8:15 AM

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

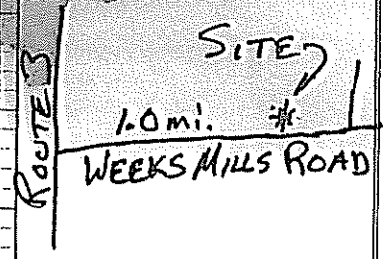
Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX (207) 287-4172

Town, City, Plantation: AUGUSTA
Street, Road Subdivision: WEEKS MILLS ROAD
Owner's Name: MICHAEL SHEA

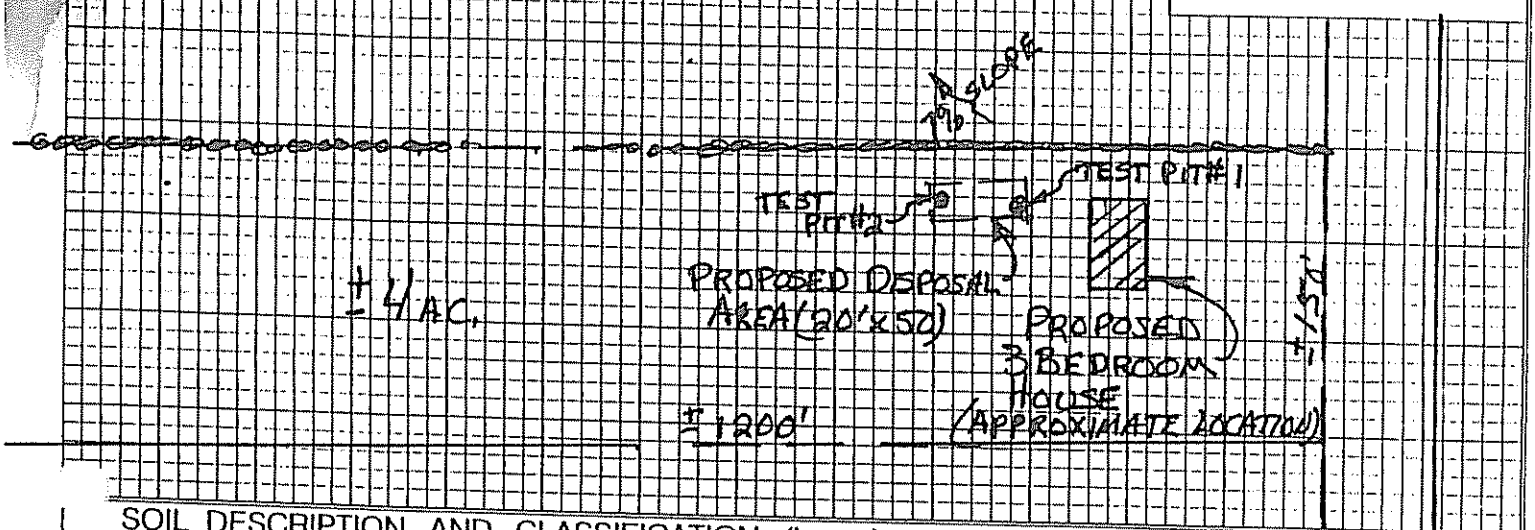
SITE PLAN

Scale 1" = 100 Ft. or as shown

SITE LOCATION PLAN (Map from Maine Atlas recommended)



NOTE: PROPERTY INFORMATION PROVIDED BY OWNER



SOIL 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
0–10	SANDY LOAM	FRIABLE	STRONG BROWN	NONE
10–20	XXX	XXX	XXX	XXX
20–30		BEDROCK @ 16"	REFUSAL	
30–40				
40–50				

Soil Classification	Slope	Limiting Factor	
2 (Profile) AIII (Condition)	4 %	16"	☐ Ground Water ☐ Restrictive Layer ☒ Bedrock ☐ Pit Depth

Observation Hole #2 ☒ Test Pit ☐ Boring
2" Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–10	COBBLY SANDY LOAM	FRIABLE	YELLOWISH BROWN	NONE
10–20				
20–30	XXX	XXX	XXX	XXX
30–40		BEDROCK @ 24"	REFUSAL	
40–50				

Soil Classification	Slope	Limiting Factor	
2 (Profile) AIII (Condition)	7 %	24"	☐ Ground Water ☐ Restrictive Layer ☒ Bedrock ☐ Pit Depth

Site Evaluator Signature: [signature]

SEAL: 226 SE

4/23/02
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

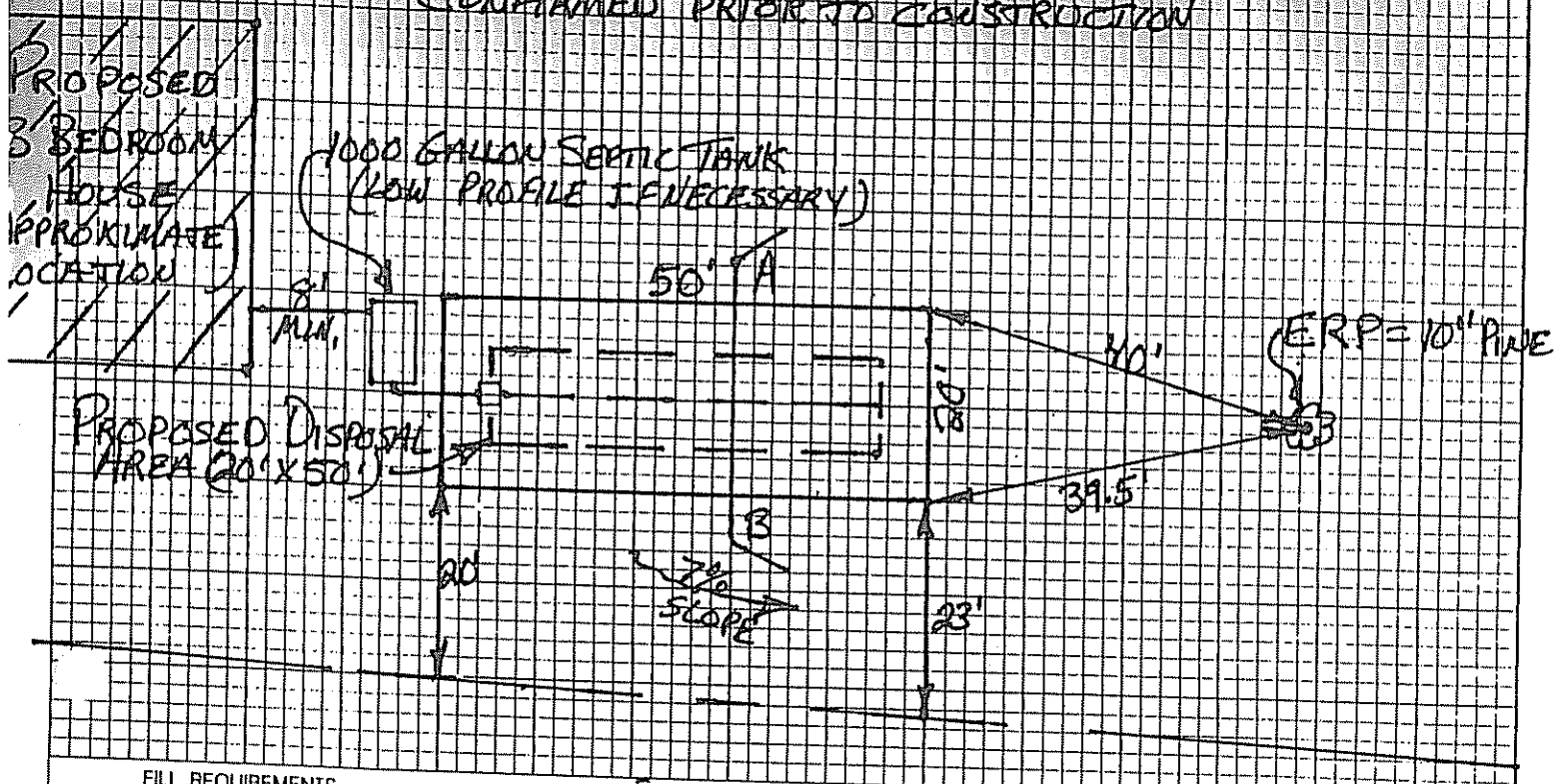
Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX (207) 287-4172

Town, City, Plantation: AUGUSTA
Street, Road, Subdivision: WEEKS MILLS ROAD
Owner's Name: MICHAEL SHEA

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) 32"
Depth of Fill (Downslope) 50"
FILL DEPTHS WILL VARY

CONSTRUCTION ELEVATIONS

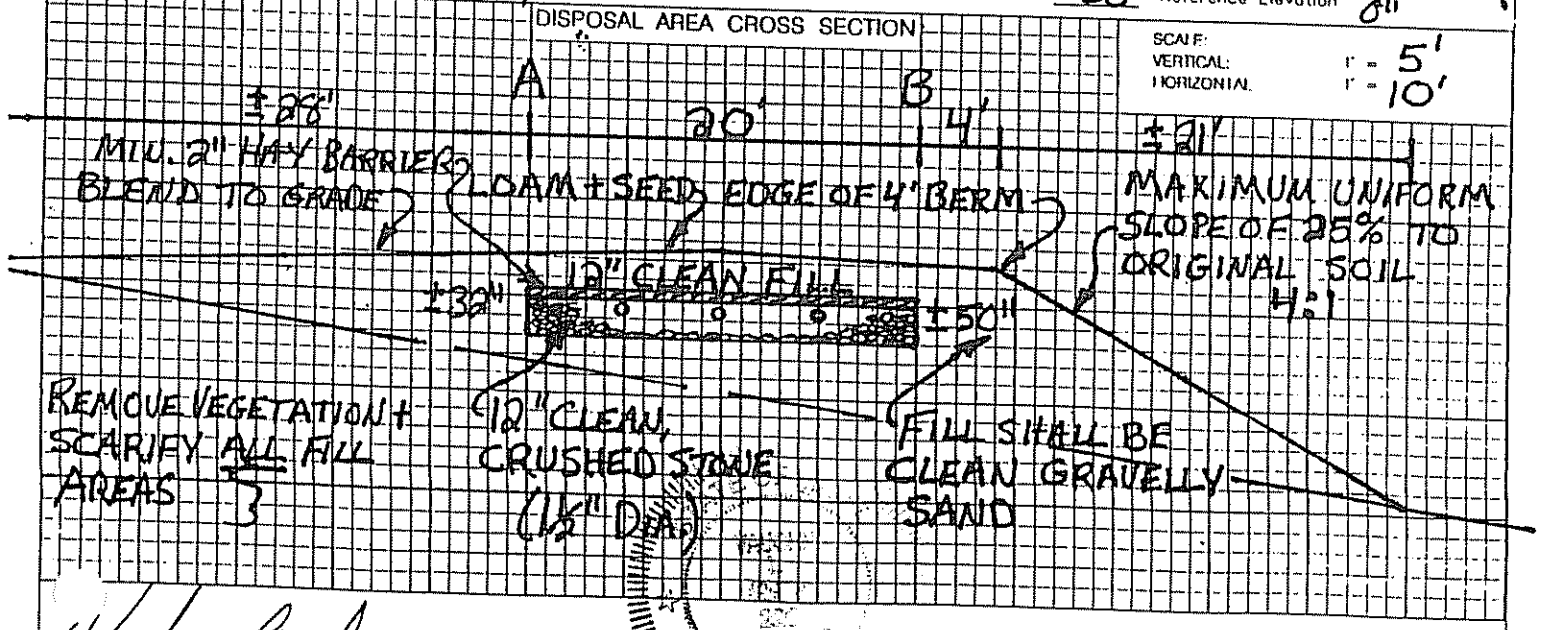
Finished Grade Elevation -14"
Top of Distribution Pipe or Proprietary Device -26"
Bottom of Disposal Area -38"

ELEVATION REFERENCE POINT

Location & Description 10" PINE N/NAIL 52" ABOVE GROUND
Reference Elevation 0"

DISPOSAL AREA CROSS SECTION

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



Site Evaluator Signature

226
SE #

4/23/02
Date