SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5672 FAX (207) 287-4172

PROPERTY LOCATION	
City, Town, Plantation	Augusta
Street or Road	Lynn Road
Subdivision, Lot #	

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

AUGUSTA 4733 TOWN COPY
Date Permit Issued: 9/14/01 $ 100.00 FEE ☐ If Double Fee Charged
Local Plumbing Inspector Signature L.P.I. # 1 SEP

OWNER/APPLICANT INFORMATION	
Name (last, first, MI)	Roderick, Paul J. (Owner / Applicant)
Mailing Address of ☒ Owner ☐ Applicant	14 New St.
	Lowell, MA 01852-4120
Daytime Tel. #	978-453-1984

Municipal Tax Map # 11 Lot # 229-A

Owner or Applicant 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 Permit.

Signature of Owner or Applicant — Date 9/4/01

Caution: Inspections 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 7/28/01 — (2nd) Date Approved

PERMIT INFORMATION

TYPE OF APPLICATION
1. ☒ First Time System
2. ☐ Replacement System
Type Replaced: _____
Year Installed: _____
3. ☐ Expanded System
   a. ☐ One-time exempted
   b. ☐ Non-exempted
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 Approval

DISPOSAL SYSTEM COMPONENT(S)
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
3.1 ☐ sq. ft. ☒ acres

SHORELAND ZONING
☐ Yes ☒ No

DISPOSAL SYSTEM TO SERVE
1. ☒ Single Family Dwelling Unit, No. of Bedrooms: 2
2. ☐ Multiple Family Dwelling, No. of Units: _____
3. ☐ Other: _____ SPECIFY

TYPE OF WATER SUPPLY
1. ☒ Proposed 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
   or b. ☒ Low Profile
2. ☐ Plastic
3. ☐ Other: _____
CAPACITY 1000 gallons

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 900 ☒ sq. ft. ☐ lin. ft.

GARBAGE DISPOSAL UNIT
1. ☒ No 3. ☐ Maybe
2. ☐ Yes >> 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:
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
9 / D / 3
at Observation Hole # TP1
Depth 13 " Elevation _____ "
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

PUMPING
1. ☒ Not Required
2. ☐ May Be Required
3. ☐ Required >> Specify only for engineered or experimental systems:
DOSE: gallons

SITE EVALUATOR STATEMENT

I certify that on 7-24-01 (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).

Design Subject to Local, State, and Federal ordinances.

Site Evaluator Signature — SE # 168 — Date 7-27-01

John W. Lord Jr. — Site Evaluator Name Printed — Telephone # 445-3402

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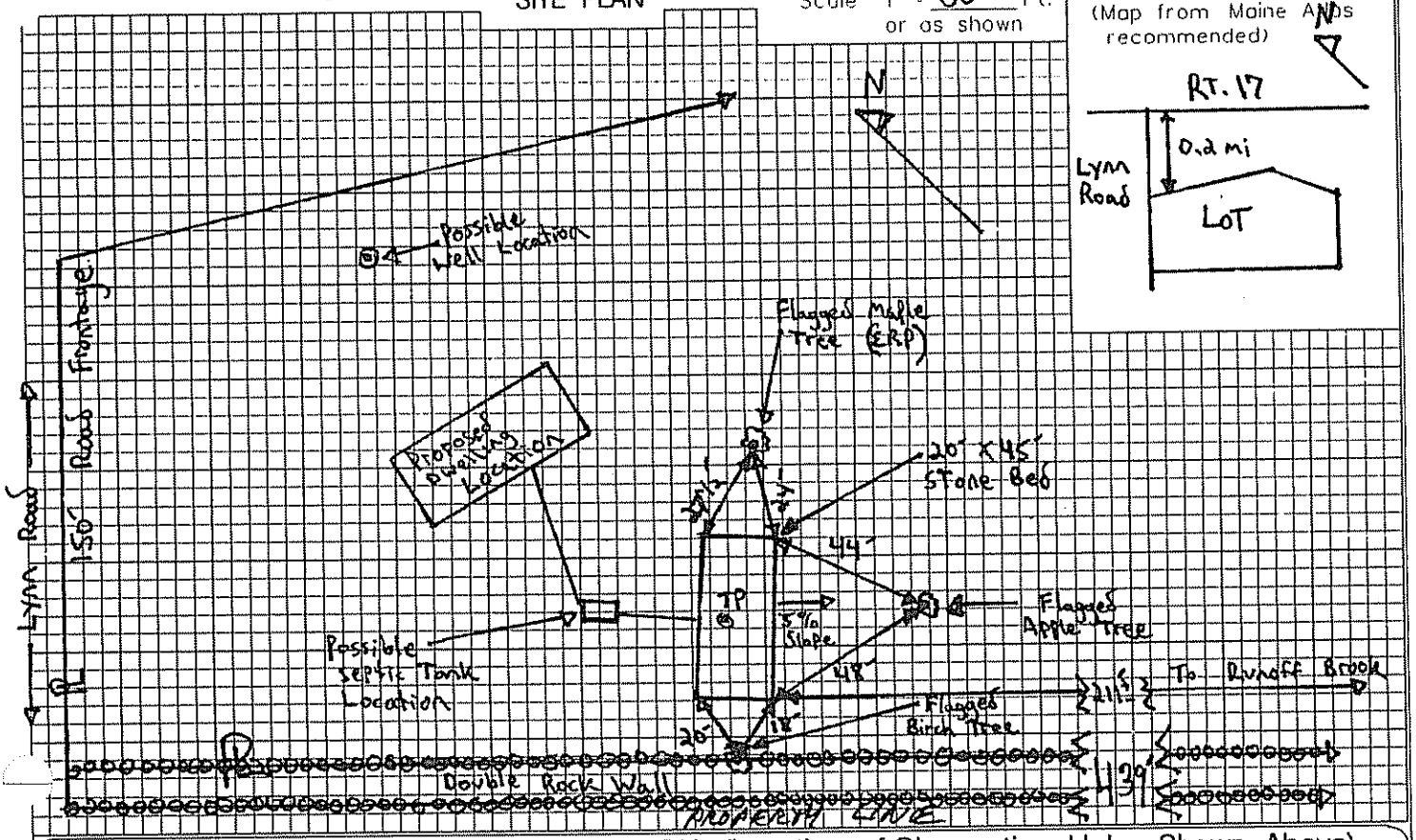
Division of Health Engineering
(207) 287-5672 FAX (207) 287-4172

Town, City, Plantation: Augusta | Street, Road Subdivision: Lynn Road | Owner's Name: Paul Roderick

SITE PLAN

Scale 1" = 50 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
0–10	Silt Loam	Friable	Brown	
10–20	Silty Clay Loam	Firm	Yellow Brown / olive Brown	Common Distinct
20–30				
30–40				
40–50				

Soil Classification: Profile	Condition	Slope	Limiting Factor	
9	D	5 %	13 "	☒ 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				
10–20				
20–30				
30–40				
40–50				

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

Site Evaluator Signature: [signature] | SE # 168 | Date 7-27-01

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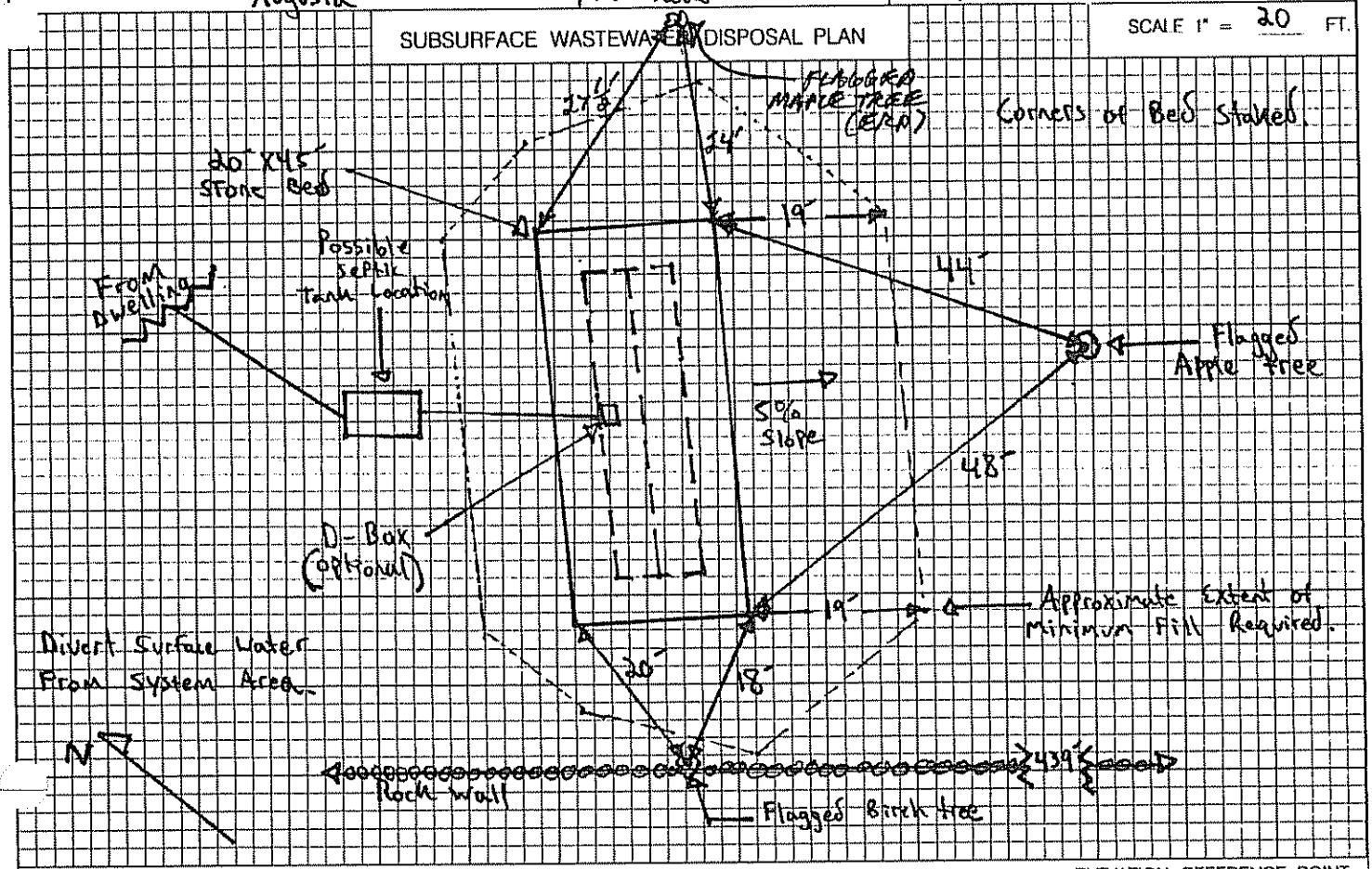
Town, City, Plantation	Street, Road, Subdivision	Owner's Name
Augusta	Lynn Road	Paul J. Roderick

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT
Depth of Fill (Upslope)	29"	Finished Grade Elevation	-29"	Flagged Nail in Flagged Maple Tree is 64" above Existing grade at tree.
Depth of Fill (Downslope)	39"±	Top of Distribution Pipe ~~or Proprietary Device~~	-42"	Location & Description
		Bottom of Disposal Area	-53"	Reference Elevation ERP is at → 0"

DISPOSAL AREA CROSS SECTION

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

(See Attached Bed Diagram)

Site Evaluator Signature

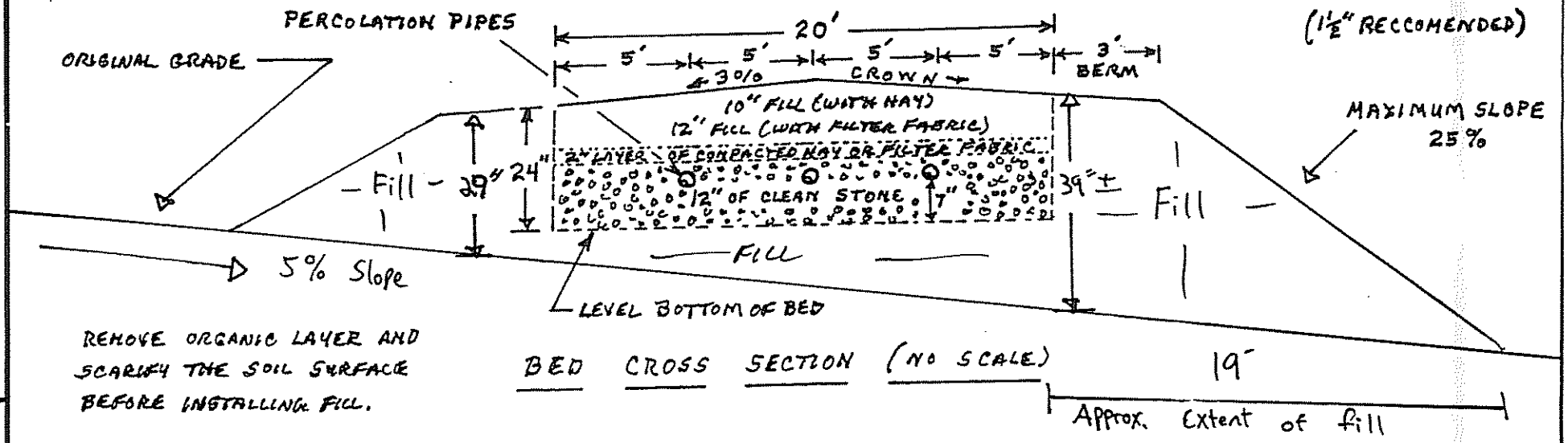
168
SE #

7-27-01
Date

SEWAGE DISPOSAL BED DETAILS

4" OAM + MULCH TO COVER.

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

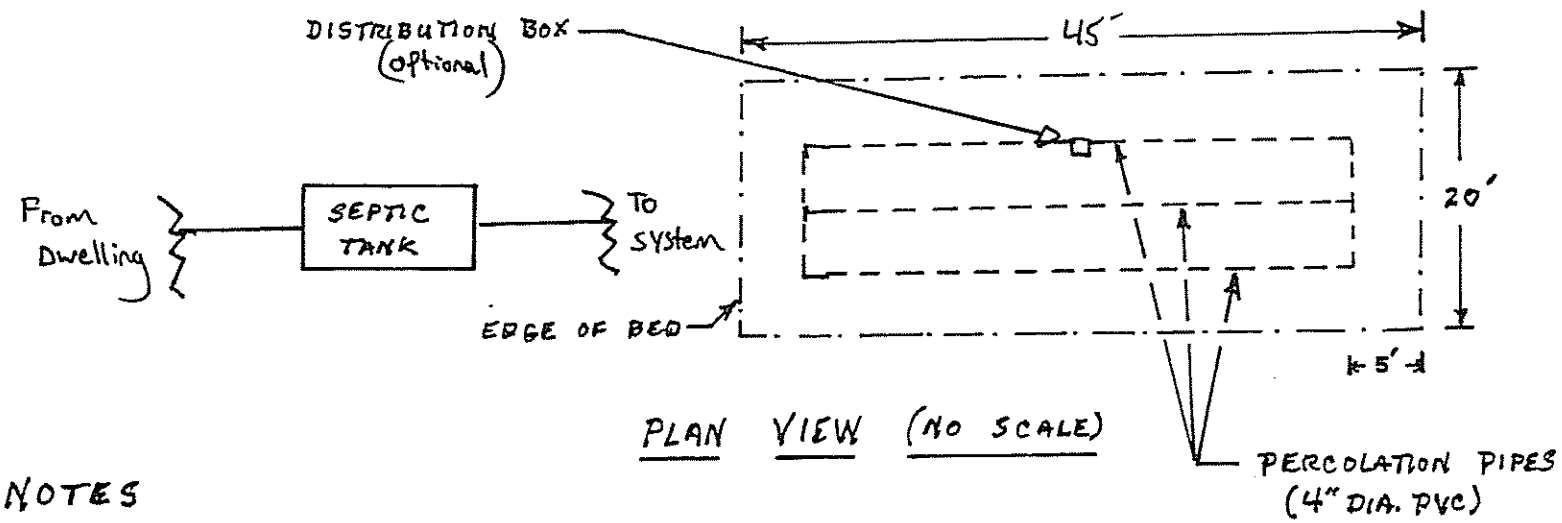


REMOVE ORGANIC LAYER AND SCARIFY THE SOIL SURFACE BEFORE INSTALLING FILL.

BED CROSS SECTION (NO SCALE)

19'

Approx. Extent of fill



PLAN VIEW (NO SCALE)

NOTES

1.) 27 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: Paul Roderick

DATE: 7-27-01

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

3/00