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, Plantation	AUGUSTA
Street or Road	30 WITHAM LANE
Subdivision, Lot #	

AUGUSTA PERMIT # 6434 TOWN COPY

Date Permit Issued: 4/22/10 $ 175.00 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature L.P.I. # 855

OWNER/APPLICANT INFORMATION

Name (last, first, MI)	WILTSE, MIKE ☒ Owner ☐ Applicant
Mailing Address of Owner/Applicant	BIGELOW #10 CARRABASSETT VALLEY ME 04947
Daytime Tel. #	207 491 3023

Municipal Tax Map # 11 Lot # 216A

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 Martha Witham Date 4/13/10

CAUTION: INSPECTION REQUIRED

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

Local Plumbing Inspector Signature (1st) date approved 5/27/10 (2nd) date approved 6/3/10

PERMIT INFORMATION

TYPE OF APPLICATION

- ☐ 1. First Time System
- ☒ 2. Replacement System
  - Type replaced: BED
  - Year installed: 1972±
- ☒ 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

2± ☐ SQ. FT. ☒ ACRES

SHORELAND ZONING

☐ Yes ☒ No

DISPOSAL SYSTEM TO SERVE INCREASE 2 BR TO 3 BR

- ☒ 1. Single Family Dwelling Unit, No. of Bedrooms: 3 BR
- ☐ 2. Multiple Family Dwelling, No. of Units: _____
- ☐ 3. Other: _____ (specify)

Current Use ☐ Seasonal ☒ Year Round ☐ Undeveloped

TYPE OF WATER SUPPLY

EXISTING

- ☒ 1. Drilled Well ☐ 2. Dug Well ☐ 3. Private
- ☐ 4. Public ☐ 5. Other

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK EXISTING

- ☒ 1. Concrete
  - ☒ a. Regular + USE TANK
  - ☐ b. Low Profile
- ☐ 2. Plastic
- ☐ 3. Other: _____

CAPACITY: 1000 GAL.

REMOVE BAFFLE

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: 891 ☒ 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 facilites

- ☐ 3. Section 503.0 (meter readings)

ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS

PROFILE	CONDITION	DESIGN
3	c	1

at Observation Hole # TP1

Depth 28" (IN 4" ADDRN)

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. f.t / 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. N44 d 18 m 05.3 s

Lon. W69 d 42 m 02.3 s

if g.p.s, state margin of error: 12'±

SITE EVALUATOR STATEMENT

I certify that on 4/7/10 (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 # 4/8/10 Date

JOHN 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.

HHE-200 Rev. 4/05

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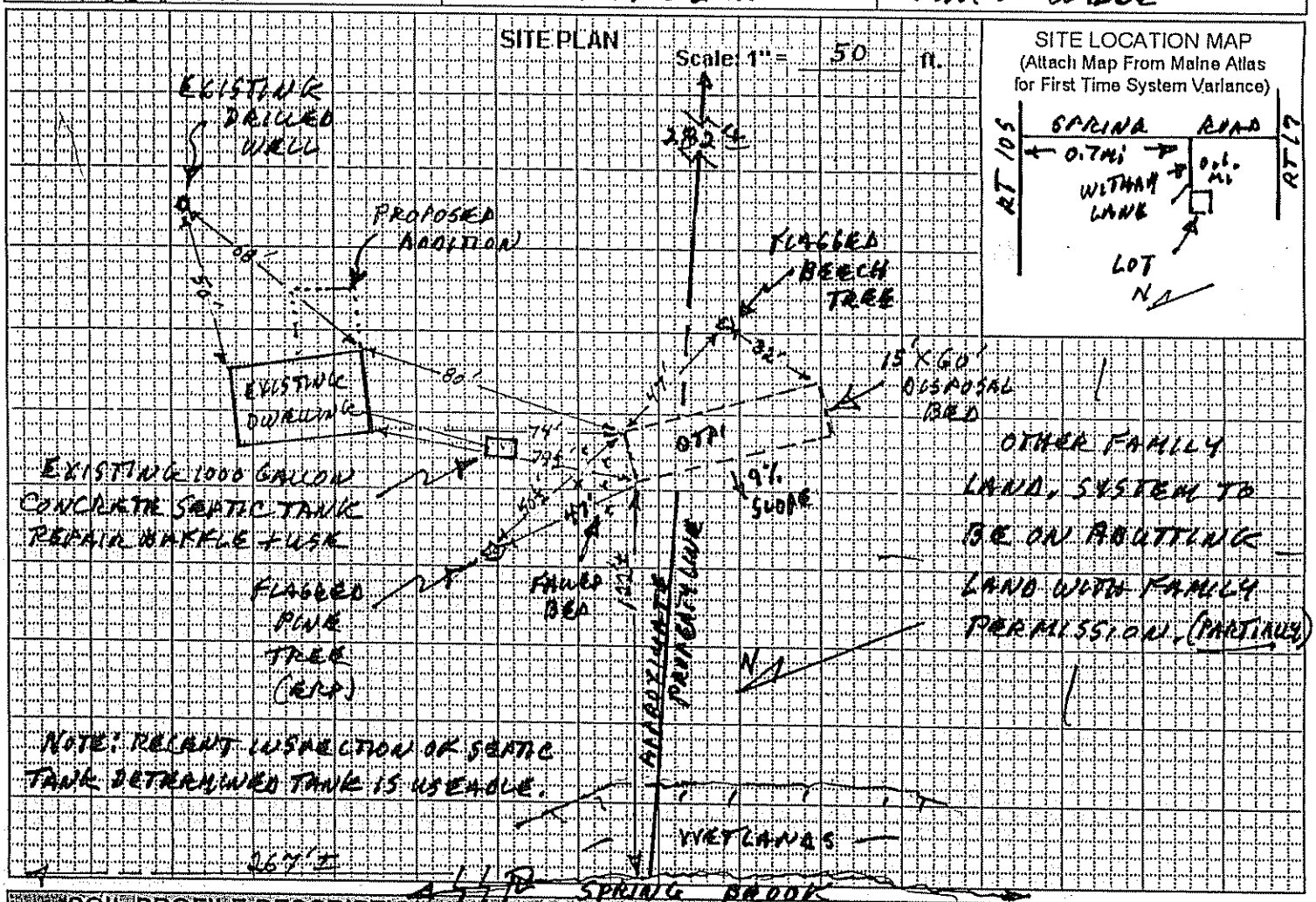
Division of Environmental Health, STS 11
(207) 287-5338 FAX (207) 287-3165

Town, City, Plantation	Street, Road, Subdivision	Owner or Applicant Name
AUGUSTA	30 WITHAM LANE	MIKE WISE

SITE PLAN

Scale: 1" = 50 ft.



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

Observation Hole # TP1 ☒ Test Pit ☐ Boring

ONE" Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–6	TOP 4" OLD CLOSED KILL (TO BE REMOVED)			
6–12	LOAM		BROWN	
12–18	FINE	FRIABLE	YELLOW	
18–24	SANDY		BROWN	
24–30				
30–36	LOAM	FIRM	OLIVE	COMMON
36–42			BROWN	DISTINCT
42–48				

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	
3	C	9	28	☒ Groundwater ☒ Restrictive Layer ☐ Bedrock

Observation Hole # _____ ☐ Test Pit ☐ Boring

_____" Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–6				
6–12				
12–18				
18–24				
24–30				
30–36				
36–42				
42–48				

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	
				☐ Groundwater ☐ Restrictive Layer ☐ Bedrock

Site Evaluator Signature _____ SE # 168 Date 4/8/10

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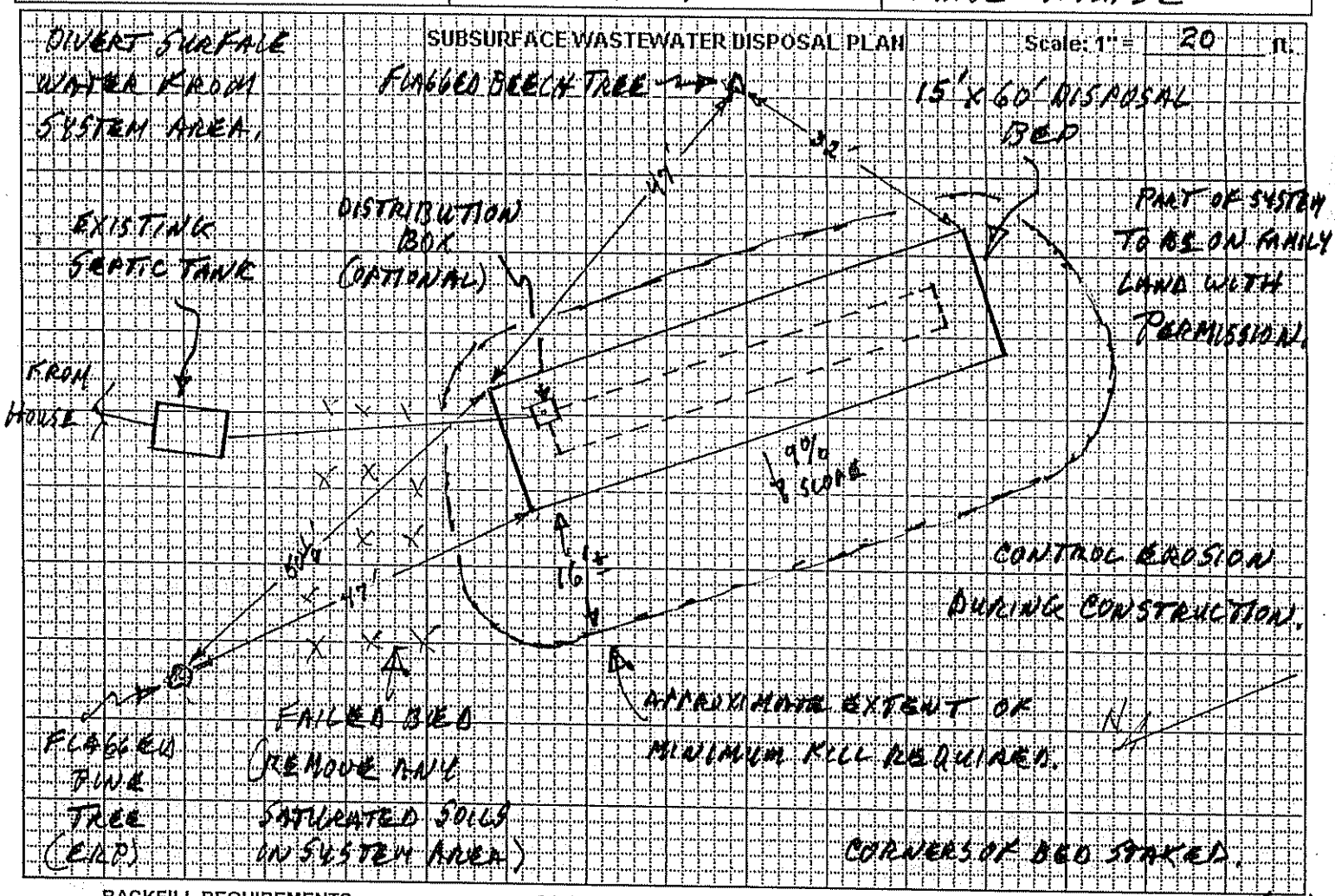
SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 ft.



BACKFILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT (ERP)
Depth of Backfill (upslope)	8"	Finished Grade Elevation	-36"	Location & Description: FLAGGED NAIL IN
Depth of Backfill (downslope)	25+"	Top of Distribution Pipe ~~of Proprietary Device~~	-49"	PINE TREE 43" ABOVE GRADE AT
DEPTHS AT CROSS-SECTION (shown below)		Bottom of Disposal Field	-60"	Reference Elevation is: 0.0" @ TREE.

DISPOSAL FIELD CROSS-SECTION

Scales:
Vertical: 1" = N/A ft.
Horizontal: 1" = N/A ft.

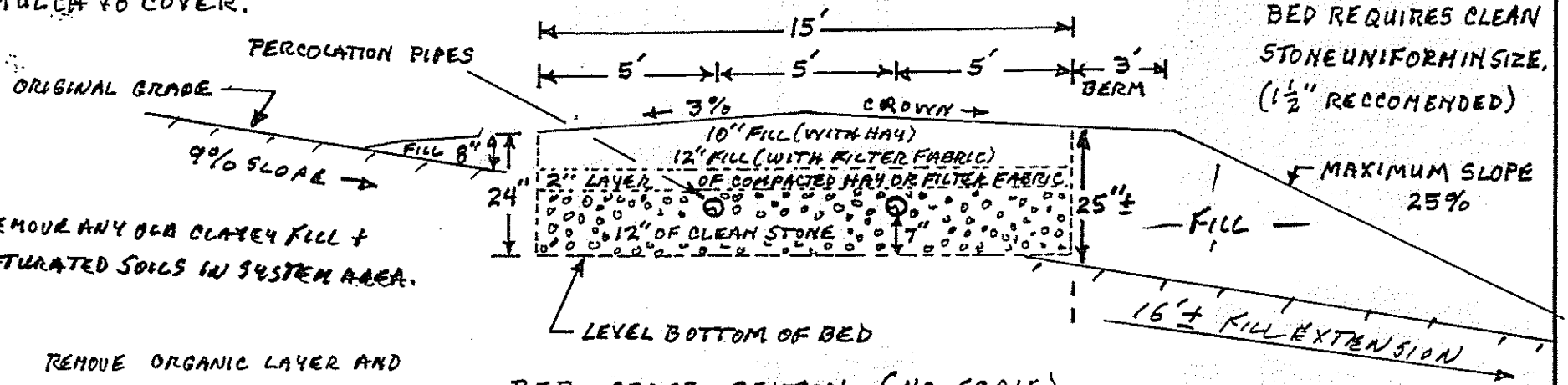
(SEE ATTACHED BED DIAGRAM)

Site Evaluator Signature _____ SE # 168 Date 4/8/10

• SEWAGE DISPOSAL BED DETAILS •

4" LOAM AND MULCH TO COVER.

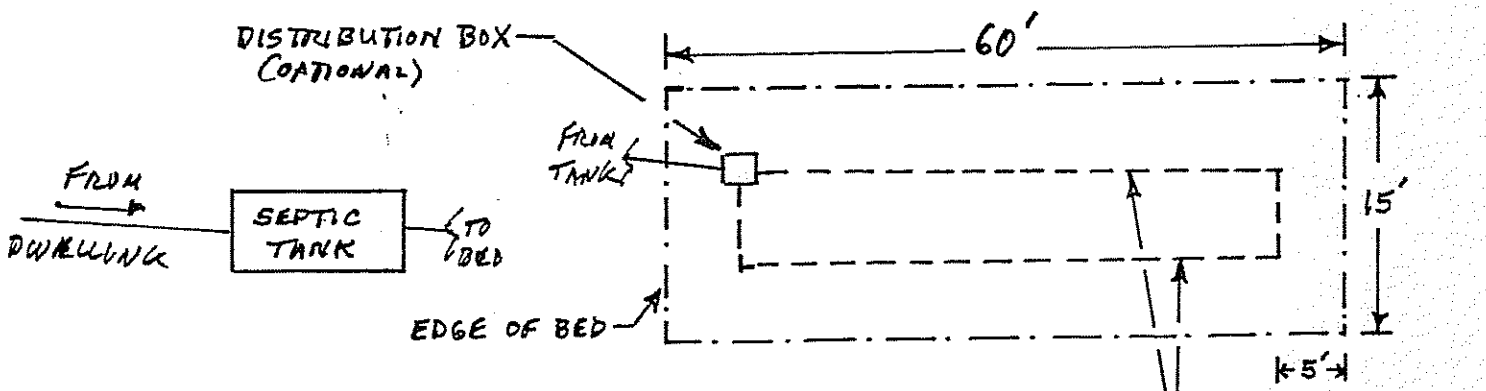
BED REQUIRES CLEAN STONE UNIFORM IN SIZE. ($1\frac{1}{2}$" RECCOMENDED)



REMOVE ANY OLD CLAYEY FILL + SATURATED SOILS IN SYSTEM AREA.

REMOVE ORGANIC LAYER AND SCARIFY THE SOIL SURFACE BEFORE INSTALLING FILL. INTERFACE FILL INTO ORIGINAL SOILS.

BED CROSS SECTION (NO SCALE)



PLAN VIEW (NO SCALE)

NOTES

1.) 8 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: MIKE WILTSE

DATE: 4/8/10

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

3/00