

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5872 FAX (207) 287-4172

| | | | |
|--|--|--|-------|
| PROPERTY LOCATION | | >> Caution: Permit Required -- Attach in Space Below << | |
| City, Town, or Plantation | GRAY | | |
| Street or Road | AMBROSE CIRCLE | | |
| Subdivision, Lot # | MAY MEADOW LOT 66 | | |
| OWNER/APPLICANT INFORMATION | | | |
| Name (last, first, MI) Owner | MAY MEADOW BUILDERS <input type="checkbox"/> | | |
| Applicant | <input type="checkbox"/> | | |
| Mailing Address of <input type="checkbox"/> Owner <input type="checkbox"/> Applicant | P.O. BOX 905 GRAY, ME 04039 | | |
| Daytime Tel. # | 657-3333 | | |
| | | Municipal Tax Map # | Lot # |
| | | 10 | 10-66 |

GRAY Date Permit Issued: 11-15-01 \$ 1100 TOWN COPY
Local Plumbing Inspector Signature: [Signature] L.P.I. # 591
 If Double Fee Charged

| | |
|--|---|
| 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. <u>[Signature]</u> 11-15-01 Signature of Owner or 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. <u>[Signature]</u> Local Plumbing Inspector Signature Date Approved |
|--|---|

| PERMIT INFORMATION | | |
|---|--|--|
| TYPE OF APPLICATION 1. <input type="checkbox"/> First Time System 2. <input type="checkbox"/> Replacement System Type Replaced: _____ Year Installed: _____ 3. <input type="checkbox"/> Expanded System a. <input type="checkbox"/> Minor expansion b. <input type="checkbox"/> Major expansion 4. <input type="checkbox"/> Experimental System 5. <input type="checkbox"/> Seasonal Conversion | THIS APPLICATION REQUIRES 1. <input checked="" type="checkbox"/> No Rule Variance 2. <input type="checkbox"/> First Time System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 3. Replacement System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 4. <input type="checkbox"/> Minimum Lot Size Variance 5. <input type="checkbox"/> Seasonal Conversion Approval | DISPOSAL SYSTEM COMPONENT(S) 1. <input checked="" type="checkbox"/> Complete Non-engineered System 2. <input type="checkbox"/> Primitive System (graywater & alt toilet) 3. <input type="checkbox"/> Alternative Toilet, specify: _____ 4. <input type="checkbox"/> Non-Engineered Treatment Tank (only) 5. <input type="checkbox"/> Holding Tank, _____ gallons 6. <input type="checkbox"/> Non-engineered Disposal Field (only) 7. <input type="checkbox"/> Separated Laundry System 8. <input type="checkbox"/> Complete Engineered System (2000 gpd or more) 9. <input type="checkbox"/> Engineered Treatment Tank (only) 10. <input type="checkbox"/> Engineered Disposal Field (only) 11. <input type="checkbox"/> Pre-treatment, specify: _____ |
| SIZE OF PROPERTY 1 <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres | DISPOSAL SYSTEM TO SERVE 1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: <u>3</u> 2. <input type="checkbox"/> Multiple Family Dwelling, No. of Units: _____ 3. <input type="checkbox"/> Other: _____ SPECIFY _____ | TYPE OF WATER SUPPLY 1. <input checked="" type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input type="checkbox"/> Public 5. <input type="checkbox"/> Other: _____ |
| SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

| DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3) | | | |
|--|---|---|---|
| TREATMENT TANK 1. <input type="checkbox"/> Concrete a. <input type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY <u>1000</u> gallons | DISPOSAL FIELD TYPE & SIZE 1. <input type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench 3. <input checked="" type="checkbox"/> Proprietary Device a. <input type="checkbox"/> Cluster array c. <input checked="" type="checkbox"/> Linear b. <input checked="" type="checkbox"/> Regular load d. <input type="checkbox"/> H-20 load 4. <input type="checkbox"/> Other: _____ SIZE <u>900</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft. | GARBAGE DISPOSAL UNIT 1. <input type="checkbox"/> No 2. <input checked="" type="checkbox"/> Maybe 2. <input type="checkbox"/> Yes >> Specify one below: a. <input type="checkbox"/> Multi-compartment Tank b. <input type="checkbox"/> Tanks in Series c. <input type="checkbox"/> Increase in Tank Capacity d. <input type="checkbox"/> Filter on Tank Outlet | DESIGN FLOW <u>270</u> gallons per day BASED ON: 1. <input checked="" type="checkbox"/> Table 901.1 (dwelling unit(s)) 2. <input type="checkbox"/> Table 901.2 (other facilities) SHOW CALCULATIONS -- for other facilities -- |
| SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN <u>3, C, 1</u> at Observation Hole # <u>1B-1</u> Depth <u>30</u> * Elevation _____ * OF MOST LIMITING SOIL FACTOR | DISPOSAL FIELD SIZING 1. <input type="checkbox"/> Small -- 2.0 sq. ft./gpd 2. <input type="checkbox"/> Medium -- 2.6 sq. ft./gpd 3. <input checked="" type="checkbox"/> Medium-Large -- 3.3 sq. ft./gpd 4. <input type="checkbox"/> Large -- 4.1 sq. ft./gpd 5. <input type="checkbox"/> Extra Large -- 5.0 sq. ft./gpd | PUMPING 1. <input checked="" type="checkbox"/> Not Required 2. <input type="checkbox"/> May Be Required 3. <input type="checkbox"/> Required >> Specify only for engineered or experimental systems: DOSE: _____ gallons | 3. <input type="checkbox"/> Section 903.0 (meter readings) ATTACH WATER-METER DATA |

SITE EVALUATOR STATEMENT

I Certify that on 11-1-01 (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).

| | | |
|--|--------------------------------|------------------------|
| <u>[Signature]</u> Site Evaluator Signature | <u>262</u> SE # | <u>11-1-01</u> Date |
| <u>MARK CENCI</u> Site Evaluator Name Printed | <u>797-2110</u> Telephone # | |

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Town, City, Plantation
GRAY

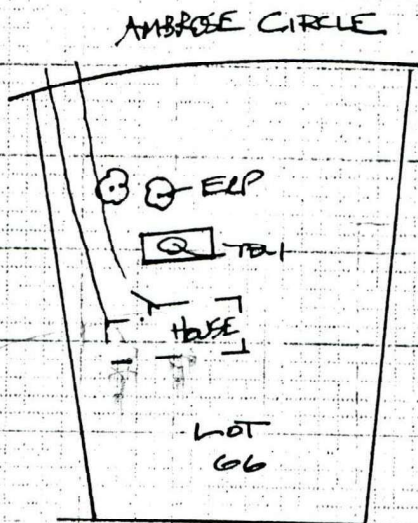
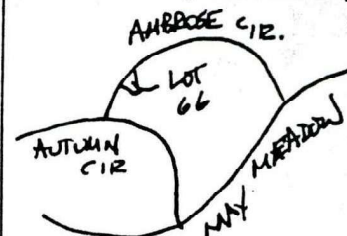
Street, Road, Subdivision
AMBROSE CIRCLE

Owner or Applicant Name
MAY MEADOW BUILDERS

SITE PLAN

Scale: 1" = 100 ft.

SITE LOCATION MAP
(Attach map from Maine Atlas for First Time System Variance)



SOIL PROFILE DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole # TB1 Test Pit Boring

| Depth below mineral soil surface (inches) | Depth of organic horizon above mineral soil | | | |
|---|---|-----------------------------------|------------------------|--|
| | Texture | Consistency | Color | Mottling |
| 0 | | | | |
| 6 | | | | |
| 12 | FINE SANDY LOAM | FRIABLE | YELLOW BRN | |
| 18 | | | | |
| 24 | (BOUNDARY) | | | |
| 30 | | | | |
| 36 | | FIRM | GRY | FEN |
| 42 | | | | |
| 48 | | | | |
| Soil Profile <u>3</u> | | Classification Condition <u>C</u> | Slope Percent <u>9</u> | Limiting Factor Depth <u>30</u> |
| | | | | <input type="checkbox"/> Groundwater <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock |

Observation Hole # _____ Test Pit Boring

| Depth below mineral soil surface (inches) | Depth of organic horizon above mineral soil | | | |
|---|---|--------------------------------|---------------------|--|
| | Texture | Consistency | Color | Mottling |
| 0 | | | | |
| 6 | | | | |
| 12 | | | | |
| 18 | | | | |
| 24 | | | | |
| 30 | | | | |
| 36 | | | | |
| 42 | | | | |
| 48 | | | | |
| Soil Profile _____ | | Classification Condition _____ | Slope Percent _____ | Limiting Factor Depth _____ |
| | | | | <input type="checkbox"/> Groundwater <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock |

Mark Olin
Site Evaluator Signature

262
SF #

11-1-01
Date

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Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

GRAY

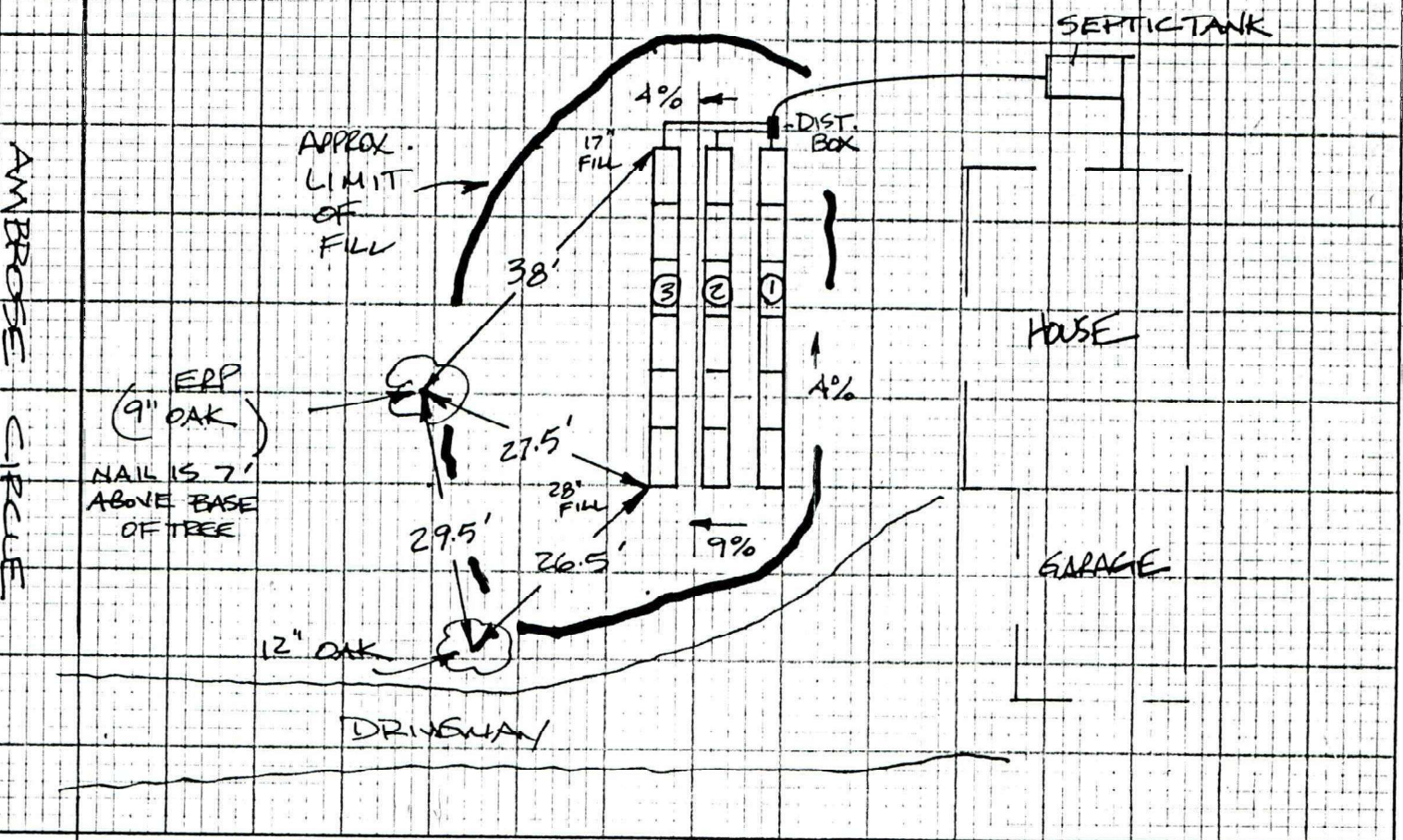
AMBROSE CIRCLE LOT 66

MAN MEADOW BUILDERS

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' FL.

18 PLASTIC CHAMBERS
15' X 38'



FILL REQUIREMENTS
Depth of Fill (Upslope) 12"
Depth of Fill (Downslope) 17-22"

CONSTRUCTION ELEVATIONS
Reference Elevation is 0"
Bottom of Disposal Area ROW 1 -32"
Top of Distribution Lines or Chambers -16"

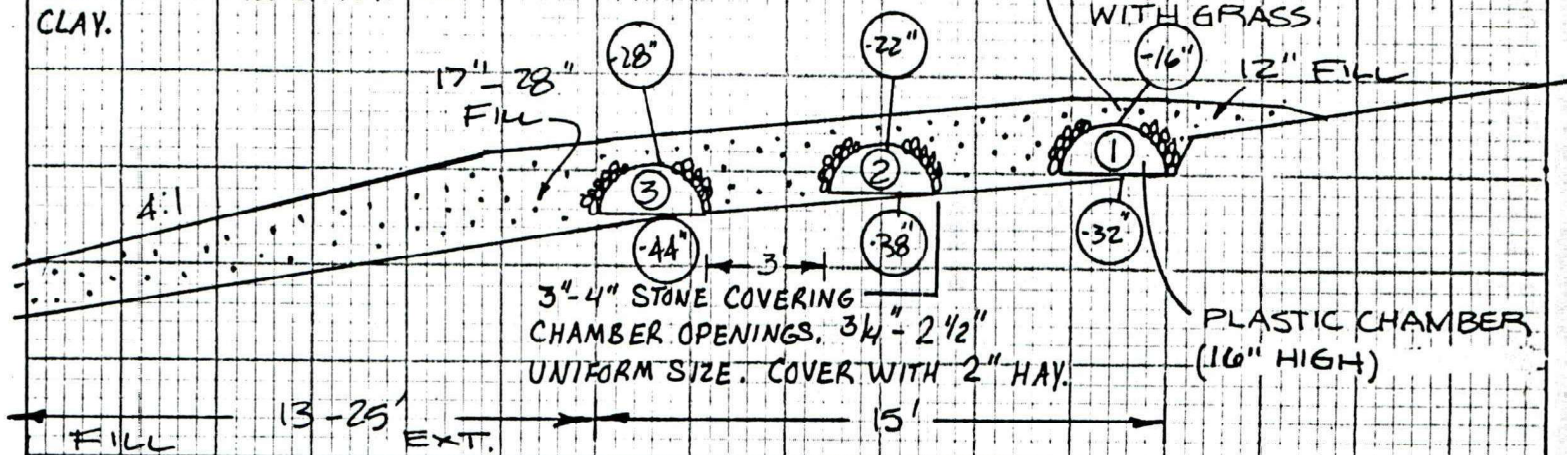
ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
NAIL IN 9" DIAMETER OAK TREE

NOTE: SCARIFY GROUND SURFACE BELOW ALL FILL.
GRAVELLY COARSE SAND FILL WITHIN 3' OF CHAMBERS. REMAINING FILL SANDY-NO CLAY.

DISPOSAL AREA CROSS SECTION

| BOTTOM OF CHAMBERS | |
|--------------------|------|
| ROW 2 | -38" |
| ROW 3 | -44" |
| TOPS: -22" | |
| -28" | |

Scale:
Vertical: 1 inch = 5' FL.
Horizontal: 1 inch = 5' FL.



Man Oeri
Site Evaluator Signature

262
SE#

11-1-01
Date