SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

AUGUSTA 4018 TOWN COPY

Date Permit Issued: 9/14/98 $ 200.00 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature L.P.I. # 1800

LPI

PROPERTY LOCATION

Town or Plantation	AUGUSTA
Street Subdivision Lot *	THOMASTON ROAD - REAR

PROPERTY OWNER'S NAME

Last: COOPER First: HAROLD + GLYNNES

Applicant's Name	
Mailing Address of Owner	1970 SPRING ROAD AUGUSTA ME 04330
Daytime Tel. *	622-2609

Municipal Tax Map * 15 Lot * 33

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 permit

Harold B. Cooper Jr 9/14/98

Signature of Owner/Applicant Date

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application 9/15/98

Local Plumbing Inspector Signature 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. ☒ Non-Engineered System
2. ☐ Primitive System (graywater & alt toilet)
3. ☐ Alternative Toilet _____
4. ☐ Non-Engineered Treatment Tank
5. ☐ Holding Tank _____ Gallons
6. ☐ Non-Engineered Disposal Area (only)
7. ☐ Separated Laundry System
8. ☐ Engineered System (>2000 gpd)
9. ☐ Engineered Treatment Tank (only)
10. ☐ Engineered Disposal Area (only)
11. ☐ Pretreatment

SIZE OF PROPERTY

167 Ac ±

SHORELAND ZONING

☐ Yes ☒ No

DISPOSAL SYSTEM TO SERVE:

1. ☒ Single Family Dwelling Unit
2. ☐ Multiple Family Dwelling: Number of Units _____
3. ☐ Other _____

TYPE OF WATER SUPPLY

PROPOSED DRILLED WELL

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

1. ☒ Concrete WITH
   ☐ a. Regular LABEL
   ☐ b. Low Prof. #1800
2. ☐ Plastic FILTER
3. ☐ Other _____

SIZE 1000 Gallons

DISPOSAL AREA TYPE / SIZE

1. ☐ Bed _____ Sq. Ft.
2. ☒ Proprietary Device 350 Sq. Ft.
   ☐ Cluster ☒ Linear
   ☒ Regular ☒ H-20
3. ☐ Trench
4. ☐ Other 100' GEOFLOW PIPE

GARBAGE DISPOSAL UNIT

1. ☒ No
2. ☐ Yes
   ☐ Multi-compartment tank
   ☐ Tank in series
   ☐ Increase in tank capacity
   ☐ Filter on tank outlet

CRITERIA USED FOR DESIGN FLOW (Show Calculations)

2 BED ROOMS
100' GEOFLOW
20
500 ÷ 2.6 = 192

PROFILE & DESIGN CLASS

PROFILE	DESIGN
5B	1

DEPTH TO MOST LIMITING FACTOR 48+

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

PUMPING

1. ☒ Not required
2. ☐ May be required
3. ☐ Required

DOSE _____ Gallons

DESIGN FLOW: 192 (Gallons/Day)

SITE EVALUATOR'S STATEMENT

On 9/3/98 (date) I completed a site evaluation on this property and state that the data reported is accurate and that the proposed sytem is in compliance with the Subsurface Wastewater Disposal Rules.

David L Studer — Site Evaluator Signature
275 — SE *
9-3-98 — Date
DAVID L. STUDER — Site Evaluator Name Printed
845-2352 — Telephone

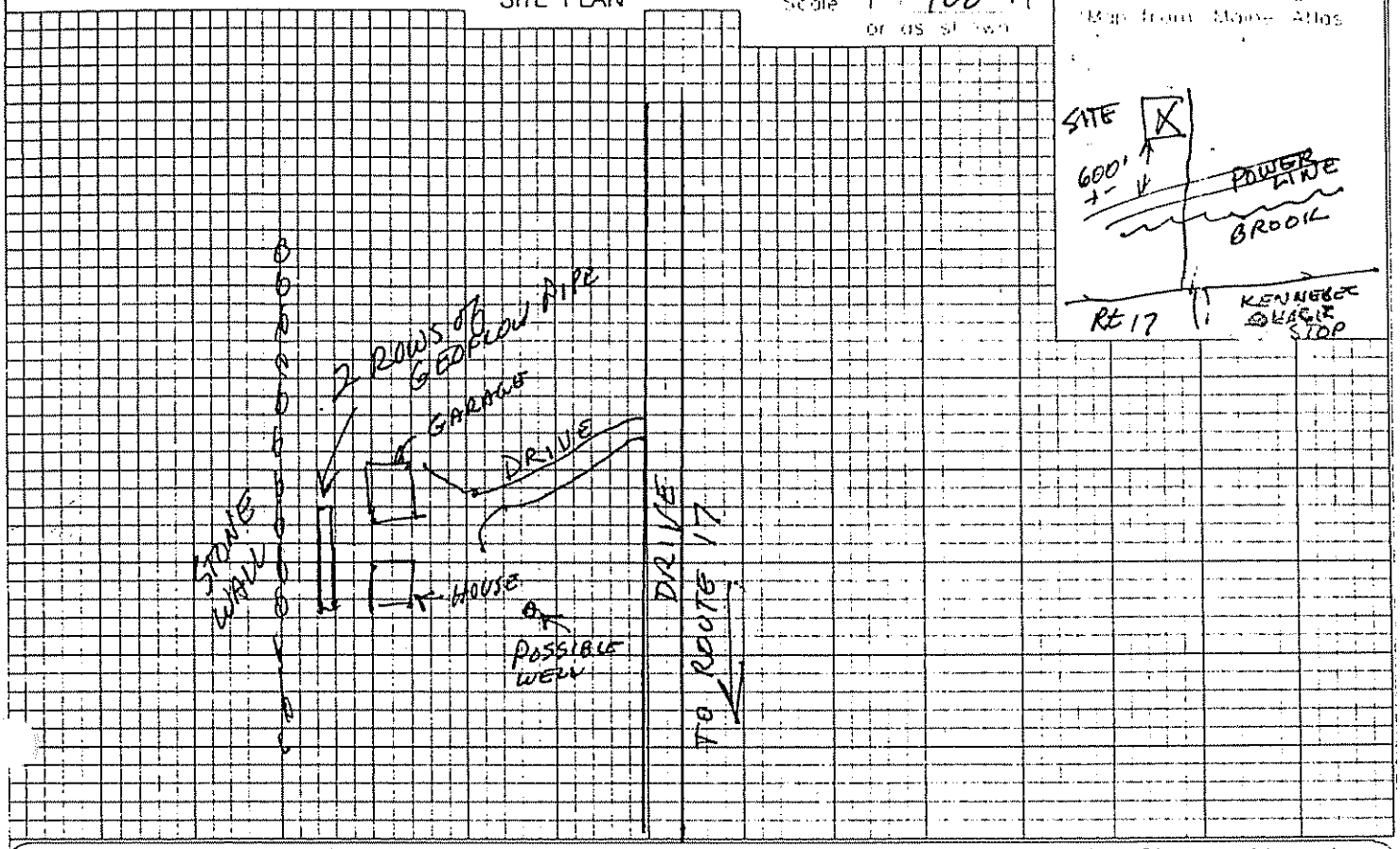
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation: AUGUSTA
Street, Road, Subdivision: THOMASTON ROAD - REAR
Owner's Name: GLYNNES + HAROLD COOPER

SITE PLAN

Scale 1" = 100' or as shown



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

Observation Hole: TP-1 ☒ Test Pit ☐ Boring
Depth of Organic Horizon Above Mineral Soil: 0-1/2

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
	LOAM		DK BN	
	GRAVELLY		10YR 5/6	
	MEDIUM TO FINE LOAMY SANDS WITH JETS + LENS OF MED COARSE SANDS	FRIABLE TO LOOSE ROOTS TO 24"	ORANGE BROWN	NONE EVIDENT
			YELLOW	

Soil Classification: Profile 5, Cond. B
Slope: 0-3%
Limiting Factor: 48+"
Seasonal Water: Restrictive Layer / Bedrock / Perched

Observation Hole: TP-2 ☒
Depth of Organic Horizon Above Mineral Soil: 0-1/2

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
	LOAM GRAVELLY LOAMY FINE SAND	FRIABLE TO LOOSE	DK BN 10YR 5/6 ORANGE BN	NONE EVIDENT
	GRAVELLY MED SAND		YELLOW	

Soil Classification: 5 B
Slope: 0-3%
Limiting Factor: 48"
Seasonal Water: Restrictive Layer / Bedrock / Perched

David Studer 275 9-3-98

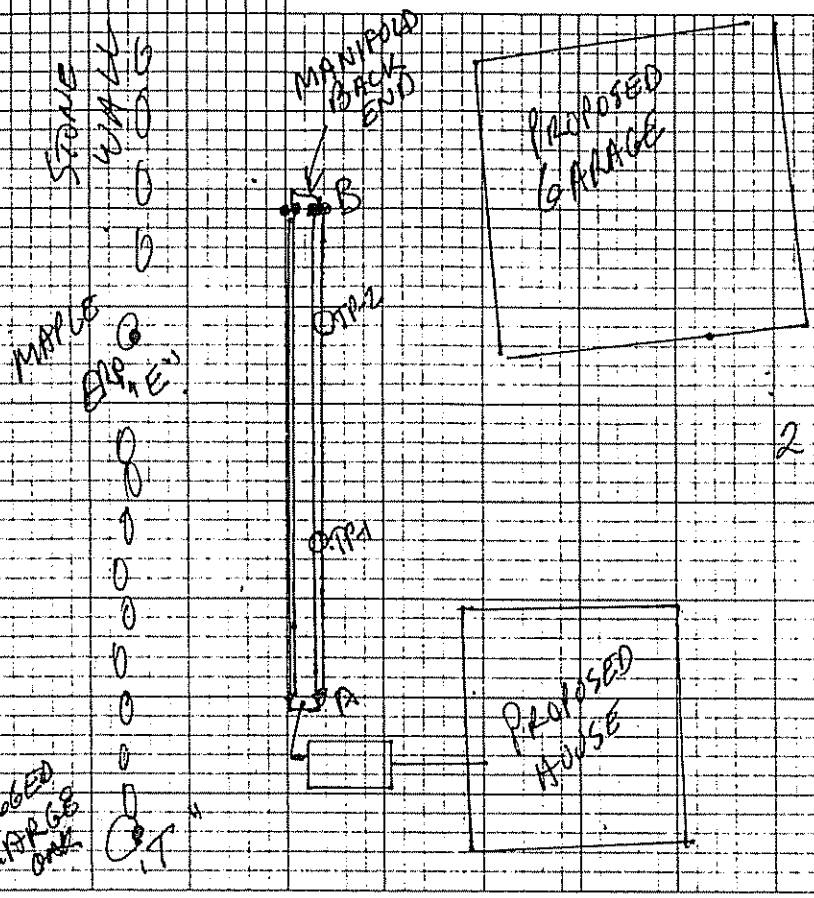
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation: AUGUSTA
Street, Road, Subdivision: THOMASTON ROAD REAR
Owner's Name: GLYNNES HAROLD COOPER

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT



FOUNDATION TO TANK IS AT LEAST 8' FEET

FOUNDATION TO GEOFLOW PIPE IS AT LEAST 15'

2 ROWS OF 50 ON 2.5' CENTERS
1.5' EDGE OF PIPE TO EDGE OF PIPE

ORIGINAL ELEVATIONS
A = -32"
B = -40"
TP-1 = -38"
TP-2 = -44"

FILL REQUIREMENTS

Depth of Fill (Upslope) _____
Depth of Fill (Downslope) _____

CONSTRUCTION ELEVATIONS

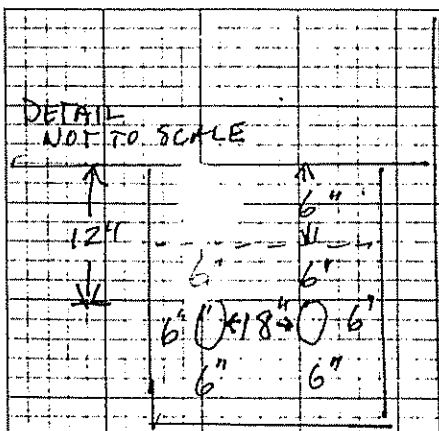
Finished Grade Elevation 12" OVER PIPE
Top of ~~GEOFLOW PIPE~~ Proprietary Device -52"
Bottom of ~~GEOFLOW PIPE~~ -64"

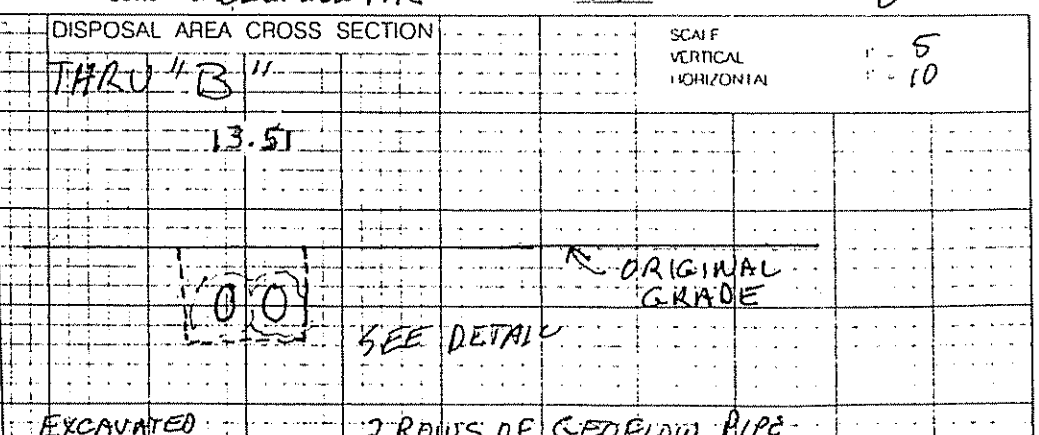
ELEVATION REFERENCE POINT

Location & Description NAIL IN MAPLE 28" ABOVE GRADE
Reference Elevation "0"

DISPOSAL AREA CROSS SECTION THRU "B"

SCALE
VERTICAL 1" = 5
HORIZONTAL 1" = 10





6" MED COARSE SAND ALL AROUND PIPE

EXCAVATED MATERIAL TO BE USED AS FINAL COVER MATERIAL

2 ROWS OF GEOFLOW PIPE 50' LONG ON 2.5' CENTER

David J Study 275 9-3-98