CK PLUM 50.00

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY LOCATION

City, Town, Plantation: Augusta
Street or Road: Eastern Ave
Subdivision, Lot #: 264

>> CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW <<

AUGUSTA PERMIT # 5991 TOWN COPY

Date Permit Issued: 6/19/07
Local Plumbing Inspector Signature: Gary R. Fuller
$ 50.00 ☐ If Double Fee Charged
L.P.I. # 850

OWNER/APPLICANT INFORMATION

Name (last, first, MI): Dang Bruce ☐ Owner ☐ Applicant
Mailing Address of Owner/Applicant: Eastern Ave
Augusta, ME 04330
Daytime Tel. #:

Municipal Tax Map # 57 Lot # 7

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.
Signature of Owner or Applicant: Michael Foolt Date: 6-27-07

CAUTION: INSPECTION REQUIRED
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: N/A
Year installed:
☐ 3. Expanded System
☐ a. Minor Expansion
☐ b. Major Expansion
☐ 4. Experimental System
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
N/A
☐ 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: 1000 gal. Greasetrap
☐ 12. Miscellaneous Components

SIZE OF PROPERTY
☐ 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: Restaurant
(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: 1000 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: N/A
SIZE: _____ ☐ 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
_____ gallons per day
BASED ON:
☐ 1. Table 501.1 (dwelling unit(s))
☐ 2. Table 501.2 (other facilities)
SHOW CALCULATIONS for other facilites
☐ 3. Section 503.0 (meter readings)
ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS
PROFILE CONDITION DESIGN
_____/_____/_____
at Observation Hole #_____
Depth _____"
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. f.t / gpd
☐ 4. Large---4.1 sq. ft. / gpd
☐ 5. 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. _____d _____m _____s
Lon. _____d _____m _____s
if g.p.s, state margin of error:_____

SITE EVALUATOR STATEMENT

I certify that on _____ (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 | SE # | Date

Site Evaluator Name Printed | Telephone Number | E-mail Address

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

HHE-200 Rev. 4/05