

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

RECEIVED
 Maine Dept. Health & Human Services
 Division of Environmental Health, 11 SHS
 Tel: 603-271-5672 FAX: 603-271-3165

PROPERTY LOCATION

City, Town, or Plantation: **AUGUSTA**

Street or Road: **83 BOLTON HILL ROAD**

Subdivision, Lot #:

OWNER/APPLICANT INFORMATION

Name (Last, First, MI): **RUSS, FRED** Owner Applicant

Mailing Address of Owner/Applicant: **2206 THAMES DR CONYERS, GA 30013**

Daytime Tel. #: **(678) 699-5214**

AUGUSTA PERMIT #66103
 Date Permit Issued: **8/10/12**

15.00
 TOWN COPY
 \$ **250.00** fee
 LPI # **850**

Gay R. Fuller

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/Applicant: *FRUSS* Date: **8/13/2012**

CAUTION: INSPECTION REQUIRED

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Application.

Local Plumbing Inspector Signature: *Gay R. Fuller* (1st) Date Approved: **12/20/12**
 (2nd) Date Approved:

PERMIT INFORMATION

<p>TYPE OF APPLICATION</p> <p><input checked="" type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type Replaced: _____ Year Installed: _____</p> <p><input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. <25% Expansion <input type="checkbox"/> b. >25% Expansion</p> <p><input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion</p>	<p>THIS APPLICATION REQUIRES</p> <p><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</p> <p><input type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval</p> <p><input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Variance</p>	<p>DISPOSAL SYSTEM COMPONENTS</p> <p><input checked="" type="checkbox"/> 1. Complete Non-Engineered System <input type="checkbox"/> 2. Primitive System (greywater & 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) <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</p>
<p>SIZE OF PROPERTY</p> <p>3 <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres</p>	<p>DISPOSAL SYSTEM TO SERVE</p> <p><input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: 3 <input type="checkbox"/> 2. Multiple Family Dwelling Unit, No. of Units: _____ <input type="checkbox"/> 3. Other _____ (specify)</p> <p>Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped</p>	<p>TYPE OF WATER SUPPLY</p> <p><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</p>
<p>SHORELAND ZONING</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p><input checked="" type="checkbox"/> 1. Concrete <input type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other _____</p> <p>CAPACITY 1000 GAL</p>	<p>DISPOSAL FIELD TYPE & SIZE</p> <p><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 _____</p> <p>SIZE 900 sq. ft. <input type="checkbox"/> lin. ft.</p>	<p>GARBAGE DISPOSAL UNIT</p> <p><input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, Specify one below: <input type="checkbox"/> a. Multicompartment Tank <input type="checkbox"/> b. Tanks in Series <input type="checkbox"/> c. Increase in Tank Capacity <input type="checkbox"/> d. Filter on Tank Outlet</p>	<p>DESIGN FLOW</p> <p>270 gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 501.1 (dwelling units) <input type="checkbox"/> 2. Table 501.2 (other facilities) SHOW CALCULATIONS for other facilities</p>
<p>SOIL DATA & DESIGN CLASS</p> <p>PROFILE CONDITION: 3 / D at Observation Hole # TP Depth 10" of most limiting Soil Factor</p>	<p>DISPOSAL FIELD SIZING</p> <p><input type="checkbox"/> 2. Medium - 2.6 sq. ft./gpd <input checked="" type="checkbox"/> 3. Medium-Large - 3.3 sq. ft./gpd <input type="checkbox"/> 4. Large - 4.1 sq. ft./gpd <input type="checkbox"/> 5. Extra-Large - 5.0 - sq. ft./gpd</p>	<p>EFFLUENT/EJECTOR PUMP</p> <p><input type="checkbox"/> 1. Not Required <input checked="" type="checkbox"/> 2. May Be Required <input type="checkbox"/> 3. Required Specify only for engineered systems</p> <p>DOSE _____ gallons</p>	<p><input type="checkbox"/> 3. Section 503.0 (meter readings) ATTACH WATER METER DATA</p> <p>LATITUDE AND LONGITUDE at center of disposal area Lat. 44 d 19 m 13.1 s Lon. 69 d 41 m 48.0 s if g.p.s. state margin of error: _____</p>

SITE EVALUATOR'S STATEMENT

I certify that on **12/9/2011** (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)

Signature: *Richard A. Green* SE#: **195** Date: **12/13/2011**

Site Evaluator Name Printed: **RICHARD A. GREEN** Telephone Number: **(207)685-8141** E-mail Address: **richard.a.green@roadrunner.com**

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

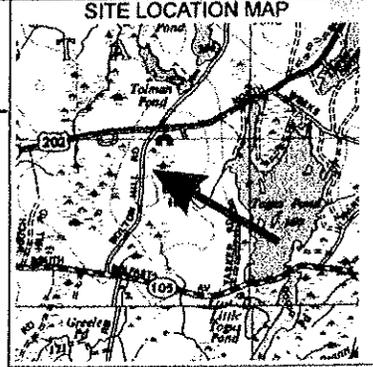
Maine Department of Human Services
 Division of Health Engineering, 10 SHS
 (207) 287-5672 FAX (207) 287-3165

Town, City, Plantation
AUGUSTA

Street, Road, Subdivision
83 BOLTON HILL ROAD

Owner or Applicant Name
FRED RUSS

SITE PLAN Scale 1" = 50 Ft.



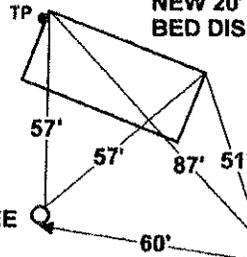
APPROXIMATE PROPERTY LINES

APPROXIMATE HOUSE LOCATION



~ 500' TO BOLTON HILL ROAD

NEW 20' X 45' STONE BED DISPOSAL AREA



FLAGGED ASH TREE

ELEVATION REFERENCE POINT - NAIL IN OAK TREE

STONE WALL

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

Observation Hole # TP Test Pit Boring

_____ " Depth of Organic Horizon Above Mineral Soil

0	Texture	Consistency	Color	Mottling
0			DARK BROWN	
6	LOAMY SAND	FRIABLE	BROWN	
10				COMMON
15				
20		FIRM	OLIVE	
30				
40				
50				

Soil Profile 3 Classification D Slope 9 % Limiting Factor 10 "

Ground Water
 Restrictive Layer
 Bedrock

Observation Hole # _____ Test Pit Boring

_____ " Depth of Organic Horizon Above Mineral Soil

0	Texture	Consistency	Color	Mottling
0				
6				
10				
15				
20				
30				
40				
50				

Soil Profile _____ Classification _____ Slope _____ % Limiting Factor _____ "

Ground Water
 Restrictive Layer
 Bedrock

Richard A. Pen
 Site Evaluator Signature

195
 SE #

12/13/2011
 Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-6672 Fax: (207) 287-3166

Town, City, Plantation

AUGUSTA

Street, Road, Subdivision

83 BOLTON HILL ROAD

Owner or Applicant Name

FRED RUSS

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 ft.

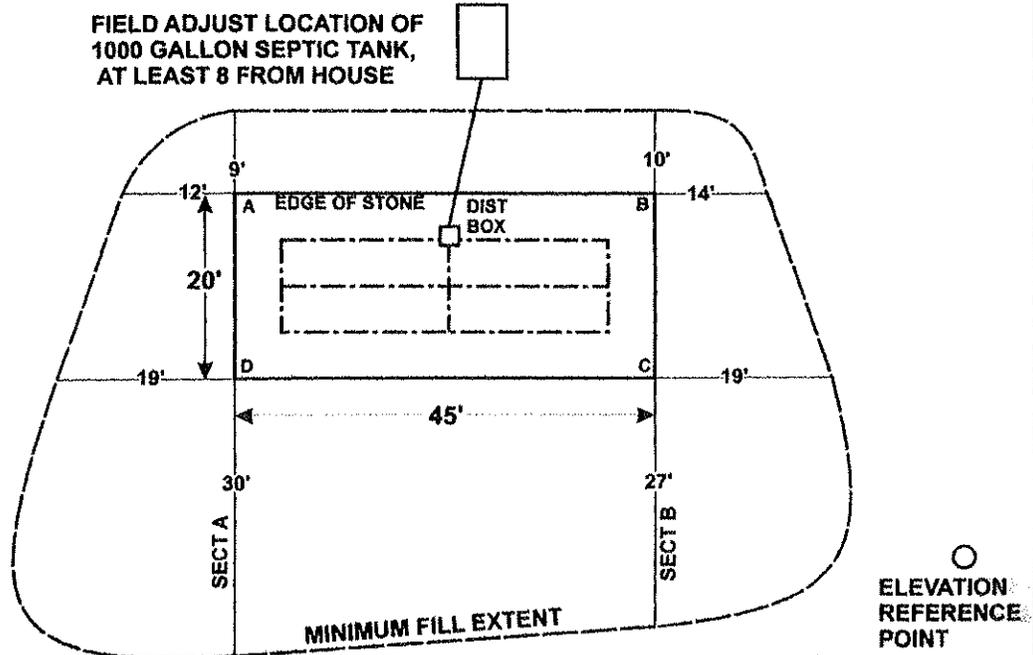
NOTES:

1. INSTALL ACCORDING TO LATEST VERSION OF SUBSURFACE WASTEWATER DISPOSAL RULES. CHAPTER 241 RULES ARE ONLINE AT <http://www.maine.gov/sos/cec/rules/10/144/144c241.doc>
2. LOCATE 1000 GALLON SEPTIC TANK, AND PUMP IF NEEDED, AT LEAST 8' FROM HOUSE AND 50' FROM WELLS AND STREAMS, AT ELEVATION TO ALLOW GRAVITY FLOW IF POSSIBLE.
3. CONSTRUCT DURING DRY SOIL CONDITIONS. FILL SHALL BE COARSE SAND TO GRAVELLY COARSE SAND MEETING THE REQUIREMENTS OF SECTION 11 OF THE SUBSURFACE WASTEWATER DISPOSAL RULES.
4. GRADE TO DIVERT RUNOFF AROUND DISPOSAL AREA. CONSTRUCT DIVERSION DITCH TO CONVEY RUNOFF AROUND BED. A CURTAIN DRAIN LOCATED AT LEAST 10' UPHILL OF THE DISPOSAL AREA IS OPTIONAL BUT RECOMMENDED TO HELP CONTROL GROUNDWATER

FIELD ADJUST LOCATION OF 1000 GALLON SEPTIC TANK, AT LEAST 8' FROM HOUSE

ORIGINAL GROUND ELEVATIONS AT CORNERS

- A -49"
- B -53"
- C -70"
- D -70"



BACKFILL REQUIREMENTS

Depth of Backfill (upslope) 32-36 "
Depth of Backfill (downslope) 50 "
DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

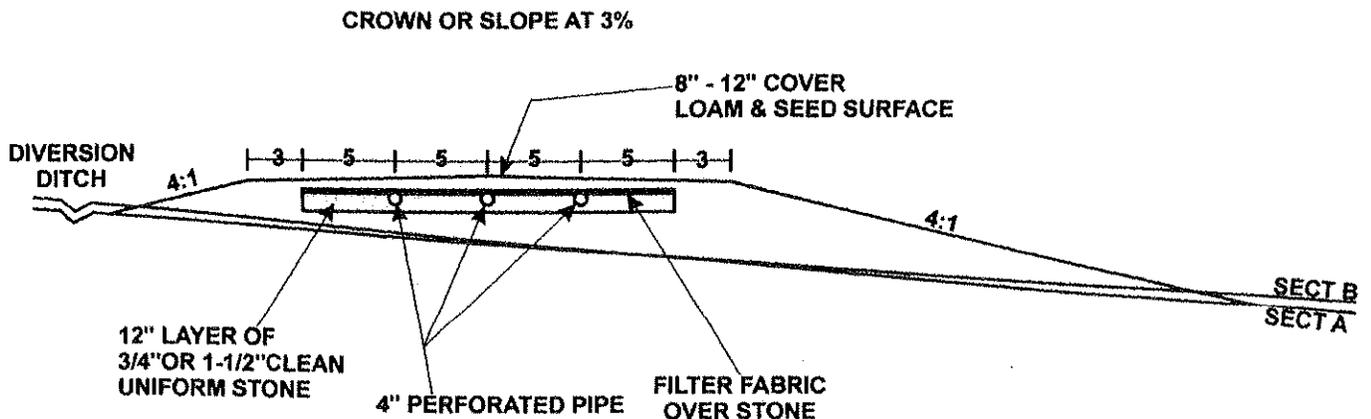
Finished Grade Elevation - 17 to -20 "
Top of Distribution Pipe or Proprietary Device -30 "
Bottom of Disposal Field -41 "

ELEVATION REFERENCE POINT

Location & Description NAIL IN OAK TREE
75" ABOVE GROUND
Reference Elevation is 0.0' or:

DISPOSAL FIELD CROSS SECTION

Scales
Vertical: 1" = 10 ft.
Horizontal: 1" = 10 ft.



REMOVE ORGANIC LAYER AND SCARIFY SOIL UNDER ENTIRE FILL AREA
MIX 4-6" SANDY FILL WITH UPPER SOIL LAYER TO CREATE TRANSITION HORIZON

Richard A. Ben
Site Evaluator Signature

195
SE#

12/13/2011
Date

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