SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department Of Human Services
Division Of Health Engineering
(207) 287-6672 FAX (207) 287-4172

PROPERTY LOCATION

City, Town or Plantation: AUGUSTA

Street Road: 62 SPRING ROAD

Subdivision, Lot #:

>>Caution: Permit Required-Attach in Space Below<<

AUGUSTA 4462 TOWN COPY

Date Permit Issued: 7/27/00 $ 100.00 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature: [signature] L.P.I. # 180

PROPERTY OWNER'S NAME

Last: KILMER First: ROBERT

Applicant's Name: Sanders Don

Mailing Address of Owner: R R #7 BOX 1485
AUGUSTA, ME 04330

Daytime Tel. #: 622-0805 Municipal Tax Map #: 11 Lot #: 221

Owner Statement

I state 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 permits

X Signature of Owner/Applicant: Donald R. Sanders Date

Caution: Inspection Required

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

Local Plumbing Inspector Signature: [signature] 1st Date Approved: 8/11/00

2nd Date Approved

PERMIT INFORMATION

TYPE OF APPLICATION:

1. ☒ First Time System
2. ☐ Replacement System
   Type Replaced
   Year Installed 19
3. ☐ Expanded System
   ☐ a. one time exempted
   ☐ b. non exempted
4. ☐ Experimental System
5. ☐ Seasonal Conversion

SIZE OF PROPERTY

1+/- ACRES

SHORELAND ZONING

☐ Yes ☐ No

THIS APPLICATION REQUIRES

1. ☒ No Rule Variance
2. ☐ First Time Variance
   ☐ A. Local Plumbing Inspector Approval
   ☐ B. State & Local Plumbing Inspector Approval
3. ☐ Repalcement System Variance
   ☐ A. Local Plumbing Inspector Approval
   ☐ B. State & Local Plumbing Inspector Approval
4. ☐ Minimum Lot Size Variance
5. ☐ Seasonal Conversion Approval

DISPOSAL SYSTEM TO SERVE

1. ☐ Single Family Dwelling Unit
2. ☐ Multiple Family Dwelling Unit
   Units _____
3. ☐ Other

DISPOSAL SYSTEM COMPONENTS

1. ☒ Non-engineered System
2. ☐ Primitive System(graywater & Alt Toilet)
3. ☐ Alternative Toilet
4. ☐ Non-engeineered Treatment Tank
5. ☐ Holding Tank _____ gallons
6. ☐ Non-engeneered Disposal Area (only)
7. ☐ Seperated Laundry System
8. ☐ Engineered System (+2000 Gpd)
9. ☐ Engineered Treatment Tank (only)
10. ☐ Engineered Disposal Area (only)
11. ☐ Pretreatment
12. ☐ Miscellaneous Components

TYPE OF WATER SUPPLY

PROPOSED DRILLED WELL

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

1. ☒ Concrete
   ☐ A. Regular
   ☐ B. Low Profile (see Note)
2. ☐ Plastic
3. ☐ Other _____

Capacity 1,000 Gallons

SOIL DATA & DESIGN CLASS

PROFILE	CONDITION	DESIGN
8	C	1

at Observation Hole # TP 1

DEPTH 15" ELEVATION -60"

OF MOST LIMITING SOIL FACTOR

DISPOSAL AREA TYPE/SIZE

1. ☐ Bed 1200 sq. Ft.
2. ☐ Proprietary Device _____ sq. Ft.
   ☐ Cluster ☐ Linear
   ☐ Regular ☐ H-20
3.
4. ☐ Trench
   ☐ Other _____

DISPOSAL AREA SIZING

1. ☐ Small - 2.00
2. ☐ Medium - 2.60
3. ☐ Medium-Large - 3.30
4. ☒ Large - 4.10
5. ☐ Extra-Large - 5.20

GARBAGE DISPOSAL UNIT

1. ☐ No 3. ☒ Maybe
2. ☐ Yes

☐ Multi-compartment Tank
☐ Tank In Series
☐ Increase Tank Capacity
☐ Filter On Tank Outlet

PUMPING

1. ☐ Not Required
2. ☐ May Be Required
3. ☐ Required

DOSE T.B.D. Gallons

DESIGN FLOW

270 GPD (gallons per day)

Based On

1. Table 501.1 (dwelling unit(s)
2. Table 502.2 (other facilities)

SHOW CALCULATIONS
-for other facilities-

3 BEDROOM

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

SITE EVALUATOR'S STATEMENT

I certify that on 6/15/2000 (date) I completed a site evaluation on this property and state that the data reported is accurate and that the proposed system is in compliance with the Subsurface Wastewater Disposal Rules(10-144A CMR 241)

Site Evaluator's Signature: [signature] SE # 181 Date 6/18/2000

John Archard
Site Evaluator's Name Printed

(207) 293-2674
Telephone

FACE WASTEWATER DISPOSAL SYSTEM APPLICATION

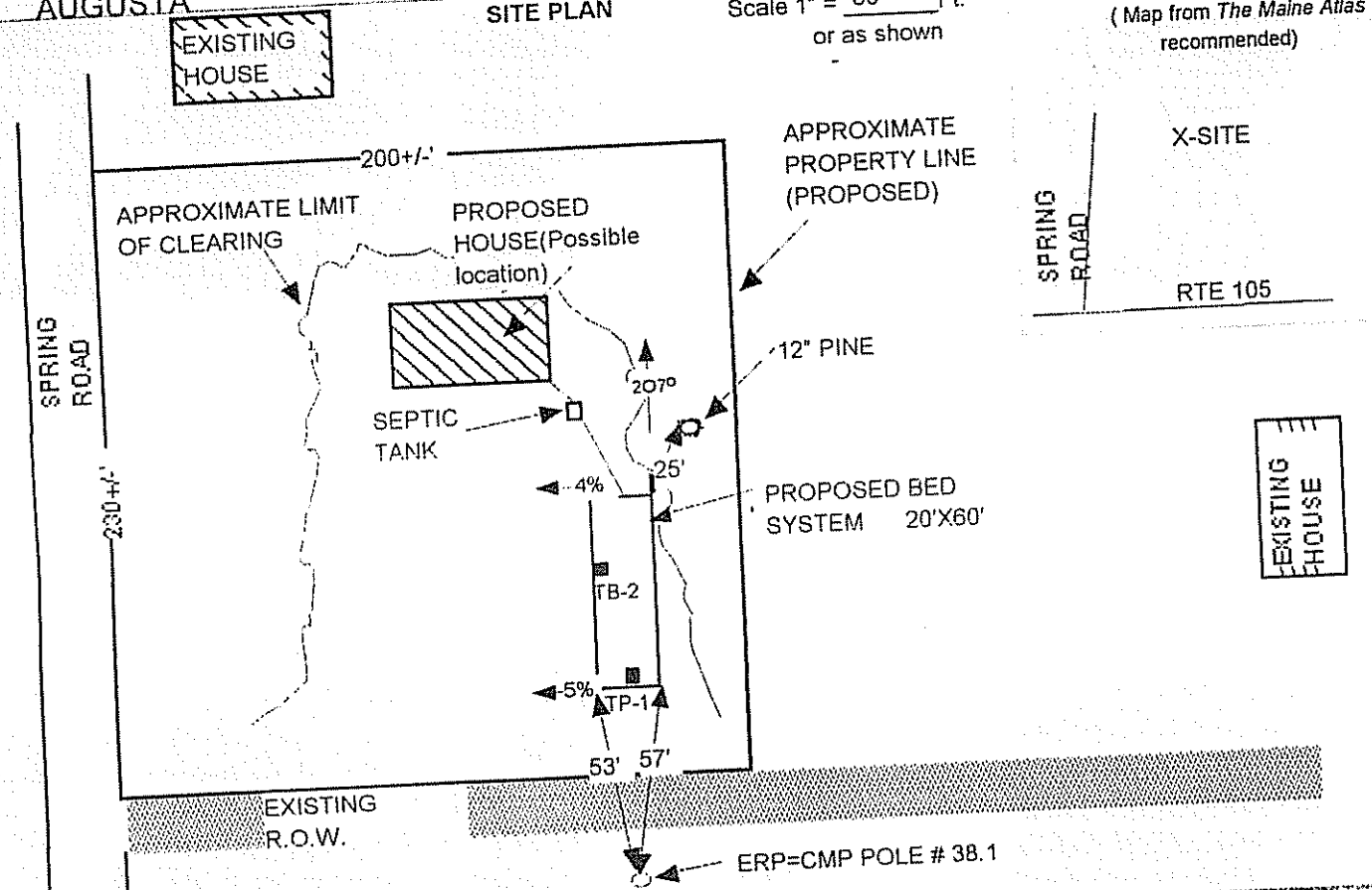
Plantation: AUGUSTA

Street, Road, Subdivision: SPRING ROAD

Name of Owner: KILMER

SITE PLAN — Scale 1" = 60' Ft. or as shown

SITE LOCATION PLAN (Map from *The Maine Atlas* recommended)



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

Observation Hole TP-1 Test Pit ☒ Boring ☐

N/A " Depth of Organic Horizon above Mineral Soil

DEPTH BELOW MINERAL SURFACE (inches)	Texture	Consistency	Color	Mottling
0–6	SILT LOAM	FRIABLE	BROWN	NONE EVIDENT
6–10			BRIGHT OLIVE BROWN	
10–15	SILTY CLAY LOAM	FIRM	OLIVE BROWN	FEW TO COMMON DISTINCT
15–20				
20–30	SILTY CLAY		OLIVE	
30–40				
40–50				

Soil Classification: 8 Profile, C Condition

Slope: 5 %

Limiting Factor: 15 "

☒ Ground Water ☐ Restrictive Layer ☐ Bedrock ☐ Pit Depth

Observation Hole TB-2 Test Pit ☐ Boring ☒

N/A " Depth of Organic Horizon above Mineral Soil

DEPTH BELOW MINERAL SURFACE (inches)	Texture	Consistency	Color	Mottling
0–6	SILT LOAM	FRIABLE	BROWN	NONE EVIDENT
6–10			BRIGHT OLIVE BROWN	
10–15	SILTY CLAY LOAM	FIRM	OLIVE BROWN	FEW TO COMMON DISTINCT
15–20				
20–30	SILTY CLAY		OLIVE	
30–40				
40–50				

Soil Classification: 8 Profile, C Condition

Slope: 4 %

Limiting Factor: 15 "

☒ Ground Water ☐ Restrictive Layer ☐ Bedrock ☐ Pit Depth

,RFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

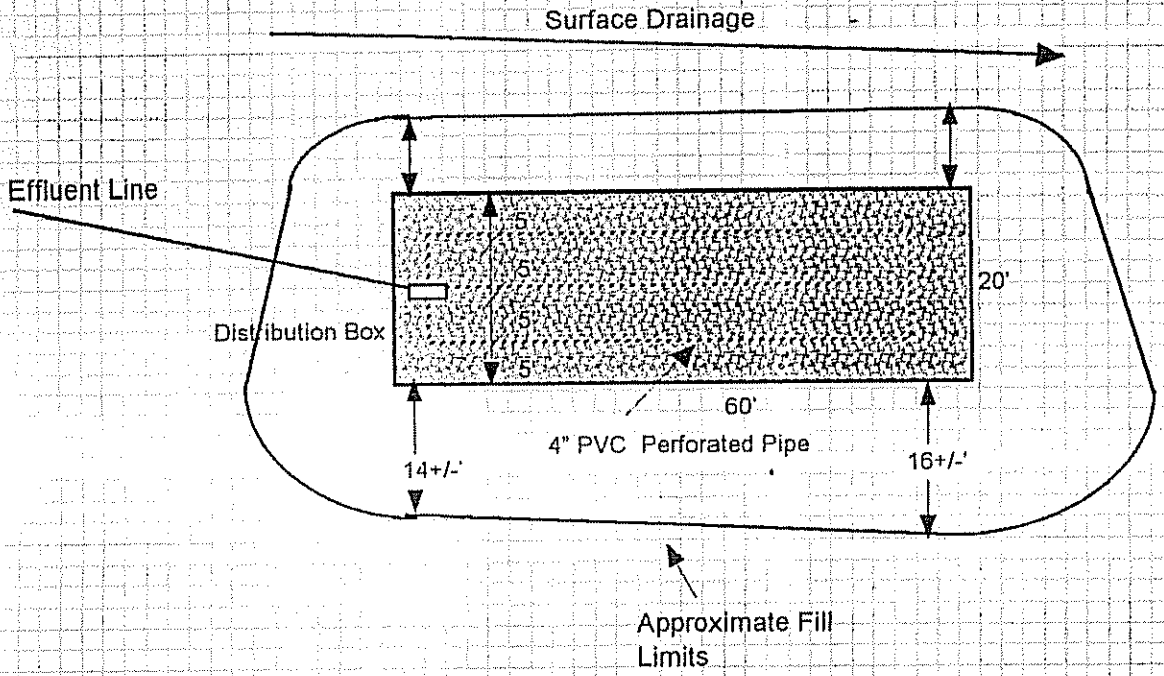
City, Plantation: AUGUSTA

Street, Road, Subdivision: SPRING ROAD

Owner's Name: KILMER

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.

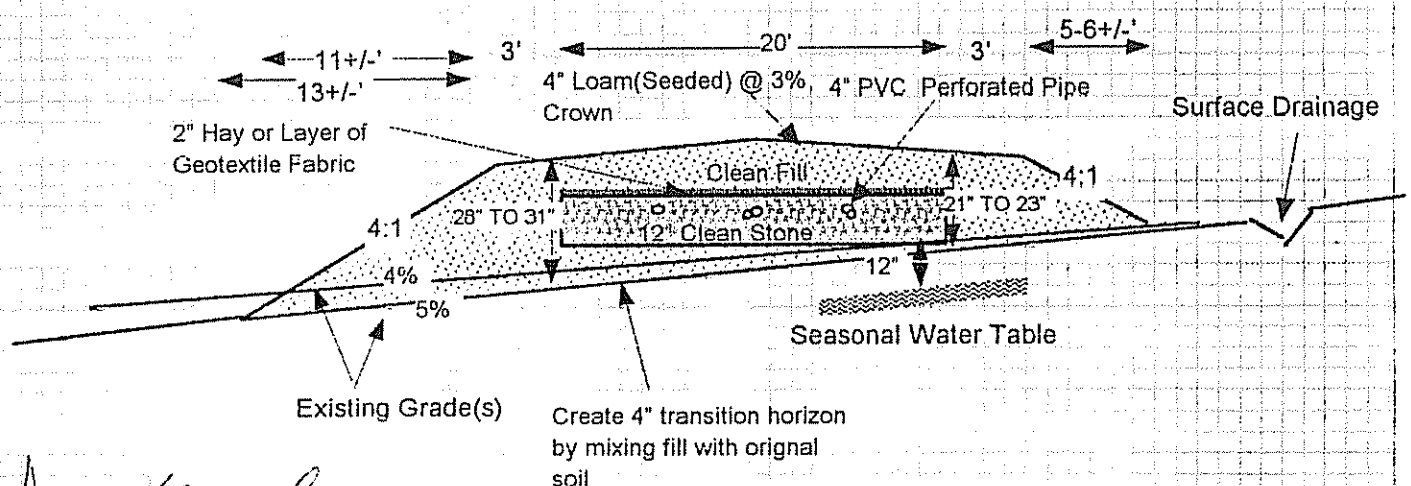


FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT
Depth of Fill (Upslope)	21 TO 23 "	Finished Grade Elevation	33"	Location & Description NAIL IN CMP POLE #38.1 -7'11" ABOVE GROUND
Depth of Fill (Downslope)	28 TO 31 "	Top of Distribution Pipe or Proprietary Device	-46"	Reference Elevation 00"
		Bottom of Disposal Area	-57"	

Note: All fill to be coarse, gravelly, sharp, clean , sand

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1"= 4 Ft.
Horizontal: 1"= 10 Ft.



Site Evaluator Signature	SE#	Date	
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