83-18

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5672 FAX (207) 287-4172

PROPERTY LOCATION	
Town, Plantation	Augusta
Street or Road	393 Western Ave.
Subdivision, Lot #	Getty

>> Caution: Permit Required – Attach In Space Below <<

AUGUSTA 4987 TOWN COPY
Date Permit Issued: 11/21/02 $ 50 FEE ☐ If Double Fee Charged
Local Plumbing Insector Signature L.P.I. # 872

OWNER/APPLICANT INFORMATION	
Name (last, first, MI)	Timothy J. Cotrone Owner Applicant
Mailing Address of ☐ Owner ☐ Applicant	
Daytime Tel. #	

Municipal Tax Map # 83 Lot # 18

Owner or Applicant 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.

Signature of Owner or Applicant — Date 11/21/02

Caution: Inspections Required

I have inspected the installation authorized 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
   - e Replaced: ____
   - 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. ☐ Complete Non-engineered System
2. ☐ Primitive System (graywater & alt toilet)
3. ☐ Alternative Toilet, specify: ____
4. ☒ Non-Engineered Treatment Tank (only) Grease trap
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
☐ 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

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 ____ gallons

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 ____ ☐ sq. ft. ☐ lin. ft.

GARBAGE DISPOSAL UNIT
1. ☐ No 3. ☐ Maybe
2. ☐ Yes >> 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 facilities –
3. ☐ Section 503.0 (meter readings)
   ATTACH WATER-METER DATA

SOIL DATA & DESIGN CLASS
PROFILE CONDITION DESIGN
____ / ____ / ____
at Observation Hole # ____
Depth ____ " Elevation ____ "
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. ft./gpd
4. ☐ Large – 4.1 sq. ft./gpd
5. ☐ Extra Large – 5.0 sq. ft./gpd

PUMPING
1. ☐ Not Required
2. ☐ May Be Required
3. ☐ Required >> Specify only for engineered or experimental systems:
   DOSE: ____ gallons

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 #