Part of Map 11 Lot 21 - Subdividing

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services, Division of Health Engineering, 10 SHS (207) 287-3168

PROPERTY LOCATION

City, Town, or Plantation	AUGUSTA
Street or Road	CHURCHILL ROAD
Subdivision, Lot #	

>> CAUTION: LPI APPROVAL REQUIRED <<

Town/City Augusta Permit # 6658

Date Permit Issued 7/9/12 Fee: $250.00 + 15.00 Double Fee Charged [ ]

Gary R. Fuller
Local Plumbing Inspector Signature L.P.I. # 850

OWNER/APPLICANT INFORMATION

Name (last, first, MI) BROCHU, JEAN D, [X] Owner [ ] Applicant

Mailing Address of Owner/Applicant	104 CHURCHILL ROAD AUGUSTA, ME 04330
Daytime Tel. #	207 622 0545

The Internal Plumbing Fixtures and Piping shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the plumbing system in accordance with this application and the Maine Internal Plumbing Rules.

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.

Jean D. Brochu
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 Maine Plumbing Rules.

Date Approved (Rough-In)

Local Plumbing Inspector Signature Date Approved (Final)

PERMIT INFORMATION

TYPE OF APPLICATION

[X] 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

[X] 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

[X] 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

2+ [ ] SQ. FT. [X] ACRES

SHORELAND ZONING

[ ] Yes [X] No

DISPOSAL SYSTEM TO SERVE

[X] 1. Single Family Dwelling Unit, No. of Bedrooms: 2
[ ] 2. Multiple Family Dwelling, No. of Units: ____
[ ] 3. Other: ____ (specify)

Current Use [ ] Seasonal [ ] Year Round [X] Undeveloped

TYPE OF WATER SUPPLY

PROPOSED
[ ] 1. Drilled Well [X] 2. Dug Well [ ] 3. Private
[ ] 4. Public [ ] 5. Other

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

[X] 1. Concrete
[X] a. Regular
[ ] b. Low Profile
[ ] 2. Plastic
[ ] 3. Other: ____
CAPACITY: 1000 GAL.

DISPOSAL FIELD TYPE & SIZE

[X] 1. Stone Bed [ ] 2. Stone Trench
[ ] 3. Proprietary Device
[ ] a. cluster array [ ] c. Linear
[ ] b. regular load [ ] d. H-20 load
[ ] 4. Other: ____
SIZE: 900 [X] sq. ft. [ ] lin. ft.

GARBAGE DISPOSAL UNIT

[X] 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

180 gallons per day
BASED ON:
[X] 1. Table 501.1 (dwelling unit(s))
[ ] 2. Table 501.2 (other facilities)
SHOW CALCULATIONS for other facilites
[ ] 3. Section 503.0 (meter readings)
ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS

PROFILE	CONDITION	DESIGN
9	C	1

at Observation Hole # TP1
Depth 15"
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
[X] 5. Extra Large---5.0 sq. ft. / gpd

EFFLUENT/EJECTOR PUMP

[X] 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. N 44 d 19 m 26.3 s
Lon. W 69 d 44 m 24.1 s
If g.p.s, state margin of error: 10'±

SITE EVALUATOR STATEMENT

I certify that on 6/28/11 (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 168 SE # 7/7/11 Date

TOM W LORD JR
Site Evaluator Name Printed 207 445 3402 Telephone Number FAX 207 445 3149 E-mail Address

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

DESIGN SUBJECT TO LOCAL, STATE + FEDERAL ORDINANCES.

NOTE: SYSTEM IS UPDATE OF DESIGN COMPLETED ORIGINALLY ON 7/25/00.

HHE-200 Rev. 4/05

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

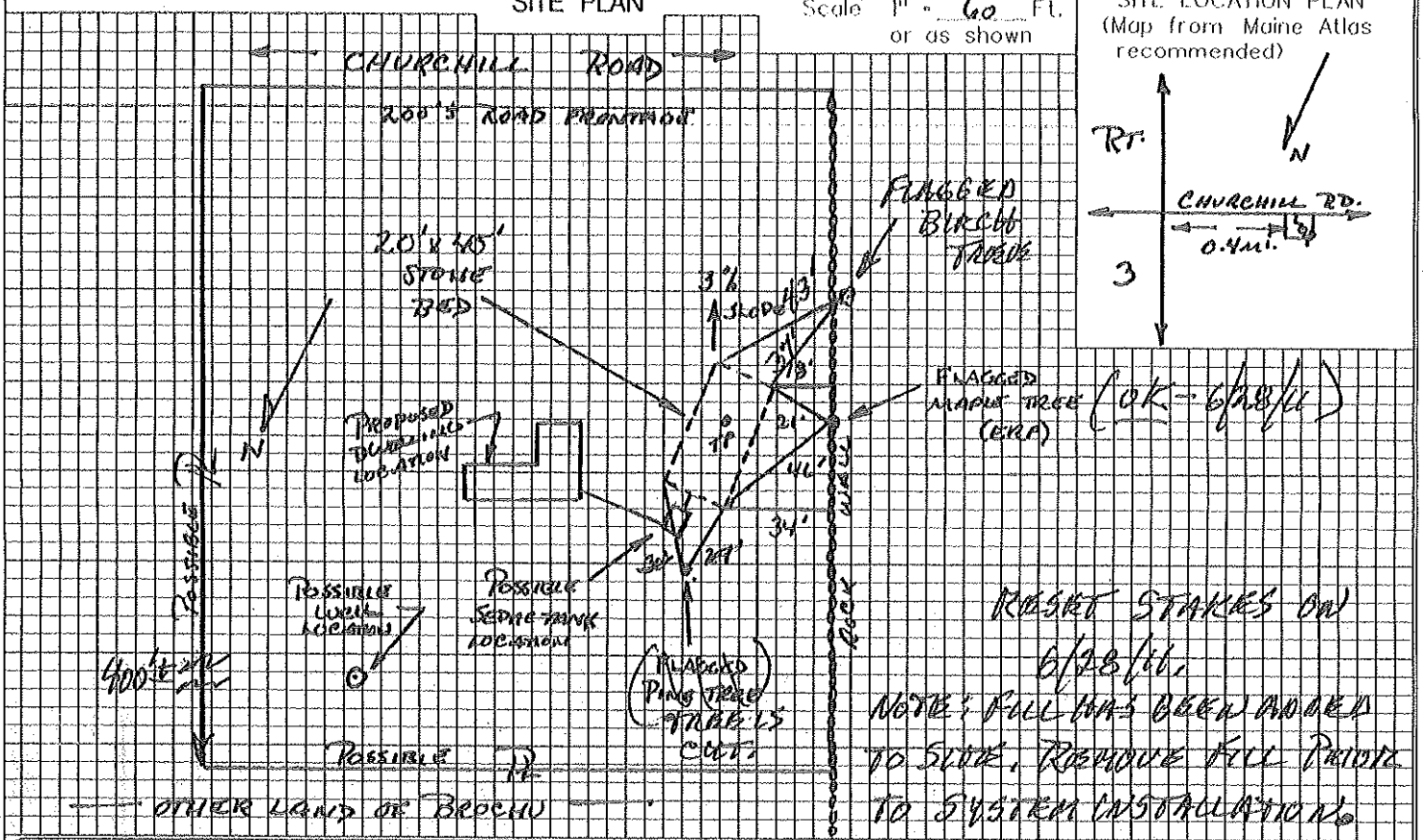
Town, City, Plantation: AUGUSTA

Street, Road Subdivision: CHURCHILL RD.

Owner's Name: JEAN D. BROCHU

SITE PLAN

Scale 1" = 60 Ft. or as shown



SITE LOCATION PLAN (Map from Maine Atlas recommended)

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

Observation Hole TP 1 ☒ Test Pit ☐ Boring

ONE" Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0	SILT		BROWN	
10	LOAM	FRIABLE	YELLOW BROWN	
	SILTY CLAY LOAM		OLIVE BROWN	COMMON
20	SILTY CLAY	FIRM	OLIVE	DISTINCT
30				
40				
50				

Soil Classification	Slope	Limiting Factor	
Profile 9 / Condition C	3 %	15"	☒ Ground Water ☐ Restrictive Layer ☐ Bedrock ☐ Pit Depth

Observation Hole _____ ☐ Test Pit ☐ Boring

_____" Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0				
10				
20				
30				
40				
50				

Soil Classification	Slope	Limiting Factor	
Profile / Condition	%	"	☐ Ground Water ☐ Restrictive Layer ☐ Bedrock ☐ Pit Depth

UPDATED 7/7/11

Site Evaluator Signature

168 SE #

7-27-00 Date

HHE-200 Rev. 7/97

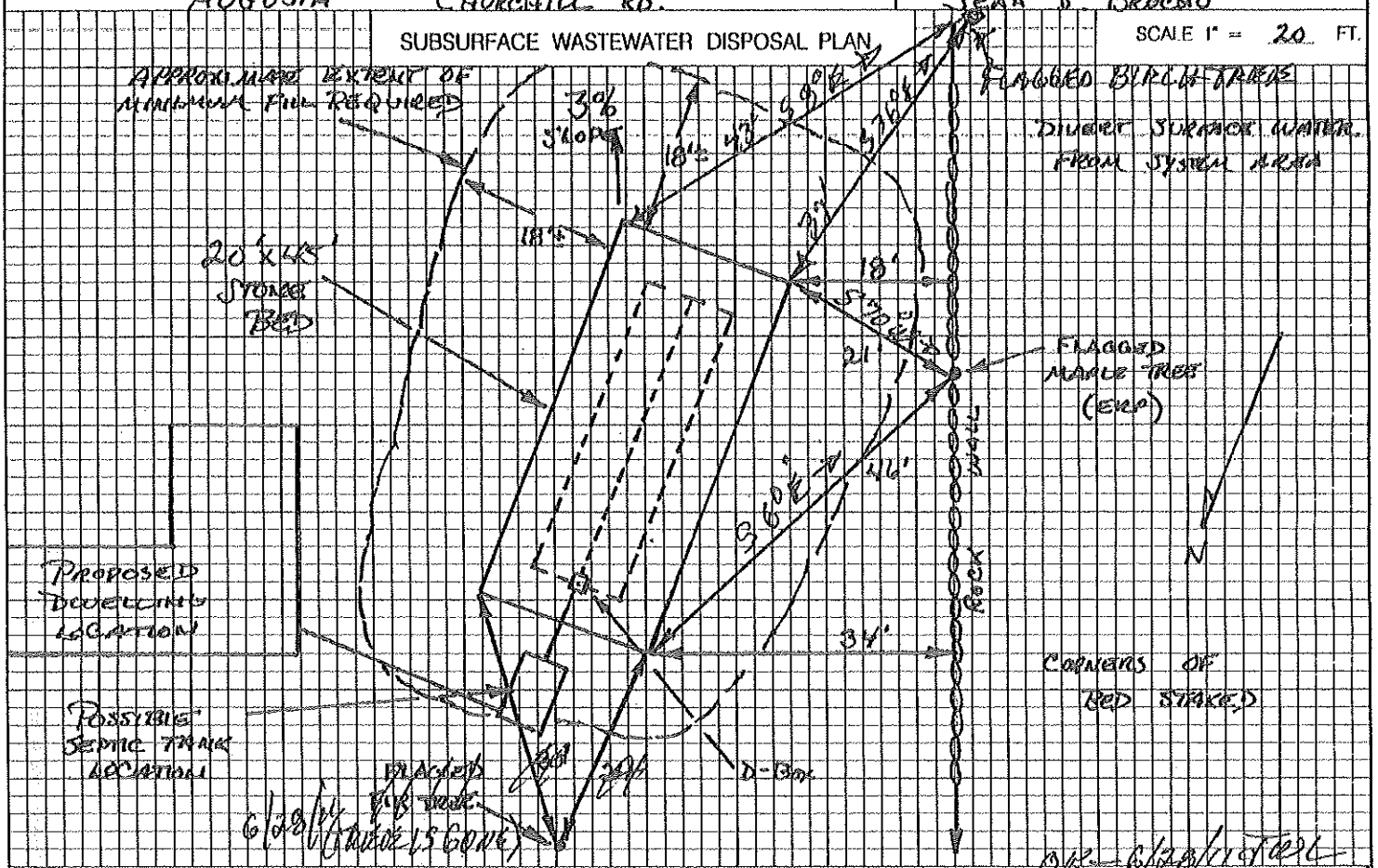
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation	Street, Road, Subdivision	Owner's Name
AUGUSTA	CHURCHILL RD.	JEAN D. BROCHU

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT.



OK 6/28/11 FWC

FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT (ERP)
Depth of Fill (Upslope)	21" to 31"	Finished Grade Elevation	-27"	Location & Description: FLAGGED NAIL IN FLAGGED MAPLE TREE 49" ABOVE EXISTING GRADE AT TREE.
Depth of Fill (Downslope)	33"8 to 39"½	Top of Distribution Pipe ~~or Proprietary Device~~	-40"	
		Bottom of Disposal Area	-51"	Reference Elevation: ERP IS AT -0"

DISPOSAL AREA CROSS SECTION

SCALE:
VERTICAL: 1" =
HORIZONTAL: 1" =

NOTE: FILL MATERIAL HAS BEEN PLACED ON SYSTEM AREA. FILL IS NOT SUITABLE FOR SYSTEM FILL AND MUST BE REMOVED PRIOR TO INSTALLATION (SEE ATTACHED BED DIAGRAM)

FWC 6/28/11

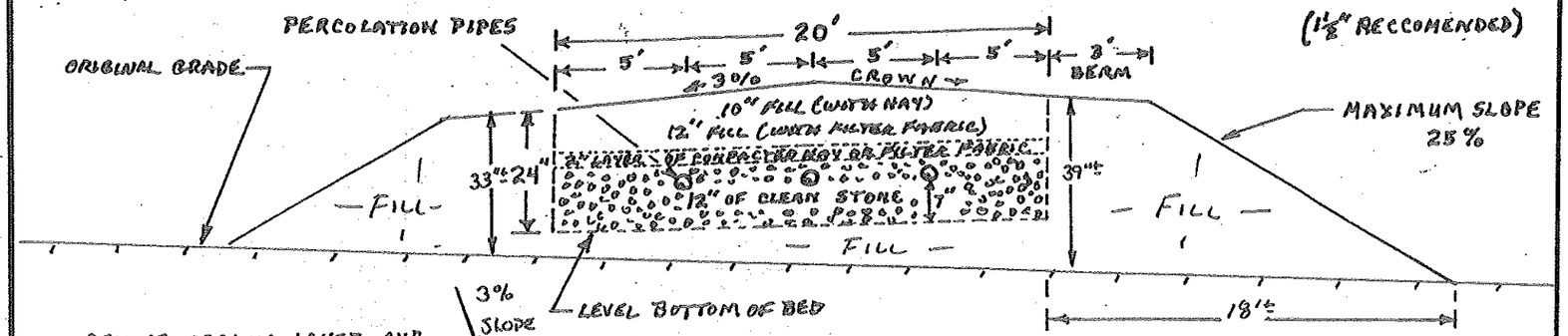
UPDATED 7/7/11

Site Evaluator Signature | 168 SE # | 7-27-00 Date

SEWAGE DISPOSAL BED DETAILS

4" LOAM + MULCH TO COVER.

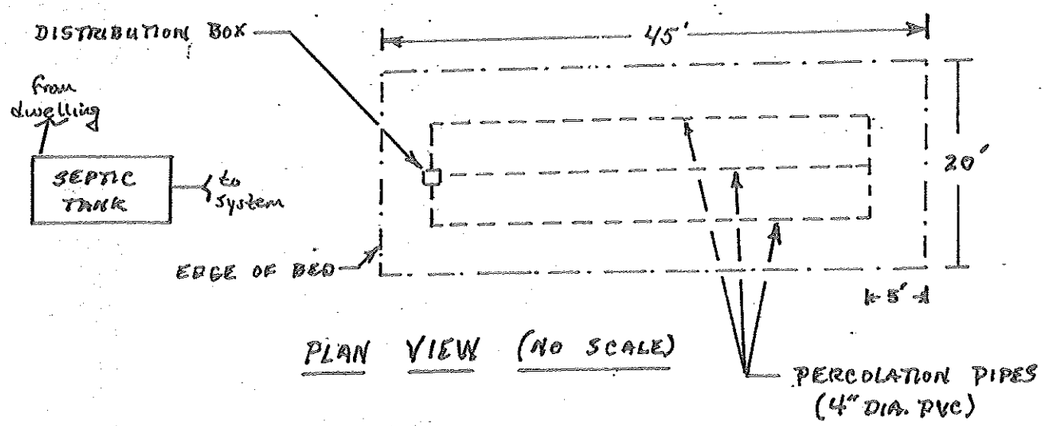
BED REQUIRES CLEAN STONE UNIFORM IN SIZE. (1½" RECCOMENDED)



REMOVE ORGANIC LAYER AND SCARIFY THE SOIL SURFACE BEFORE INSTALLING FILL.

BED CROSS SECTION (NO SCALE)

NOTE: REMOVE OLD FILL IN SYSTEM AREA PRIOR TO INSTALLATION
JWL 6/28/11



PLAN VIEW (NO SCALE)

NOTES

1.) 21 TO 31 INCHES OF FILL IS REQUIRED AT UPHILL SIDE OF BED.
2.) TEXTURE OF FILL SHALL BE GRAVELLY COARSE SAND.
3.) REFER TO MAINE SUBSURFACE WASTE WATER DISPOSAL RULES FOR FURTHER DETAILS REGARDING INSTALLATION PROCEDURES.

FOR: JEAN D. BROCHU

DATE: 7-27-00

BY: JOHN W. LORD, JR. S.E. #168

3/00

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