

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

20-05-074

PROPERTY LOCATION		>> CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW <<	
City, Town, or Plantation	<u>AUGUSTA</u>	AUGUSTA Date Permit Issued: <u>8/24/05</u> \$ <u>1000</u> + <u>100</u> FEE Charged L.P.I. # <u>1850</u>	PERMIT # <u>5421</u> <u>00</u> DOWN COPY <input type="checkbox"/> Double Fee
Street or Road	<u>ROUTE 17 Eastern Ave</u>		
Subdivision, Lot #		Mailing Address of Owner/Applicant: <u>21 SHELDON STREET FARMINGDALE, ME, 04344</u>	
OWNER/APPLICANT INFORMATION		OWNER OR APPLICANT STATEMENT	
Name (last, first, MI)	<u>HIGGINS, SCOTT</u>	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.	
Mailing Address of Owner/Applicant	<u>21 SHELDON STREET FARMINGDALE, ME, 04344</u>	I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.	
Daytime Tel. #	<u>(207) 582-5435</u>	Signature of Owner or Applicant: _____ Date: <u>8-24-05</u>	
		Local Plumbing Inspector Signature: _____ (2nd) date approved: <u>8/30/05</u>	

PERMIT INFORMATION		
TYPE OF APPLICATION <input checked="" type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type replaced: _____ Year installed: _____ <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. Minor Expansion <input type="checkbox"/> b. Major Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	THIS APPLICATION REQUIRES <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 <input type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	DISPOSAL SYSTEM COMPONENTS <input checked="" type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & all. 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 or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pre-treatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous Components
SIZE OF PROPERTY <u>2+</u> <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES	DISPOSAL SYSTEM TO SERVE <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>2</u> <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: _____ (specify) Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	TYPE OF WATER SUPPLY PROPOSED <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

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK <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: _____ CAPACITY: <u>1000</u> GAL.	DISPOSAL FIELD TYPE & SIZE <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: _____ SIZE: <u>900</u> sq. ft. <input type="checkbox"/> in. ft.	GARBAGE DISPOSAL UNIT <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. multi-compartment tank <input type="checkbox"/> b. _____ tanks in series <input type="checkbox"/> c. increase in tank capacity <input type="checkbox"/> d. Filter on Tank Outlet	DESIGN FLOW <u>180</u> gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 501.1 (dwelling unit(s)) <input type="checkbox"/> 2. Table 501.2 (other facilities) SHOW CALCULATIONS — for other facilities —
SOIL DATA & DESIGN CLASS PROFILE <u>9</u> CONDITION <u>C</u> DESIGN <u>1</u> at Observation Hole # <u>TP</u> Depth <u>15</u> of Most Limiting Soil Factor	DISPOSAL FIELD SIZING <input type="checkbox"/> 1. Small—2.0 sq. ft. / gpd <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	EFFLUENT/EJECTOR PUMP <input type="checkbox"/> 1. Not Required <input checked="" type="checkbox"/> 2. May Be Required <input type="checkbox"/> 3. Required Specify only for engineered systems: DOSE: _____ gallons	<input type="checkbox"/> 3. Section 503.0 (meter readings) ATTACH WATER METER DATA

SITE EVALUATOR STATEMENT		
I certify that on <u>6/24/05</u> (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: _____ <u>TERRY ADAMS</u> Site Evaluator Name Printed	SE #: <u>132</u>	Date: <u>7/2/05</u>
Telephone Number: <u>(207) 395-3029</u>		E-mail Address: <u>adamster@ctel.net</u>

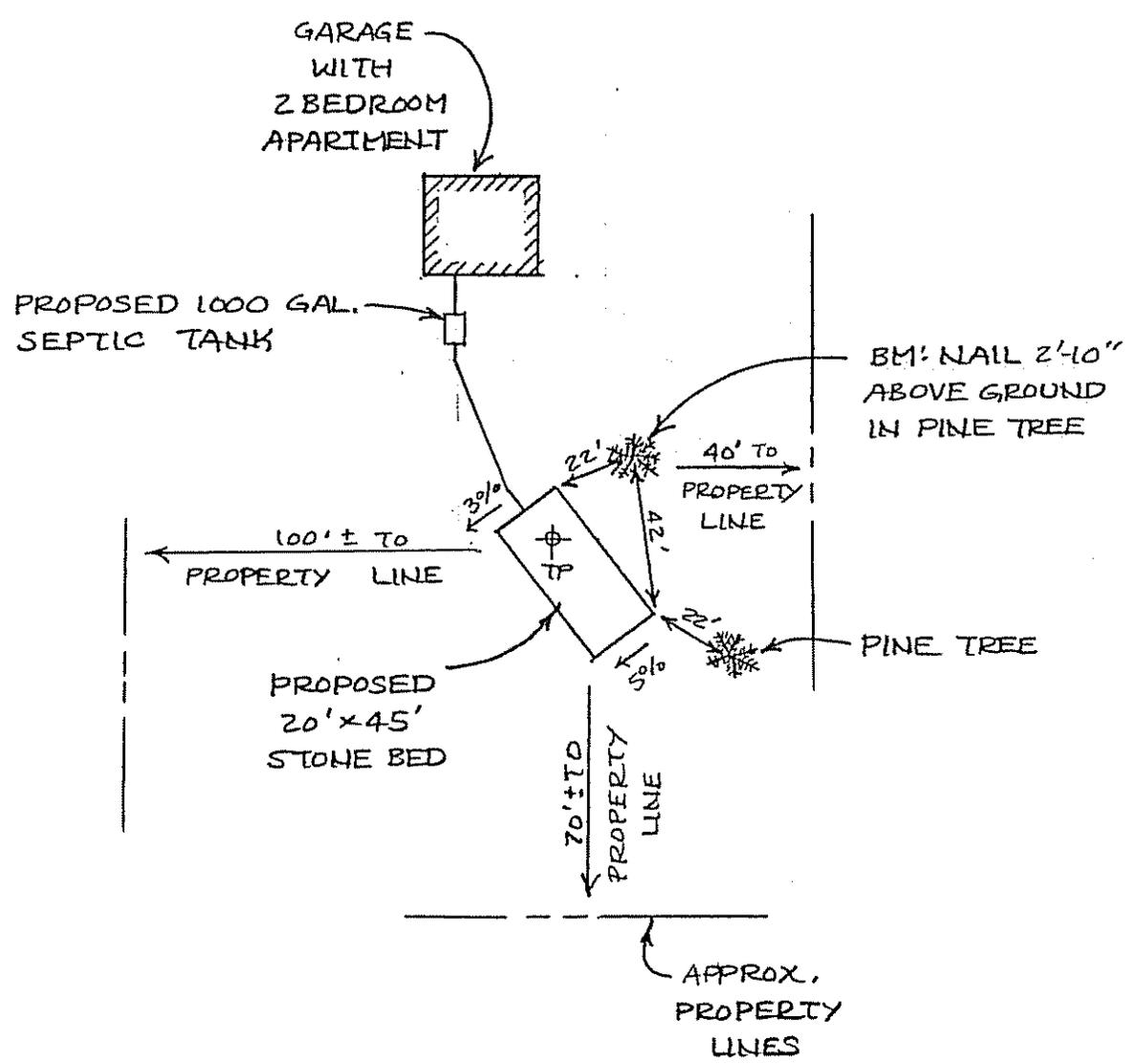
Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.

PLAN:
1" = 50'

SCOTT HIGGINS
AUGUSTA
PAGE 2A

ROUTE 17

NOTE:
SEE "NOTES FROM
THE SITE EVALUATOR"

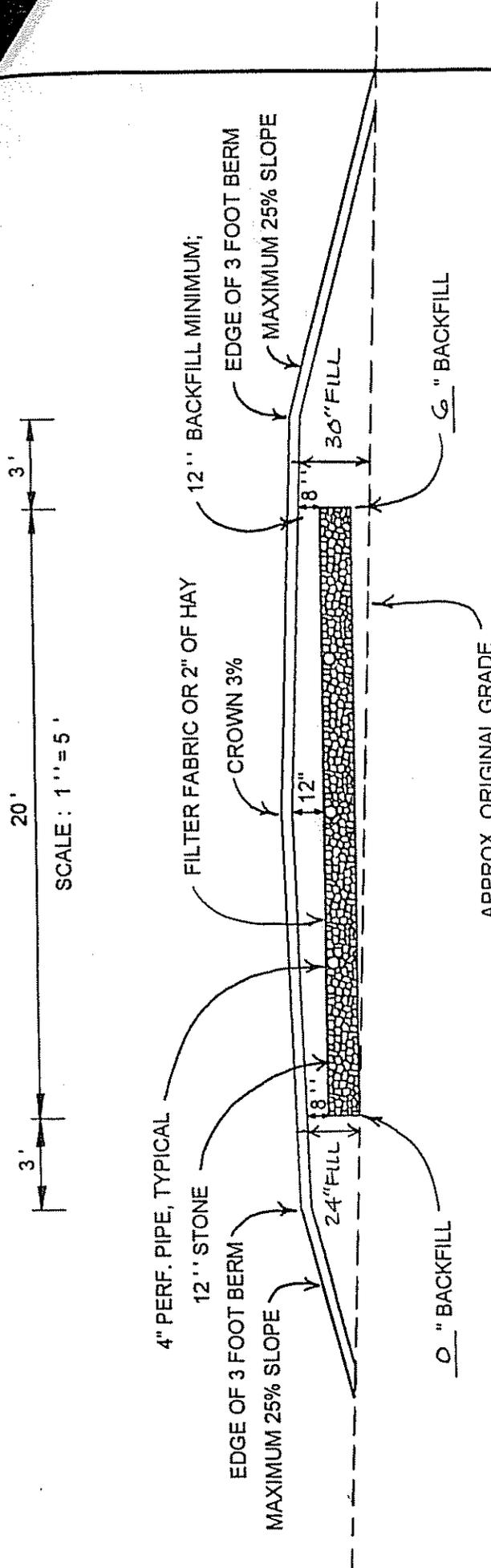


Scott Higgins
SITE EVALUATOR'S SIGNATURE

132
S.E.#

7/2/05
DATE

BED CROSS - SECTION SECTION A - A



OWNER: SCOTT HIGGINS
 LOCATION: AUGUSTA

Terry Adams
 TERRY ADAMS
 S.I.E.# 132 DATE 7/2/05

NOTES FROM THE SITE EVALUATOR

1. Systems shall be installed in accordance with the Maine State Plumbing Code.
2. Remove vegetation from the proposed disposal area and scarify original ground before placing fill.
3. Fill shall be clean, coarse sand to gravely sand. See section 804.2 of the Maine Subsurface Waste Water Disposal rules.
4. All stone shall be uniform size and free of fines.
5. Site shall be graded in a manner, which will divert surface water from the bed.
6. Grass, clover, trefoil, vetch, perennial wild flowers or other herbaceous perennials may be planted on disposal area surfaces. Woody shrubs in conjunction with a hardy perennial ground cover may only be used on fill extensions.
7. If this application includes a new system variance request, it is assumed that this site is not part of a proposed subdivision.
8. "Permit By Rule" – When the toe of fill for a system extends closer than 100' to a wetland or water body, even though the system itself is 100' or more from the wetland or water body; or, when a system requires a Replacement System Variance, the applicant may be required to file a "Permit By Rule" notification form or a complete application form with the Department of Environmental Protection. "Permit by Rule" does not take the place of any other local, state or federal approvals, which may be needed for the proposed activity. In specific instances, the activity may require a shoreland zoning permit from the town, a lease from the Bureau of Public Lands, if the work extends onto state owned submerged lands or a permit from the U.S. Army Corps of Engineering.
9. If a system requires a pump, it shall be vented in accordance with standard practice. It is recommended that the required audible high water alarm be installed on the premises on a different electrical circuit from the pump.
10. As a general rule, a septic tank should be cleaned every two years. It is recommended that no commercial septic tank additives be used.
11. Unless otherwise stated this design does not provide for the use of a garbage disposal. If one is to be added, contact the site evaluator in order that they may alter the design to accommodate the change.
12. This site evaluation and design has been done in compliance with the Maine State Plumbing Code. The approval and/or design may be subject to more restrictive local ordinances. The Local Plumbing Inspector is to be contacted for final review approval.
13. By signature on this application, the client agrees with the location of lot lines, wells and other physical features shown and further agrees to limit the liability of the site evaluator to the original cost of installation of the system or the total fee for services rendered on this project, whichever is greater.
14. This site evaluation and septic design has been done for the owner or applicant shown of page 1 and for the structure as described to the site evaluator. Any change in ownership, house location or other data shown on the HHE 200 form will make this design null and void.