AF 11/7/14 MSH/L14

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept.Health & Human Services
Div of Environmental Health , 11 SHS
(207) 287-5672 Fax: (207) 287-4172

PROPERTY LOCATION

City, Town, or Plantation	AUGUSTA
Street or Road	854 RIVERSIDE DRIVE
Subdivision, Lot #	1+2 Gallant Way

OWNER/APPLICANT INFORMATION

Name (last, first, MI)	GALLANT, MATTHEW ☒ Owner ☐ Applicant
Mailing Address of Owner/Applicant	816 RIVERSIDE DRIVE AUGUSTA, ME 04330
Daytime Tel. #	557-2003

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.

Matt Gallant 11/7/14
Signature of Owner or Applicant (Date)

>> CAUTION: LPI APPROVAL REQUIRED <<

15.00

AUGUSTA PERMIT #6991 TOWN COPY

Date Permit Issued: 9/23/14 $ 250.00 fee

Gary R. Fuller LPI # 850

I have inspected the installation authoirzed above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. _____ (1st) date approved

_____ Local Plumbing Inspector Signature _____ (2nd) date approved

PERMIT INFORMATION

TYPE OF APPLICATION

- ☒ 1. First Time System
- ☐ 2. Replacement System
  - Type replaced: _____
  - Year installed: _____
- ☐ 3. Expanded System
  - ☐ a. <25% Expansion
  - ☐ b. ≥25% 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

±2.1 ☐ SQ. FT. ☒ ACRES

SHORELAND ZONING

☐ Yes ☒ No

DISPOSAL SYSTEM TO SERVE

- ☐ 1. Single Family Dwelling Unit, No. of Bedrooms: ____
- ☐ 2. Multiple Family Dwelling, No. of Units: ____
- ☒ 3. Other: 2-2 BEDROOM MOBILE HOMES (specify)

Current Use ☐ Seasonal ☒ Year Round ☐ Undeveloped

TYPE OF WATER SUPPLY

☐ 1. 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
  - ☐ b. Low Profile
- ☐ 2. Plastic
- ☐ 3. Other: _____

CAPACITY: 1500 GAL.

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: 20' X 60'

SIZE: 1200 ☒ 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

360 gallons per day

BASED ON:

- ☒ 1. Table 4A (dwelling unit(s))
- ☐ 2. Table 4C(other facilities)

SHOW CALCULATIONS for other facilites

- ☐ 3. Section 4G (meter readings)

ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS

PROFILE CONDITION

7 / C

at Observation Hole # 1

Depth 20"

of Most Limiting Soil Factor

DISPOSAL FIELD SIZING

- ☐ 1. Medium---2.6 sq. ft. / gpd
- ☒ 2. Medium---Large 3.3 sq. ft / gpd
- ☐ 3. Large---4.1 sq. ft. / gpd
- ☐ 4. 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. 44 d 22 m 05 s

Lon. 69 d 43 m 53 s

if g.p.s, state margin of error: _____

SITE EVALUATOR STATEMENT

I certify that on 9/3/14 (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).

Vaughn L. Smith — Site Evaluator Signature

226 — LICENSE #

9/9/14 — Date

VAUGHN L. SMITH — Site Evaluator Name Printed

441-3887 — Telephone Number

SOILTESTMAN@AOL.COM — E-mail Address

STATE OF MAINE LICENSED SITE EVALUATOR

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

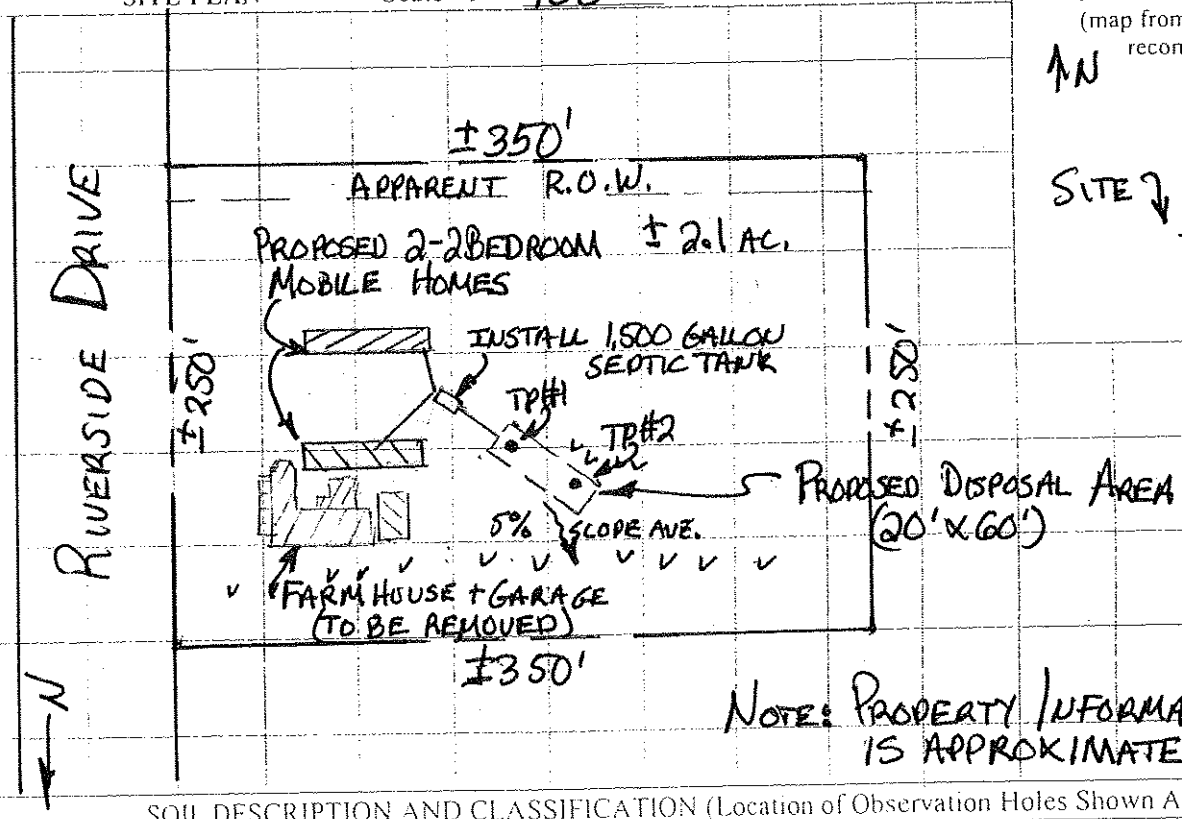
Department of Health & Human Services
Division of Environmental Health
(207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation: AUGUSTA

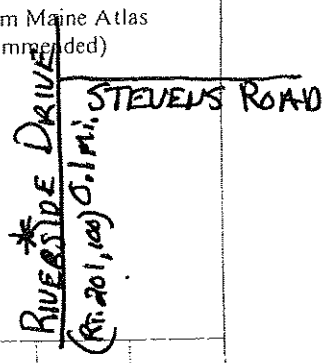
Street, Road, Subdivision: 854 RIVERSIDE DRIVE

Owner's Name: MATTHEW GALLANT

SITE PLAN — Scale 1" = 100 ft. or as shown



SITE LOCATION PLAN (map from Maine Atlas recommended)



NOTE: PROPERTY INFORMATION PER OWNER IS APPROXIMATE

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

Observation Hole #1 [X] Test Pit [ ] Boring

1 " Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0–10	OLD GRAVEL FILL	FRIABLE	DARK BROWN	NONE
10–20	LOAMY FINE SAND		OLIVE BROWN	
20–30			YELLOWISH BROWN	
30–40	SAND TO FINE SANDY LOAM	FIRM	LIGHT OLIVE BROWN	FEW DISTINCT
40–50				

Soil Classification	Slope	Limiting Factor	
7 C (Profile, Condition)	3 %	20	[X] Ground Water [ ] Restrictive Layer [ ] Bedrock [ ] Pit Depth

Observation Hole #2 [X] Test Pit [ ] Boring

1 " Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0–10	SANDY LOAM		BROWN	
10–20	LOAMY FINE SAND	FRIABLE	BROWNISH YELLOW	NONE
20–30	SAND W/SILT LENSES	FIRM	PALE BROWN	FEW DISTINCT
30–40				
40–50				

Soil Classification	Slope	Limiting Factor	
7 C (Profile, Condition)	7 %	22	[X] Ground Water [ ] Restrictive Layer [ ] Bedrock [ ] Pit Depth

STATE OF MAINE — VAUGHN L. SMITH 226 LICENSED SITE EVALUATOR

Site Evaluator Signature: Vaughn L. Smith

Date: 9/9/14

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

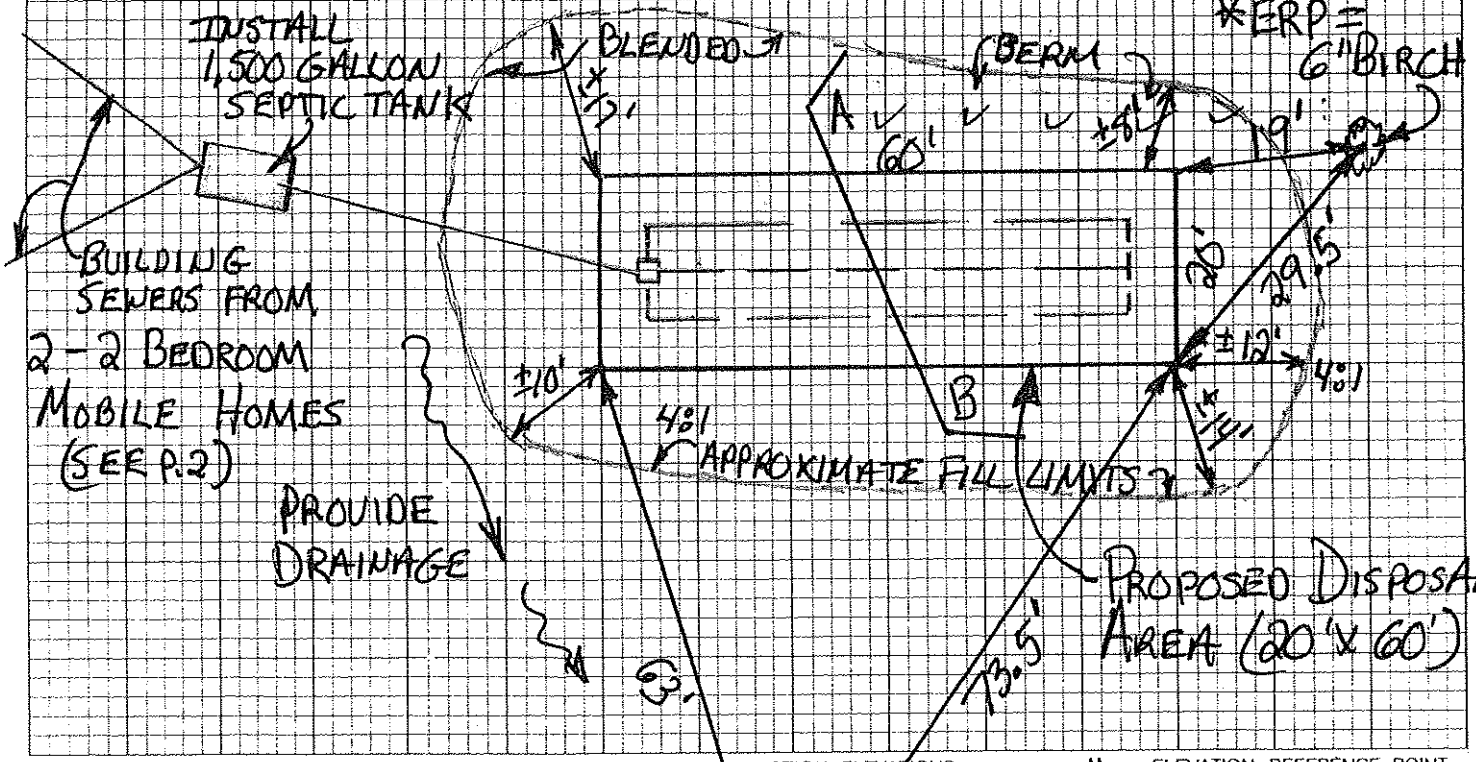
Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX (207) 287-4172

Town, City, Plantation: AUGUSTA
Street, Road, Subdivision: 854 RIVERSIDE DRIVE
Owner's Name: MATTHEW GALLANT

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT.

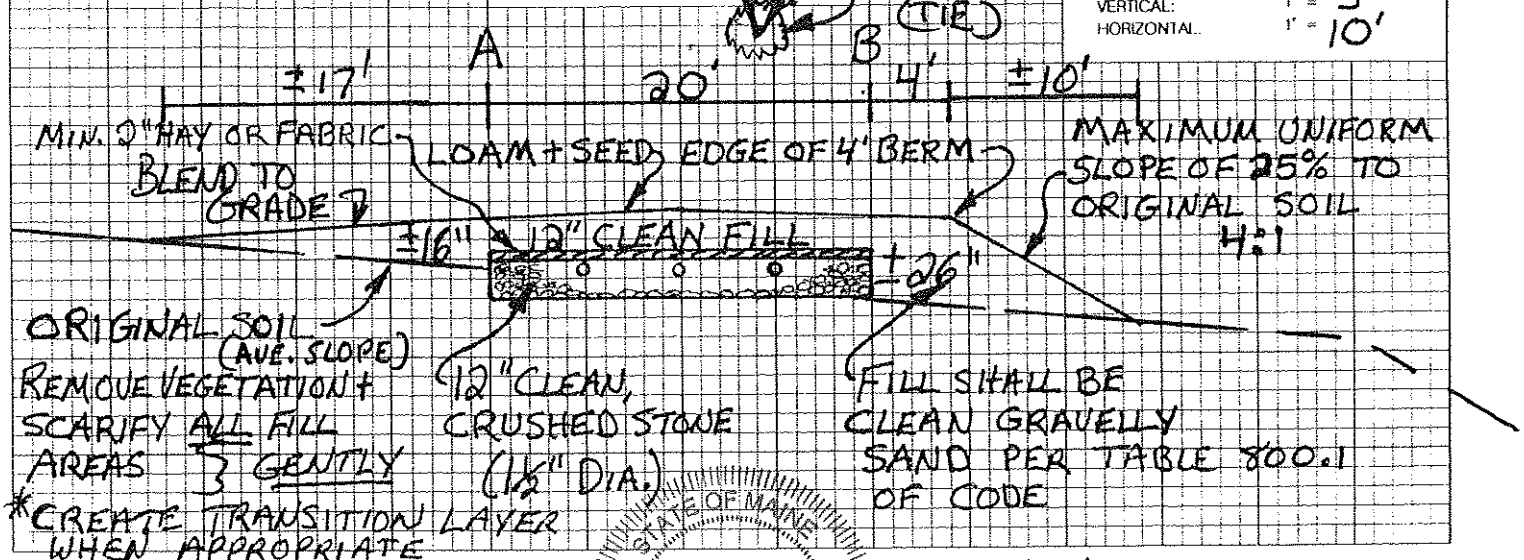
NOTE:
ALL TIES, ELEVATIONS, + PROPERTY LINES SHALL BE CONFIRMED PRIOR TO CONSTRUCTION



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT	
Depth of Fill (Upslope)	±16"	Finished Grade Elevation	-30"	Location & Description	6" BIRCH W/NAIL 43" ABOVE GROUND
Depth of Fill (Downslope)	±26"	Top of Distribution Pipe or Proprietary Device	-42"	Reference Elevation	0"
FILL DEPTHS WILL VARY		Bottom of Disposal Area	-54"		

DISPOSAL AREA CROSS SECTION

SCALE:
VERTICAL: 1" = 5'
HORIZONTAL: 1" = 10'



*CREATE TRANSITION LAYER WHEN APPROPRIATE

Vaughn L. Smith
Site Evaluator Signature

STATE OF MAINE
VAUGHN
226
LICENSED
SITE EVALUATOR

9/9/14
Date