

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY LOCATION

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

City, Town, Plantation	AUGUSTA
Street or Road	BUNNY STREET LOT 208
Subdivision, Lot #	
OWNER/APPLICANT INFORMATION	
Name (last, first, MI)	BONENFANT, PAUL <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant
Mailing Address of Owner/Applicant	92 OLD BELGRADE ROAD AUGUSTA, ME 04330
Daytime Tel. #	622-5013

AUGUSTA	PERMIT # 5994	TOWN COPY
Date Permitted Issued: 6/26/07	FEE: \$ 100.00	<input type="checkbox"/> Double Fee Charged
Local Plumbing Inspector Signature: <i>[Signature]</i>	L.P.I. # 550	
Municipal Tax Map # 1A	Lot # 4	

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.

CAUTION: INSPECTION REQUIRED

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.

[Signature] **6/22/07**
 Signature of Owner/Applicant Date

[Signature] **6/30/07**
 Local Plumbing Inspector Signature (1st) Date Approved (2nd) Date Approved

PERMIT INFORMATION

TYPE OF APPLICATION <input checked="" type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type replaced _____ Year installed _____ <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. Minor Expansion <input type="checkbox"/> b. Major Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	THIS APPLICATION REQUIRES <input checked="" type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector approval <input type="checkbox"/> b. State & Local Plumbing Inspector approval <input type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector approval <input type="checkbox"/> b. State & Local Plumbing Inspector approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	DISPOSAL SYSTEM COMPONENTS <input checked="" type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify _____ <input type="checkbox"/> 4. Non-Engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pretreatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous Components
SIZE OF PROPERTY 1.0 <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres	DISPOSAL SYSTEM TO SERVE: <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: 3 <input type="checkbox"/> 2. Multiple Family Dwelling Unit, No. of Units: _____ <input type="checkbox"/> 3. Other _____ (specify) Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped	TYPE OF WATER SUPPLY <input checked="" type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other
SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK <input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other _____ CAPACITY 1000 GAL.	DISPOSAL FIELD TYPE & SIZE <input checked="" type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear <input type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other _____ SIZE 1100 <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT 1. <input checked="" type="checkbox"/> No <input type="checkbox"/> 3. Maybe 2. <input type="checkbox"/> Yes >> Specify one below: <input type="checkbox"/> a. multi-compartment tank <input type="checkbox"/> b. _____ tanks in series <input type="checkbox"/> c. increase in tank capacity <input type="checkbox"/> d. Filter on Tank Outlet	DESIGN FLOW 270 gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 501.1 (dwelling unit(s)) <input type="checkbox"/> 2. Table 501.2 (other facilities) SHOW CALCULATIONS -for other facilities-
SOIL DATA & DESIGN CLASS PROFILE 8 / CONDITION D / DESIGN 3 at Observation Hole # TP-1 Depth 13 " 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	EFFLUENT/EJECTOR PUMP 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	<input type="checkbox"/> 3. Section 503.0 (meter readings) ATTACH WATER METER DATA LATITUDE AND LONGITUDE at center of disposal area Lat. 44 d 22 m 22 s Long. 69 d 46 m 49 s if gps, state margin of error: 30 ft

SITE EVALUATOR'S STATEMENT

I certify that on **6/8/07** (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).

<i>[Signature]</i> Site Evaluator Signature	188 SE#	6/9/2007 Date
WILLIAM P BROWN Site Evaluator Name Printed	293-2110 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

Maine Department of Human Services
Division of Health Engineering, Station 10

Town, City, Plantation

Street, Road, Subdivision

Owner or Applicant Name

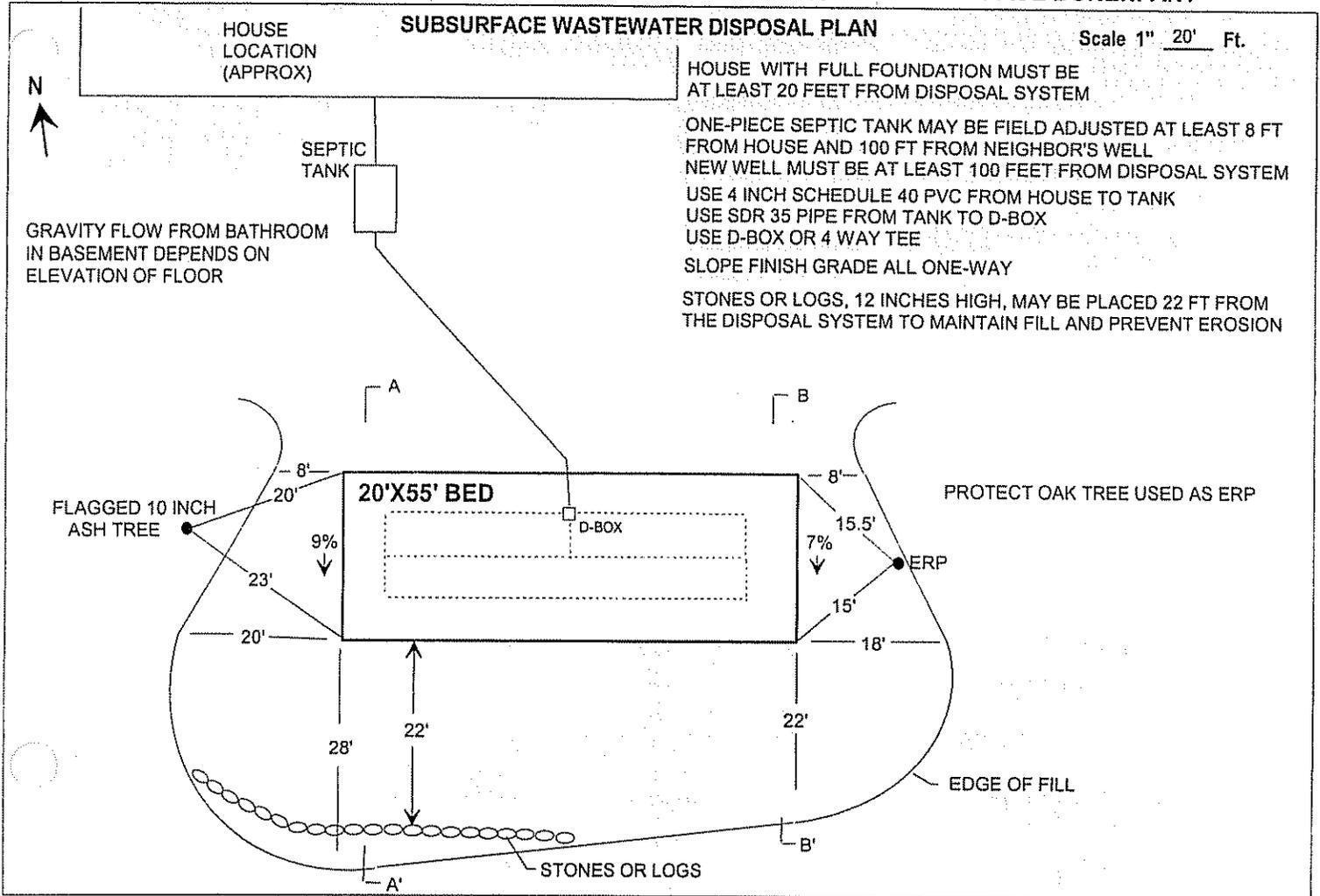
AUGUSTA

BUNNY STREET LOT 208

PAUL BONENFANT

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.



BACKFILL REQUIREMENTS

Depth of Fill (Upslope) **29-30"**

Depth of Fill (Downslope) **46-51"**

DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

Finished Grade Elevation **VARIES**

Top of Distribution Pipe or Proprietary device **-19"**

Bottom of Disposal Area **-30"**

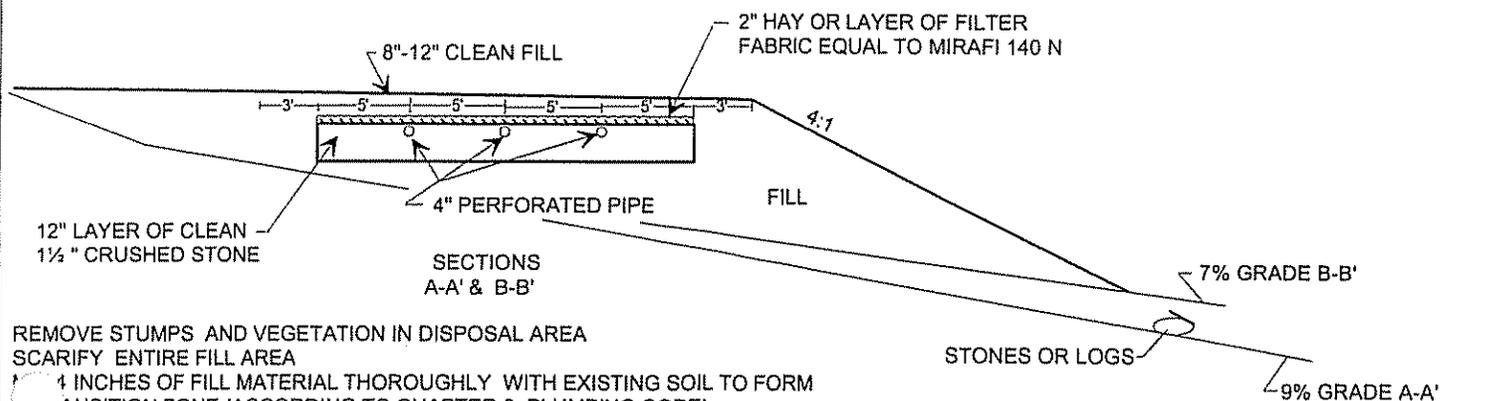
ELEVATION REFERENCE POINT

Location and Description:
FLAGGED NAIL IN 12 INCH OAK TREE, 4 FEET ABOVE GROUND
Reference Elevation is: **00.0"**

DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = 5 Ft.
Horizontal: 1 inch = 10 Ft.



REMOVE STUMPS AND VEGETATION IN DISPOSAL AREA
SCARIFY ENTIRE FILL AREA

4 INCHES OF FILL MATERIAL THOROUGHLY WITH EXISTING SOIL TO FORM TRANSITION ZONE (ACCORDING TO CHAPTER 8, PLUMBING CODE)

ALL FILL SHALL BE GRAVELLY COARSE SAND

CROWN FINISH GRADE FROM CENTER AT 3% OR, SLOPE FINISH GRADE ALL ONE WAY (AS SHOWN)

LOAM, SEED, MULCH DISTURBED AREAS

WILLIAM P BROWN
Site Evaluator Signature

188
SE #

6/9/2007
Date

Page 3 of 3
HHE-200 Rev. 10/02