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, / Plantation	AUGUSTA
Street or Road	RT # 105
Subdivision, Lot #	

>> CAUTION: LPI APPROVAL REQUIRED

AUGUSTA PERMIT #6856 TOWN COPY
Date Permit Issued: 10/7/13 $ 150.00 fee
15.00
LPI # 850

OWNER/APPLICANT INFORMATION

Name (last, first, MI)	ROCQUE, SHIREY ☑ Owner ☑ Applicant
Mailing Address of Owner/Applicant	1049 S. BELFAST AVE. AUGUSTA, ME. 04330
Daytime Tel. #	1364-1115

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.
Shirley J. Rocque — Signature of Owner or Applicant — Oct 2, 2013 — 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.
Local Plumbing Inspector Signature — (1st) date approved — (2nd) date approved

PERMIT INFORMATION

TYPE OF APPLICATION
- 1. First Time System
- ☑ 2. Replacement System
- Type replaced: V-MATCH
- 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
1+ — ☐ SQ. FT. ☑ ACRES

SHORELAND ZONING
☑ Yes ☐ No

DISPOSAL SYSTEM TO SERVE
- ☑ 1. Single Family Dwelling Unit, No. of Bedrooms: 3
- 2. Multiple Family Dwelling, No. of Units: ____
- 3. Other: ____ (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 — EXISTING
  - ☑ a. Regular — SIZE OF
  - b. Low Profile — TANK FROM
- 2. Plastic — DUBE PUMPING
- 3. Other:
- CAPACITY: 4000 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:
- SIZE: 900 ☑ 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
270 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
3 C
at Observation Hole # 1
Depth 38"
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 18 m 712 s
Lon. 69 d 39 m 961 s
if g.p.s, state margin of error: 12'

SITE EVALUATOR STATEMENT

I certify that on 9/23/13 (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	256 SE #	9/24/13 Date
JOHN PHILBRICK Site Evaluator Name Printed	547-3732 Telephone Number	E-mail Address

Note : Changes to or deviations from the design should be confirmed 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

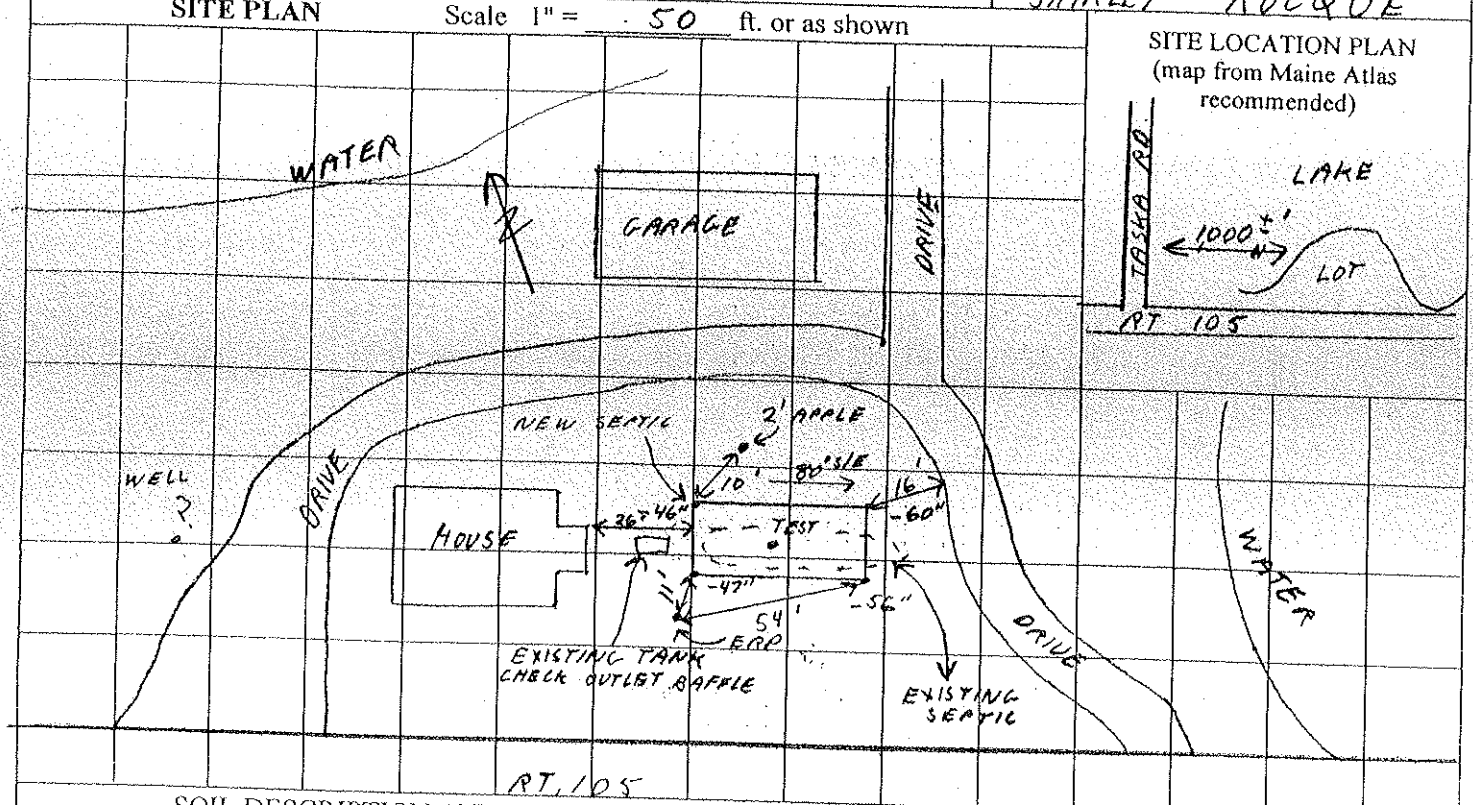
Town, City, Plantation: AUGUSTA

Street, Road, Subdivision: RT # 105

Owner's Name: SHIRLEY ROCQUE

SITE PLAN

Scale 1" = 50 ft. or as shown



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

Observation Hole 1 ☑ Test Pit ☐ Boring

0 " Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0–10	SANDY LOAM	FRIABLE	Dark BR.	NONE
10–40	LOAMY SAND	↓	TAN	↓
40–50	FINE LOAMY SAND	FIRM	GRAY	COMMON DISTINCT

Soil Classification		Slope	Limiting Factor	
3	C	0 %	38"	[✓] Ground Water [✓] Restrictive Layer [ ] Bedrock [ ] Pit Depth
Profile	Condition			

Observation Hole _____ ☐ Test Pit ☐ Boring

_____ " Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0–50				

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

Site Evaluator Signature: [signature] SE # 256 Date 9/24/13

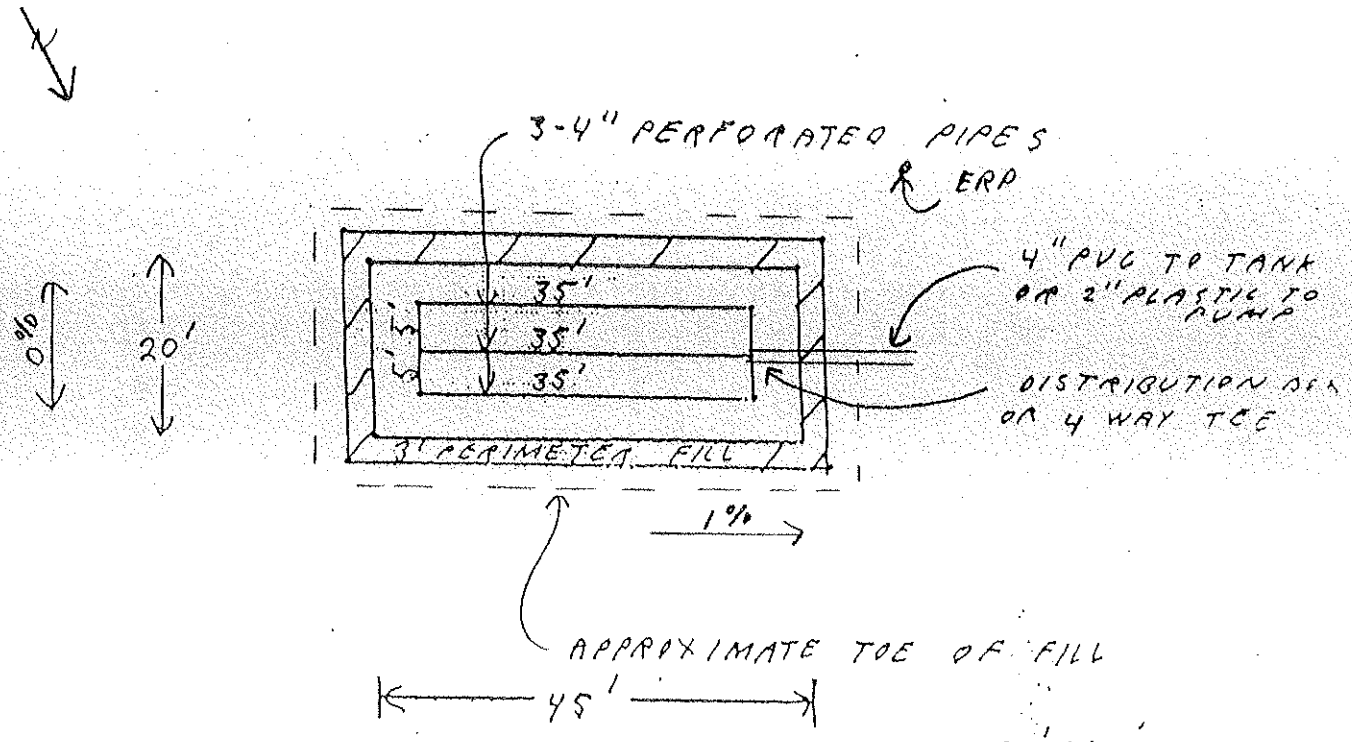
SURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

08246445

City, Plantation	Street, Road, Subdivision	Owner's Name
AUGUSTA	RT. # 105	SHIRLEY ROCQUE

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 ft. or as shown



20' X 45' BED
FLAGS MARK CORNERS

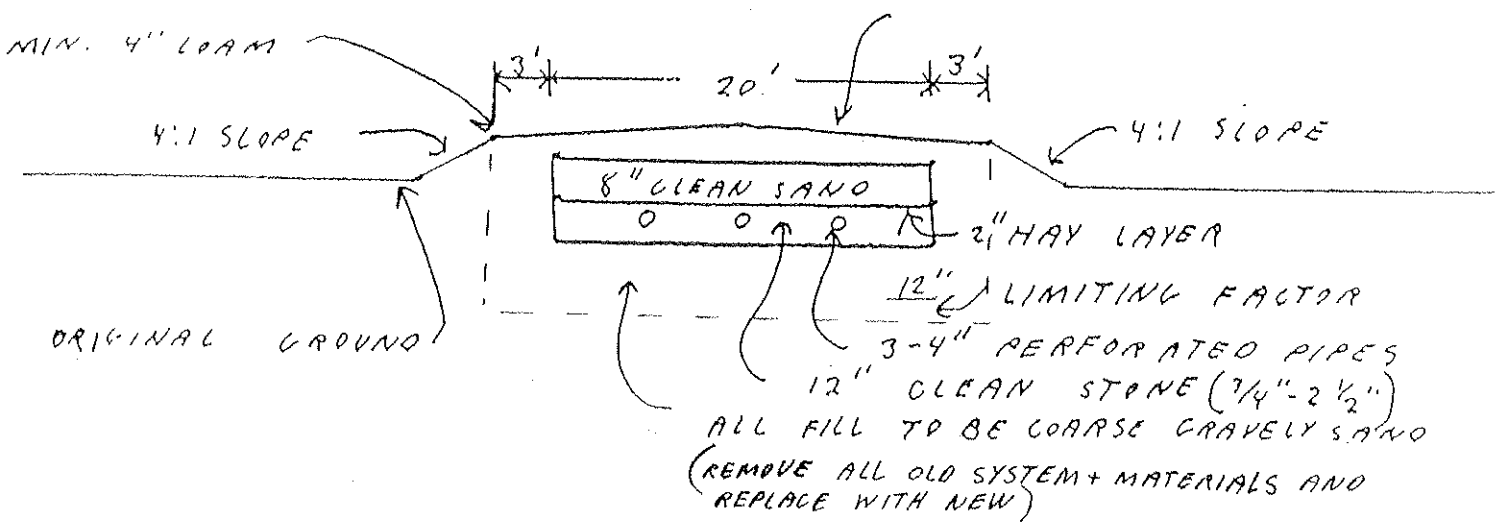
FILL REQUIREMENTS
Depth of Fill (Upslope)
Depth of Fill (Downslope)

CONSTRUCTION ELEVATION
0" Reference Elevation is
10" Bottom of Disposal Area
Top of Distribution Lines or Chambers

ELEVATION REFERENCE POINT
0"
-75" ERP IS IN 2' MAPLE, 11' S/W
-64" OF SYSTEM, 44" ABOVE GROUND

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 inch = 5 ft.
Horizontal: 1 inch = 10 ft.



Site Evaluator Signature

256
SEN

9/24/13
Date

Approved for use as HHE 200 by Division of Health Engineering 9/87