

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

<b>PROPERTY LOCATION</b>		>> Caution: Permit Required – Attach in Space Below <<	
City, Town, or Plantation	AUGUSTA	Date Permit Issued: <u>6/17/01</u> \$ <u>100.00</u> Fee Charged: <u>85.00</u> Local Plumbing Inspector Signature: <u>[Signature]</u> 1688 L.P.I. # <u>TJH-101</u>	
Street or Road	61 BUNNY STREET		
Subdivision, Lot #	CUSHNOC ESTATE LOT 211		
<b>OWNER/APPLICANT INFORMATION</b>			
Name (last, first, MI)	BONEFANT, PAUL	Municipal Tax Map # <u>1A</u> Lot # <u>7</u> <u>SL 211</u>	
Mailing Address of	RR 10 BOX 3240		
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	AUGUSTA, ME 04330		
Daytime Tel. #	622-5013		
<b>Owner or Applicant Statement</b>		<b>Caution: Inspection Required</b>	
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/Applicant: <u>[Signature]</u> Date: <u>6/14/01</u>		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: <u>[Signature]</u> (1st) Date/Approved: <u>9/21/01</u> (2nd) Date Approved: _____	

PERMIT INFORMATION			
<b>TYPE OF APPLICATION:</b> 1. <input checked="" 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	<b>THIS APPLICATION REQUIRES</b> 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. <input type="checkbox"/> 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 Variance	<b>DISPOSAL SYSTEM COMPONENT(S)</b> 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"/> Pretreatment, specify: 12. <input type="checkbox"/> Miscellaneous components	
<b>SIZE OF PROPERTY</b> <input type="checkbox"/> sq. ft. 1.0 <input checked="" type="checkbox"/> acres	<b>DISPOSAL SYSTEM TO SERVE:</b> 1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: <u>3</u> 2. <input type="checkbox"/> Multiple Family Dwelling Unit, No. of Units: _____ 3. <input type="checkbox"/> Other _____ SPECIFY _____		
<b>SHORELAND ZONING</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>TYPE OF WATER SUPPLY</b> 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		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<b>TREATMENT TANK</b> 1. <input checked="" type="checkbox"/> Concrete a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other _____ CAPACITY <u>1000</u> gallons	<b>DISPOSAL FIELD TYPE &amp; SIZE</b> 1. <input checked="" type="checkbox"/> Stone Bed    2. <input type="checkbox"/> Stone Trench 3. <input type="checkbox"/> Proprietary Device a. <input type="checkbox"/> Cluster Array    c. <input type="checkbox"/> Linear b. <input type="checkbox"/> Regular load    d. <input type="checkbox"/> H-20 load 4. <input type="checkbox"/> Other _____ SIZE <u>1100</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	<b>GARBAGE DISPOSAL UNIT</b> 1. <input checked="" type="checkbox"/> No            3. <input 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	<b>DESIGN FLOW</b> <u>270</u> gallons per day BASED ON: 1. <input checked="" type="checkbox"/> Table 501.1 (dwelling unit(s)) 2. <input type="checkbox"/> Table 501.2 (other facilities) SHOW CALCULATIONS -for other facilities-
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE    CONDITION    DESIGN <u>8</u> / <u>C</u> / <u>1</u> at Observation Hole # <u>TP-1</u> Depth <u>18</u> "    Elevation _____ " OF MOST LIMITING SOIL FACTOR	<b>DISPOSAL FIELD SIZING</b> 1. <input type="checkbox"/> Small - 2.0 sq. ft./gpd 2. <input type="checkbox"/> Medium - 2.6 sq. ft./gpd 3. <input type="checkbox"/> Medium-Large - 3.3 sq. ft./gpd 4. <input checked="" type="checkbox"/> Large - 4.1 sq. ft./gpd 5. <input type="checkbox"/> Extra-Large - 5.0 sq. ft./gpd	<b>PUMPING</b> 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 503.0 (meter readings) ATTACH WATER-METER DATA

SITE EVALUATOR'S STATEMENT		
I certify that on <u>5/29/2001</u> (date) I completed a site evaluation on this property and state that the data reported are accurate and the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).		
Signature: <u>[Signature]</u> Site Evaluator Signature	188 SE#	5/30/2001 Date
WILLIAM P BROWN Site Evaluator Name Printed	293-2110 Telephone #	Page 1 of 3 HHE-200 Rev. 6/00

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Department of Human Services  
Division of Health Engineering  
(207) 287-5672 FAX 207-287-4172

Town, City, Plantation

Street, Road, Subdivision

Owners Name

**AUGUSTA**

**BUNNY STREET LOT 211**

**PAUL BONEFANT**

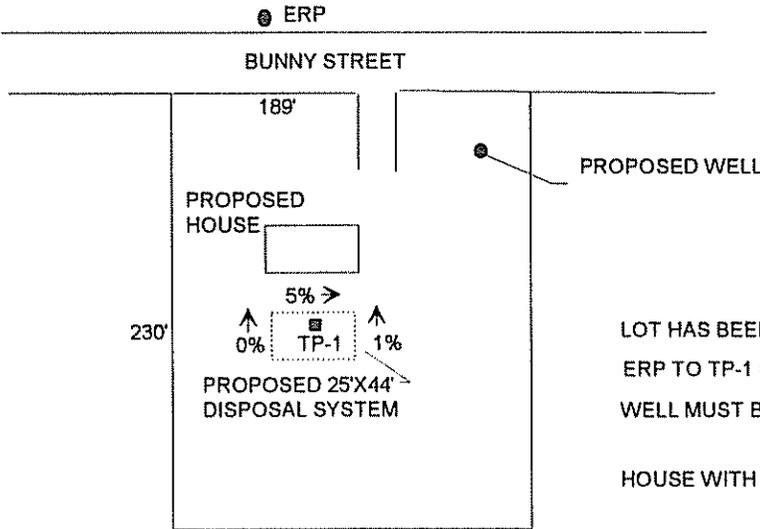
**SITE PLAN**

Scale 1" = **100** Ft.

**SITE LOCATION PLAN**

(Map from Maine Atlas recommended)

NORTH



LOT HAS BEEN CLEARED AND STUMPED  
ERP TO TP-1 = 30'  
WELL MUST BE LOCATED AT LEAST 100 FT FROM DISPOSAL SYSTEM  
HOUSE WITH FULL BASEMENT TO BE AT LEAST 20 FT FROM SYSTEM

## SOIL DESCRIPTION AND CLASSIFICATION

## (Location of Observation Holes Shown Above)

Observation Hole TP-1  Test Pit  Boring  
0" Depth of Organic Horizon Above Mineral Soil

Observation Hole \_\_\_\_\_  Test Pit  Boring  
" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	FINE SAND	FRIABLE	LIGHT BROWN	NONE COMMON
20	SILT W/SAND	FIRM	OLIVE BRN	
30				
40				
50				

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0				
10				
20				
30				
40				
50				

Soil Classification **8 C** Slope **0-1%** Limiting Factor **18"**  
 Ground Water  
 Restrictive Layer  
 Bedrock  
 Pit Depth

Soil Classification \_\_\_\_\_ Slope \_\_\_\_\_% Limiting Factor \_\_\_\_\_"  
 Ground Water  
 Restrictive Layer  
 Bedrock  
 Pit Depth

**WILLIAM P BROWN** *William P Brown*  
Site Evaluator Signature

**188**  
SE #

**5/30/2001**  
Date

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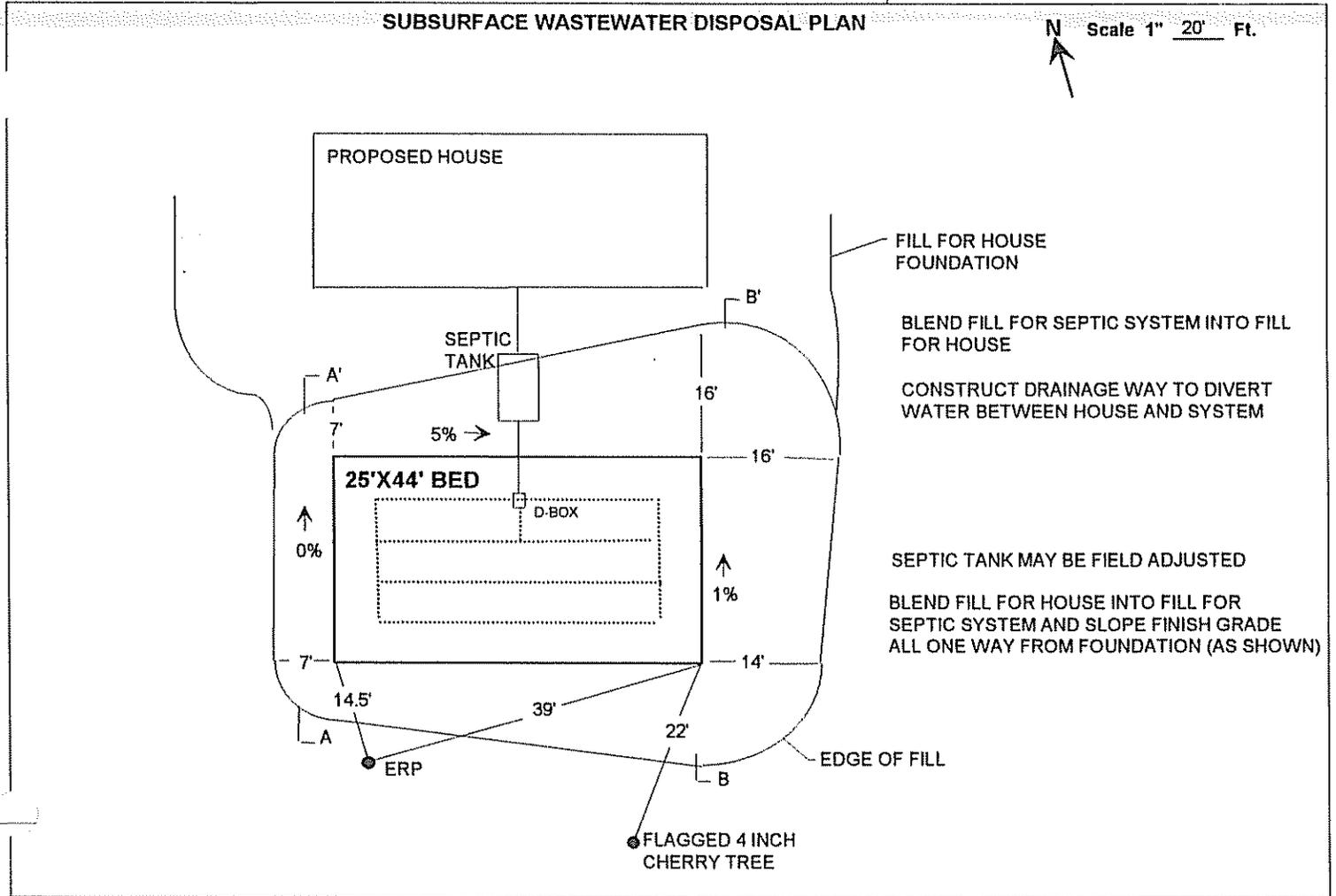
**AUGUSTA**

**BUNNY STREET (LOT 211)**

**PAUL BONEFANT**

## SUBSURFACE WASTEWATER DISPOSAL PLAN

N Scale 1" = 20' Ft.



### FILL REQUIREMENTS

Depth of Fill (Upslope)  
Depth of Fill (Downslope)

**18-42"**

**18-45"**

### CONSTRUCTION ELEVATIONS

Reference Elevation is  
Bottom of Disposal Area  
Top of distribution Lines or Chambers

**00"**

**-31"**

**-20"**

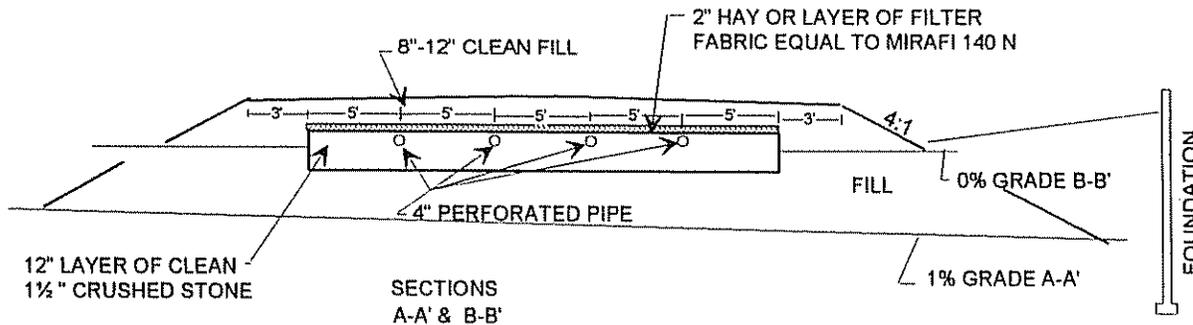
### ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

**FLAGGED NAIL IN 3 INCH WHITE BIRCH TREE, 3 FT ABOVE GRND**

### DISPOSAL AREA CROSS SECTION

Scale:

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



SCARIFY ENTIRE FILL AREA  
MIX 4 INCHES OF FILL MATERIAL THOROUGHLY WITH EXISTING SOIL TO FORM A TRANSITION ZONE (ACCORDING TO CHAPTER 8, PLUMBING CODE)  
FILL SHALL BE GRAVELLY COARSE SAND  
SLOPE FINISH GRADE ALL ONE-WAY AND FROM FOUNDATION AT 3%  
LOAM, SEED, MULCH DISTURBED AREAS

**WILLIAM P BROWN**  
Site Evaluator Signature

*William P Brown*

**188**  
SE #

**5/30/2001**  
Date

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