HHE-5/26/16

Maine Dept.Health & Human Services
DHS
2

SUBSURFACE WASTEWATER DISPOSAL SYS

AUGUSTA PERMIT #7230 TOWN COPY
Date Permit Issued: 5/24/16 $ 265.00 fee
LPI # 1137

PROPERTY LOCATION

City, Town, or Plantation: AUGUSTA
Street or Road: 115 WARD ROAD
Subdivision, Lot #: M8/L35B

OWNER/APPLICANT INFORMATION

Name (last, first, MI): SCANNELL, FRED
☒ Owner ☐ Applicant
Mailing Address of Owner/Applicant: P.O. BOX 166 AUGUSTA, ME 04332
Daytime Tel. #: 622-6730

Municipal Tax Map # _____ Lot # _____

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.
Signature of Owner or Applicant _____ Date 4-6-16

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 _____ (2nd) date approved

PERMIT INFORMATION

TYPE OF APPLICATION
☒ 1. First Time System
☐ 2. Replacement System
Type replaced: _____
Year installed: _____
☐ 3. Expanded System
☐ a. <25% Expansion
☐ b. >25% 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 (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
± 1.44 ☐ SQ. FT. ☒ ACRES

SHORELAND ZONING
☐ Yes ☒ No

DISPOSAL SYSTEM TO SERVE
☐ 1. Single Family Dwelling Unit, No. of Bedrooms: ____
☐ 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 3)

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: 20' x 45'
SIZE: 900 ☒ 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 4A (dwelling unit(s))
☐ 2. Table 4C(other facilities)
SHOW CALCULATIONS for other facilites
☐ 3. Section 4G (meter readings)
ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS
PROFILE CONDITION
4 C
at Observation Hole # 1
Depth 26"
of Most Limiting Soil Factor

DISPOSAL FIELD SIZING
☒ 1. Medium---2.6 sq. ft. / gpd
☐ 2. Medium---Large 3.3 sq. ft / gpd
☐ 3. Large---4.1 sq. ft. / gpd
☐ 4. 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

LATITUDE AND LONGITUDE
at center of disposal area
Lat. 44 d 19 m 20 s
Lon. 69 d 39 m 00 s
if g.p.s. state margin of error: _____

SITE EVALUATOR STATEMENT

I certify that on 3/1/16 (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 _____ SE # 226 Date 3/8/16
VAUGHN L. SMITH
Site Evaluator Name Printed _____ Telephone Number 441-3887 E-mail Address SOILTESTMAN@GMAIL.COM

STATE OF MAINE VAUGHN L. SMITH 226 LICENSED SITE EVALUATOR

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

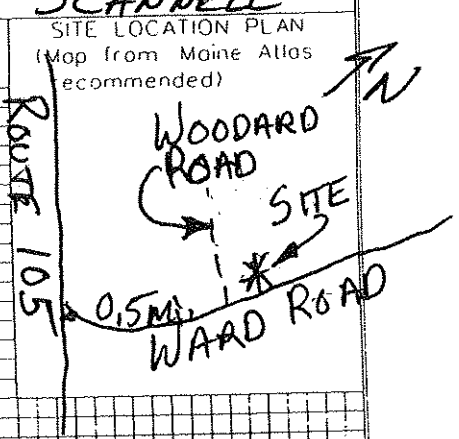
Town, City, Plantation: AUGUSTA

Street, Road, Subdivision: WARD ROAD

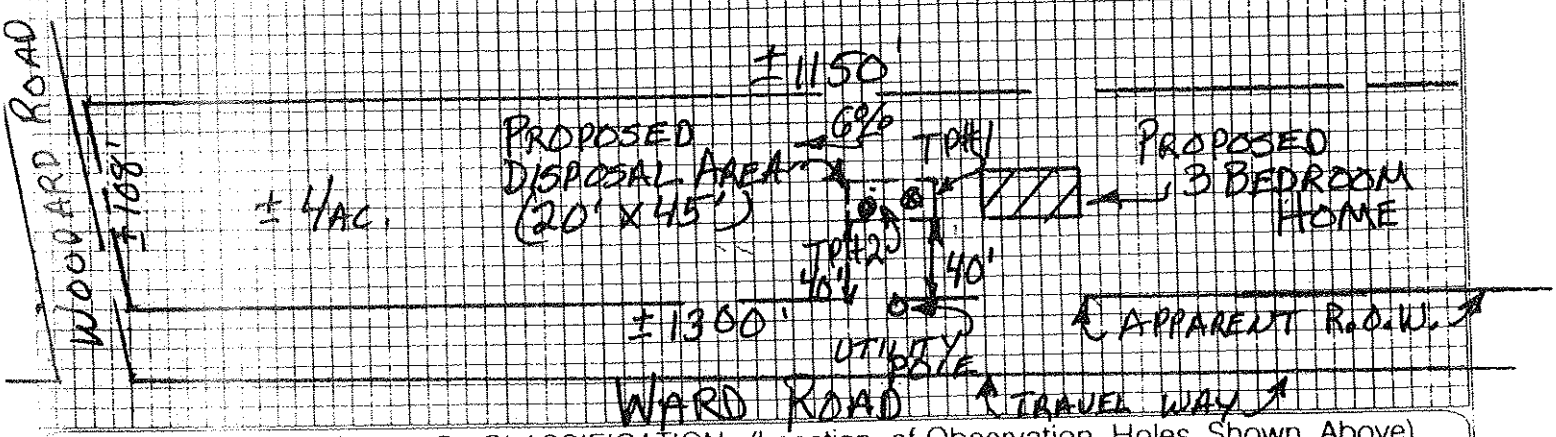
Owner's Name: FRED SCANNELL

SITE PLAN — Scale 1" = 100 Ft. or as shown

SITE LOCATION PLAN (Map from Maine Atlas recommended)



NOTE: ONLY A PORTION OF PROPERTY IS SHOWN



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
VERY BOULDERY SANDY LOAM	FRIABLE	DARK BROWN / YELLOWISH BROWN	NONE
		PALE OLIVE	FEW DISTINCT

Soil Classification: Profile	Condition	Slope	Limiting Factor	
4	C	6	26	☒ Ground Water ☐ Restrictive Layer ☐ Bedrock ☐ Pit Depth 226

Observation Hole #2 ☒ Test Pit ☐ Boring

2" Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
SAMES AS TP#1			

Soil Classification: Profile	Condition	Slope	Limiting Factor	
4	C	6	26	☒ Ground Water ☐ Restrictive Layer ☐ Bedrock ☐ Pit Depth

STATE OF MAINE — VAUGHN SMITH — 226 — LICENSED SITE EVALUATOR

Vaughn L. Smith
Site Evaluator Signature

3/8/16
Date

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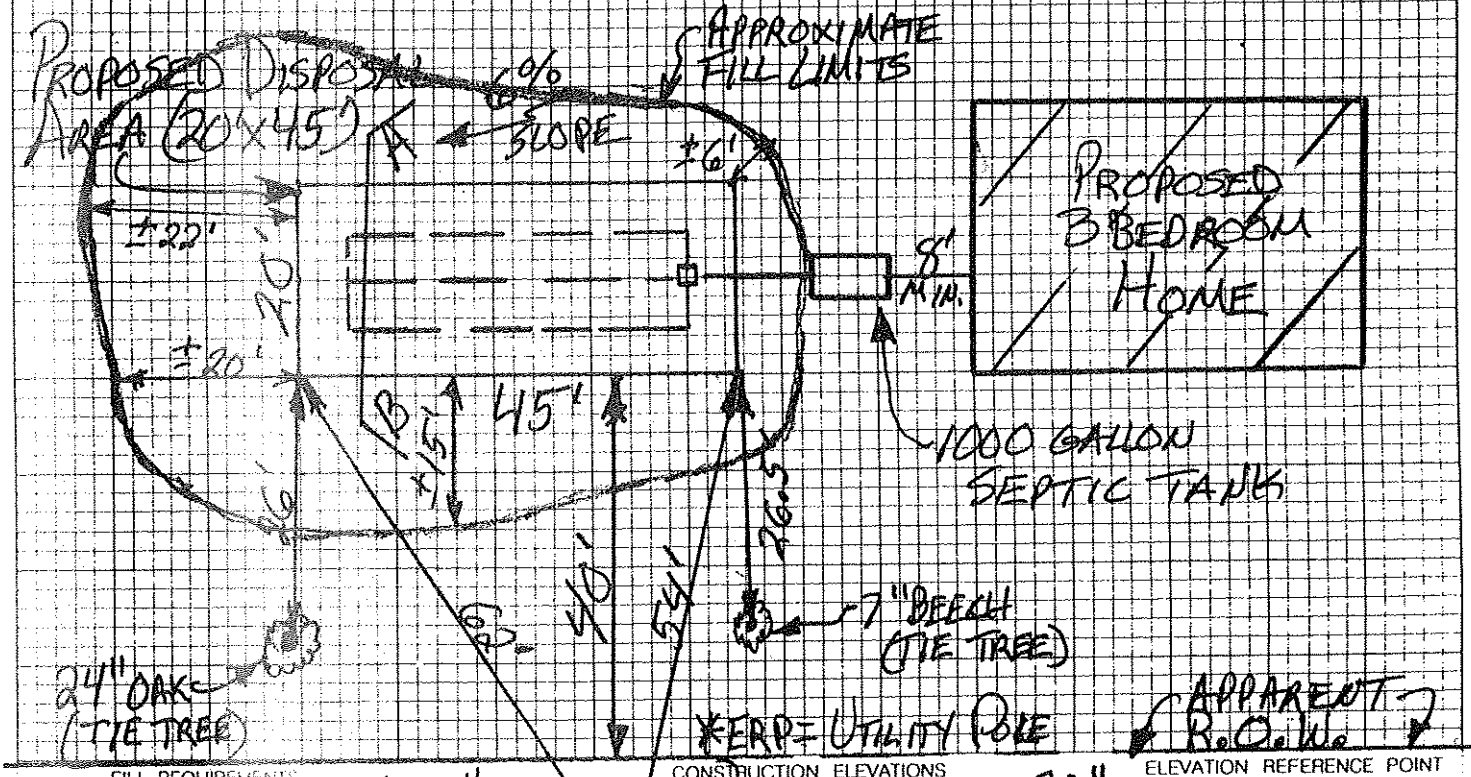
SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT

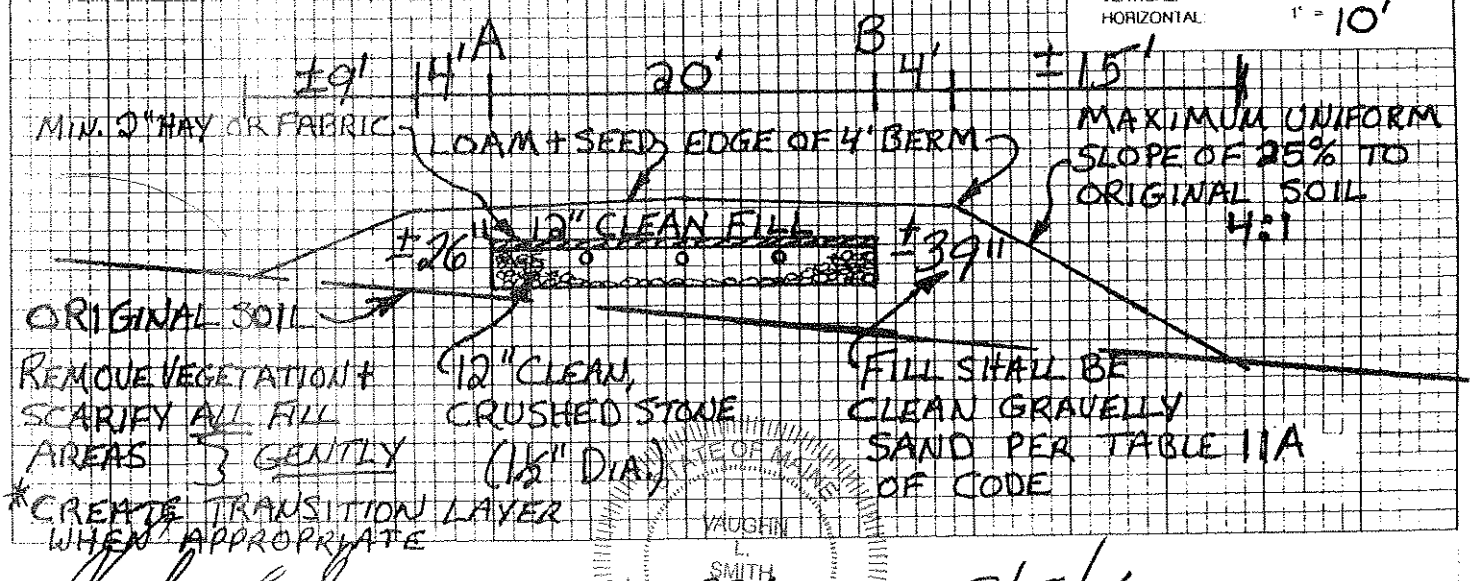
NOTE:
ALL TIES, ELEVATIONS, + PROPERTY LINES SHALL BE CONFIRMED PRIOR TO CONSTRUCTION



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT	
Depth of Fill (Upslope)	±26"	Finished Grade Elevation	−30"	Location & Description	UTILITY POLE W/NAIL 45" ABOVE GROUND
Depth of Fill (Downslope)	±39"	Top of Distribution Pipe or Proprietary Device	−32"		
FILL DEPTHS WILL VARY		Bottom of Disposal Area	−44"	Reference Elevation	

DISPOSAL AREA CROSS SECTION

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



STATE OF MAINE
VAUGHN L. SMITH
226
LICENSED
SITE EVALUATOR

Site Evaluator Signature

3/8/16
Date