SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Division of Health Engineering, 10 SHS
(207) 287-5672 Fax: (207) 287-3165

PROPERTY LOCATION

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

City, Town, or Plantation	AUGUSTA
Street or Road	MILL ROAD OFF
Subdivision, Lot #	ALBEE ROAD

AUGUSTA PERMIT # 5901 OWN COPY

Date Permit Issued: 6/1/2006 $ 100.00 ☐ If Double Fee Charged

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

OWNER/APPLICANT INFORMATION

Name (last, first, MI)	GRIFFIN, WILLIAM ☒ Owner ☐ Applicant
Mailing Address of Owner/Applicant	20 GRIFFIN POINT ROAD AUGUSTA, ME 04330
Daytime Tel. #	622-2591

Municipal Tax Map # 17 Lot # 43 C

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.

William Griffin 6/8/06
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 7/26/06 (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 (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

± 3 ☐ 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 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: ____

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

SOIL DATA & DESIGN CLASS

PROFILE CONDITION DESIGN

3 / C /

at Observation Hole # 2

Depth 18"

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

LATITUDE AND LONGITUDE

at center of disposal area

Lat. 44 d 19 m 50 s

Lon. 69 d 39 m 55 s

If g.p.s., state margin of error: ____

SITE EVALUATOR STATEMENT

I certify that on 5/1/06 (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 6/7/06

VAUGHN L. SMITH Site Evaluator Name Printed 724-5635 Telephone Number SOILTESTMAN@AOL.COM E-mail Address

VAUGHN L. SMITH SITE EVALUATOR

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

HHE-200 Rev. 4/05

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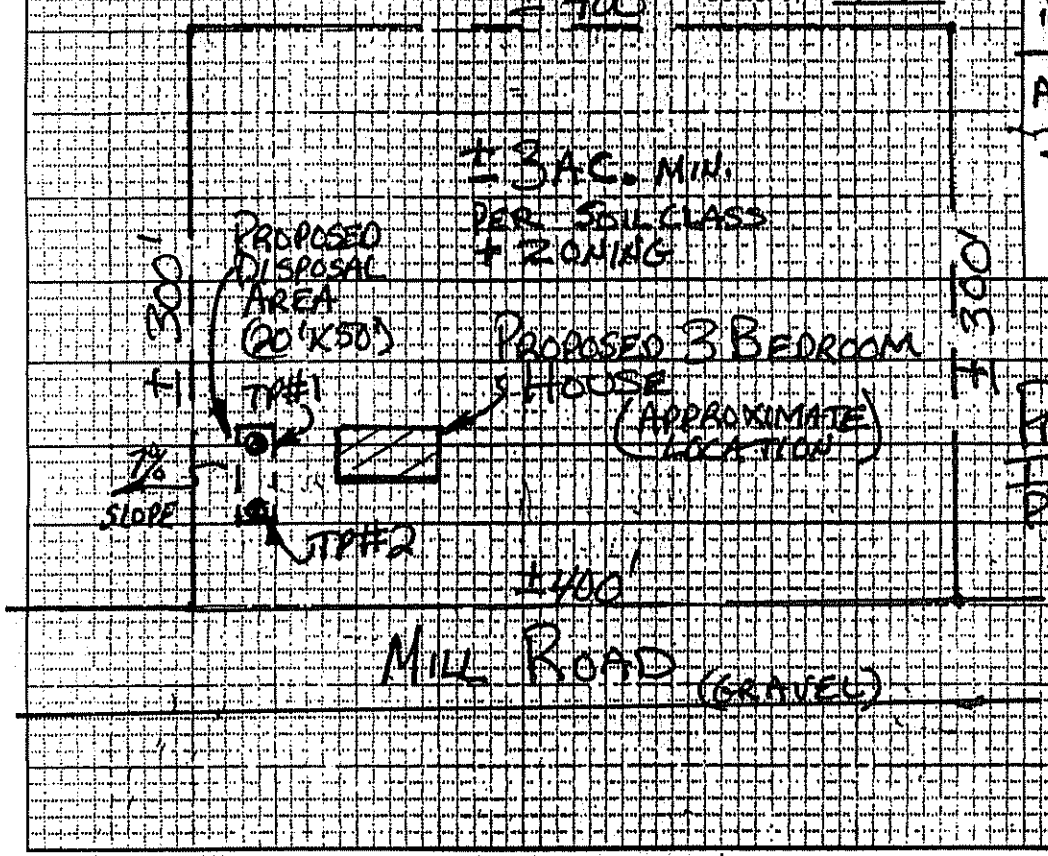
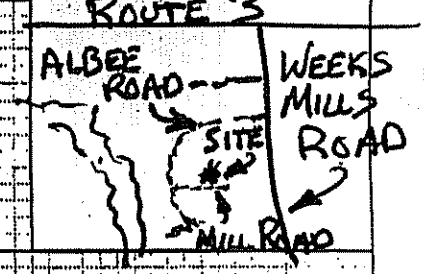
Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation	Street, Road, Subdivision	Owner or Applicant Name
AUGUSTA	MILL ROAD	WILLIAM GRIFFIN

SITE PLAN: ±400' Scale: 1" = 100 ft.



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



PROPERTY INFORMATION PER OWNER

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

Observation Hole # 1 ☒ Test Pit ☐ Boring

1" Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–6	COBBLY	FRIABLE	OLIVE BROWN	NONE
6–12	FINE			
12–18	SANDY	////		////
18–24	LOAM			
24–36		FIRM	PALE OLIVE	FEW FAINT
36–48				

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	
3	C	7	18	☒ 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	COBBLY TO BOULDERY	FRIABLE	YELLOWISH BROWN	NONE
6–12	FINE			
12–18	SANDY	////		////
18–24	LOAM			
24–36		FIRM	PALE OLIVE	FEW FAINT
36–48				

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	
3	C	8	18	☒ Groundwater ☐ Restrictive Layer ☐ Bedrock

STATE OF MAINE VAUGHN SMITH 226 CERTIFIED SITE EVALUATOR

Site Evaluator Signature: [signature] SE #: 226 Date: 6/07/06

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

Town, City, Plantation: AUGUSTA

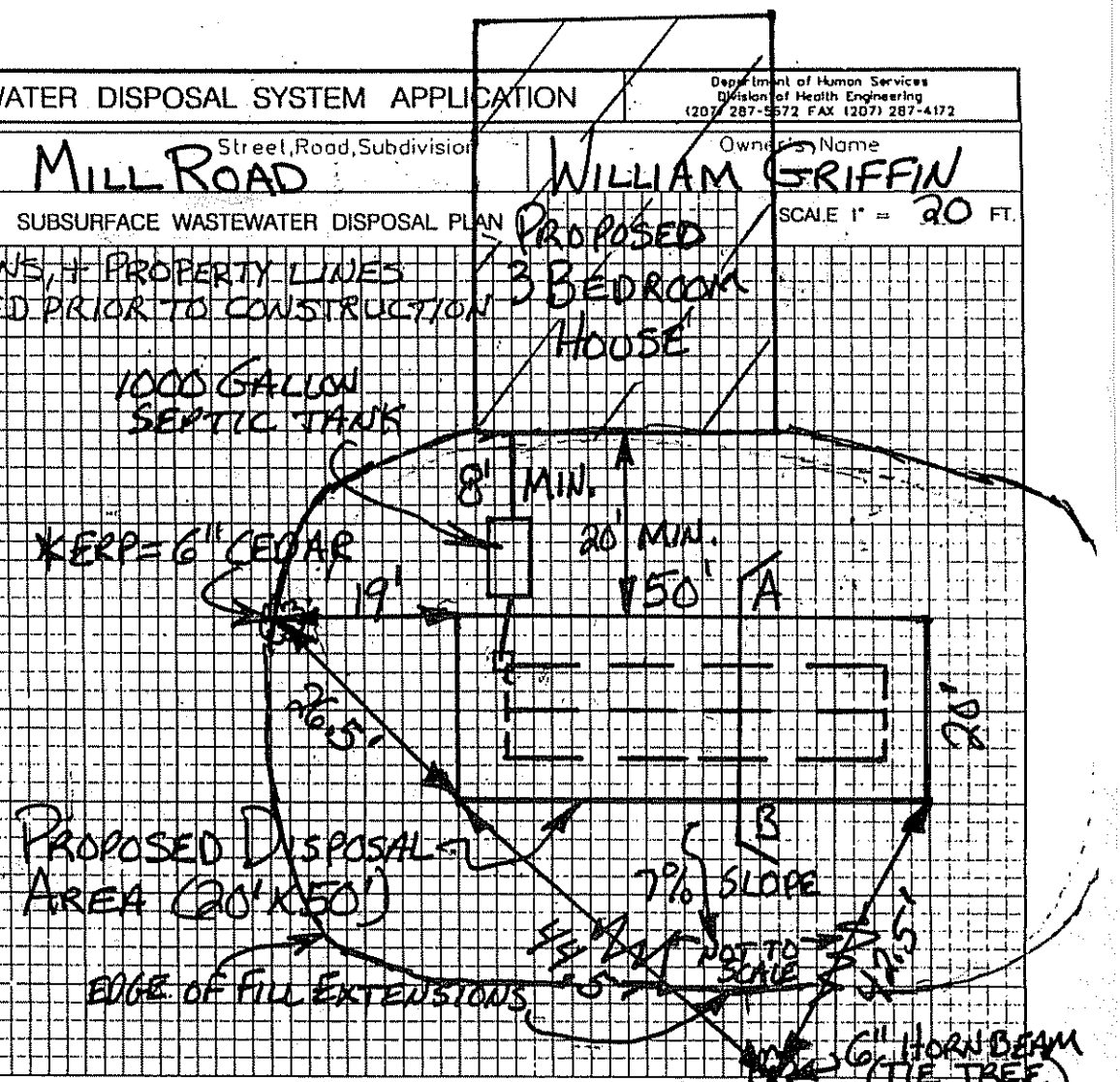
Street, Road, Subdivision: MILL ROAD

Owner's Name: WILLIAM GRIFFIN

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT.

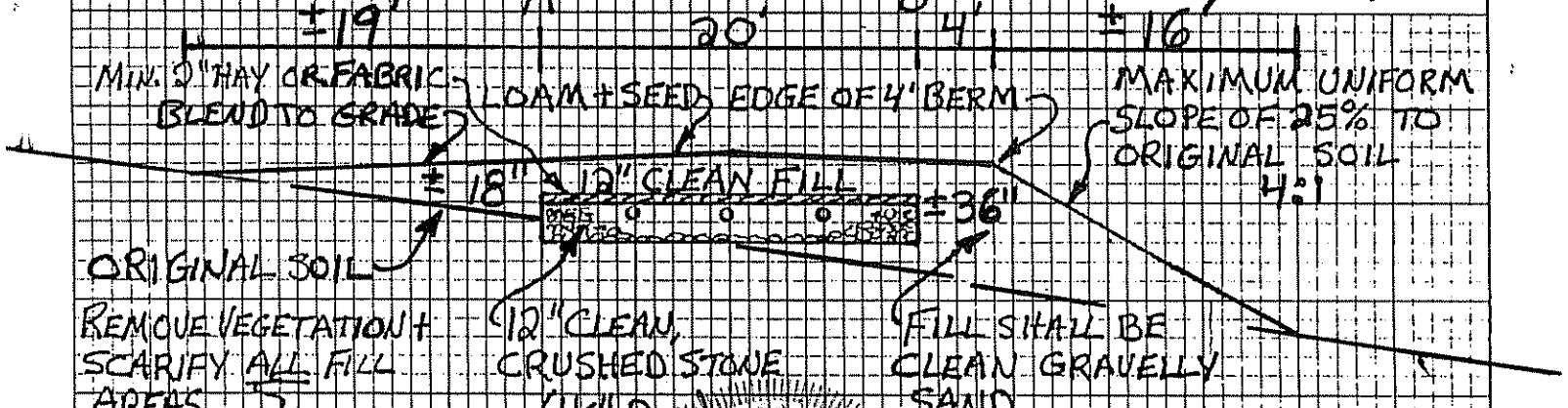
NOTE:
ALL TIES, ELEVATIONS, + PROPERTY LINES SHALL BE CONFIRMED PRIOR TO CONSTRUCTION



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT
Depth of Fill (Upslope)	18"	Finished Grade Elevation	-44"	Location & Description: 6" CEDAR W/NAIL 6" ABOVE GROUND
Depth of Fill (Downslope)	36"	Top of Distribution Pipe or Proprietary Device	-56"	
FILL DEPTHS WILL VARY		Bottom of Disposal Area	-68"	Reference Elevation: 0'

DISPOSAL AREA CROSS SECTION

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



Site Evaluator Signature: [signature]

VAUGHN L. SMITH 226 LICENSED SITE EVALUATOR

Date: 6/07/06