

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of 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, or Plantation	AUGUSTA	
Street or Road	50 BUNNY STREET LOT # 216	
Subdivision, Lot #		

OWNER/APPLICANT INFORMATION		AUGUSTA 5367 TOWN COPY	Permit Fee \$ <u>100.00</u>	<input type="checkbox"/> Double Fee	shall
Name (last, first, MI)	BONENFANT, PAUL	Date Permitted Issued: <u>9/3/04</u>	L.P.I. # <u>850</u>	<input type="checkbox"/> Charged	ance
	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	Local Plumbing Inspector Signature: <u>[Signature]</u>			Rules

Mailing Address of Owner/Applicant	92 OLD BELGRADE ROAD AUGUSTA, ME 04330	
Daytime Tel. #	622-5013	

OWNER OR APPLICANT STATEMENT	CAUTION: INSPECTION REQUIRED
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.	I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application
Signature of Owner/Applicant: <u>[Signature]</u> Date: _____	Local Plumbing Inspector Signature: <u>[Signature]</u> (1st) Date Approved: <u>9/14/04</u> (2nd) Date Approved: _____

PERMIT INFORMATION	
TYPE OF APPLICATION	THIS APPLICATION REQUIRES
<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	<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
SIZE OF PROPERTY	DISPOSAL SYSTEM TO SERVE:
1.0 <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres	<input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>3</u> <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
SHORELAND ZONING	DISPOSAL SYSTEM COMPONENTS
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<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
	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

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK	DISPOSAL FIELD TYPE & SIZE	GARBAGE DISPOSAL UNIT	DESIGN FLOW
<input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile (IF NEEDED) <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other _____ CAPACITY <u>1000</u> GAL.	<input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear <input checked="" type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other _____ SIZE <u>1200</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	1. <input checked="" type="checkbox"/> No <input type="checkbox"/> 3. <input type="checkbox"/> 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	<u>270</u> 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	DISPOSAL FIELD SIZING	EFFLUENT/EJECTOR PUMP	ATTACH WATER METER DATA
PROFILE CONDITION DESIGN <u>8 / C / 1</u> at Observation Hole # <u>TP-1</u> Depth <u>26</u> " of Most Limiting Soil Factor	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	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)

SITE EVALUATOR'S STATEMENT			
I certify that on <u>8/13/04</u> (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>188</u> SE#	<u>8/13/2004</u> Date	
<u>WILLIAM P BROWN</u> Site Evaluator Name Printed	<u>293-2110</u> Telephone Number	<u>2500</u> E-mail Address	

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.

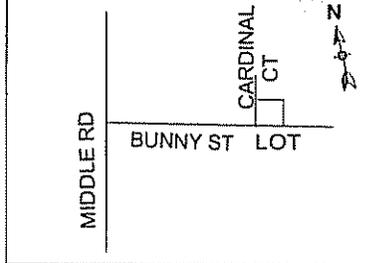
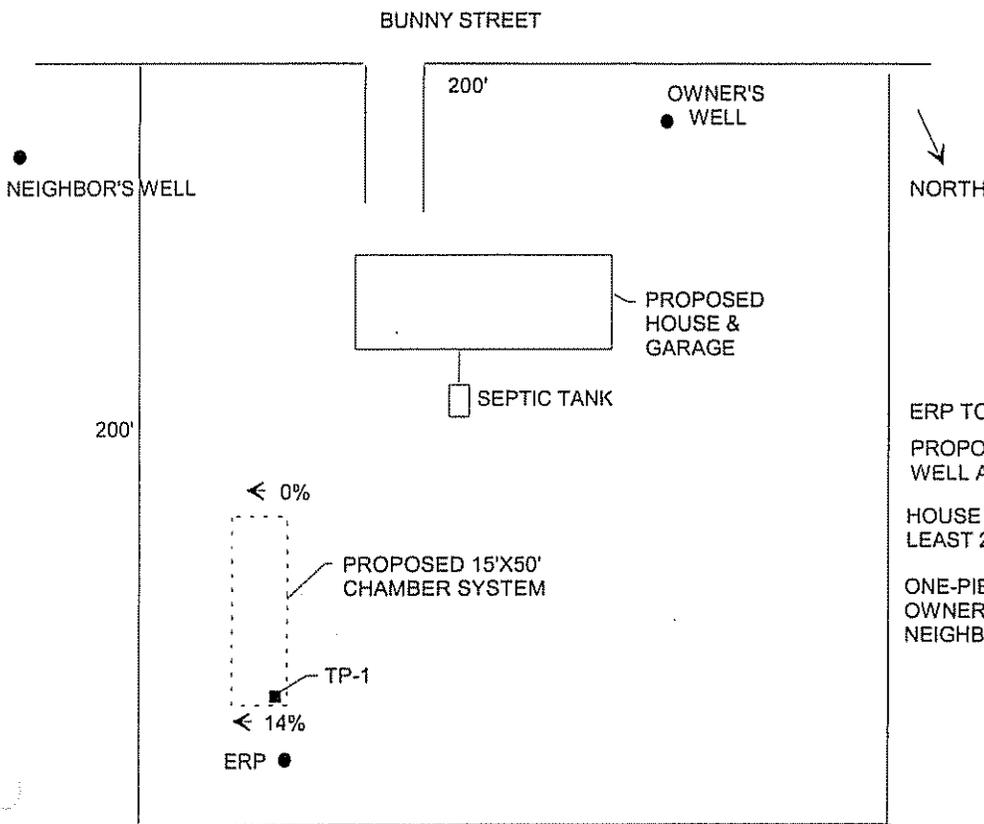
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5872 FAX 207 287-4165

Town, City, Plantation AUGUSTA	Street, Road, Subdivision BUNNY STREET LOT 216	Owner or Applicant Name PAUL BONENFANT
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SITE PLAN Scale 1" = 50 Ft.

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



ERP TO TP-1 = 23'

PROPOSED SYSTEM IS 143 FEET FROM NEIGHBOR'S WELL AND OVER 100 FT FROM OWNER'S WELL

HOUSE ON FULL FOUNDATION TO BE AT LEAST 20 FT FROM SYSTEM

ONE-PIECE SEPTIC TANK TO BE AT LEAST 50 FT FROM OWNER'S WELL AND AT LEAST 100 FT FROM NEIGHBOR'S WELL

SOIL PROFILE DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole # TP-1 Test Pit Boring

0 " Depth of organic horizon above mineral soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	LOAMY SAND	FRIABLE	YELLOW BROWN	
10	MEDIUM SAND		LIGHT BROWN	
30	SAND WITH SILT		YELLOW BROWN	NONE COMMON
50				

Soil Profile <u>8</u>	Classification <u>C</u>	Slope <u>0-14</u> %	Limiting Factor <u>26</u> "	<input checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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Observation Hole # _____ Test Pit Boring

_____ " Depth of organic horizon above mineral soil

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

Soil Profile _____	Classification _____	Slope _____ %	Limiting Factor _____ "	<input type="checkbox"/> Groundwater <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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WILLIAM P BROWN *William P Brown*
Site Evaluator Signature

188
SE #

8/13/2004
Date

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Department of Human Services

Town, City, Plantation
AUGUSTA

Street, Road, Subdivision
BUNNY STREET LOT 216

Owners Name
PAUL BONENFANT

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.

NEW ONE PIECE SEPTIC TANK MAY BE FIELD ADJUSTED AT LEAST 8 FT FROM THE HOUSE, AT LEAST 100 FT FROM NEIGHBOR'S WELL, AND AT LEAST 50 FT FROM OWNER'S WELL

USE 3 ROWS OF INFILTRATORS WITH 8 UNITS IN EACH ROW. EACH ROW IS 3 FEET APART.

SEPTIC TANK



MAINTAIN FILL ON PROPERTY

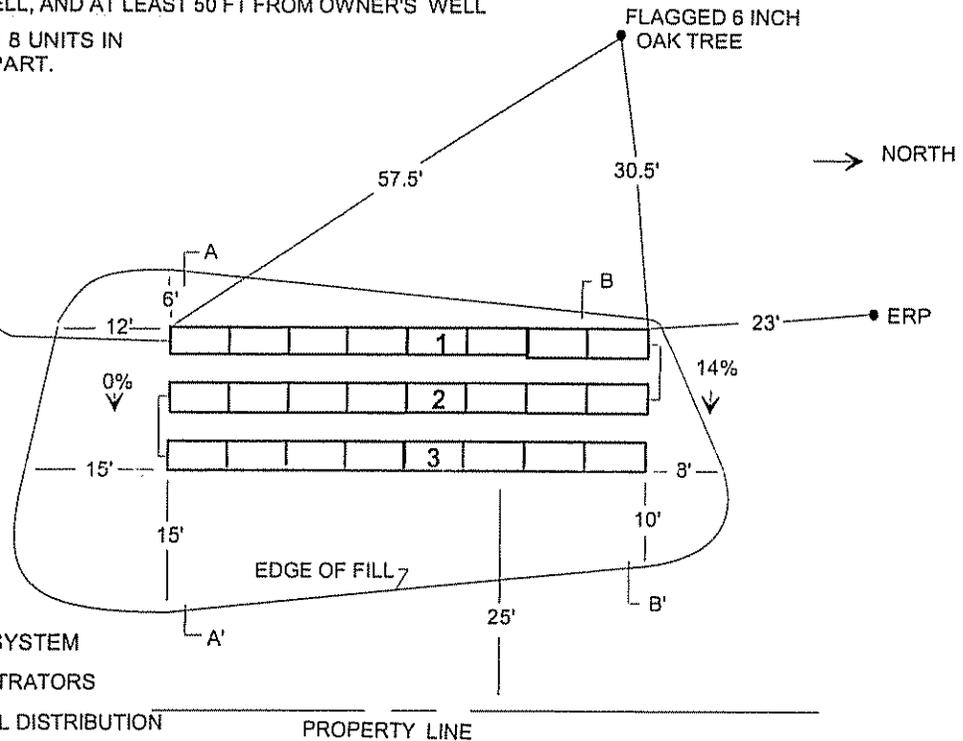
USE SDR 35 FROM TANK TO SYSTEM
USE SCHEDULE 40 PVC FROM HOUSE TO SEPTIC TANK

A PORTION OF THE AREA OF THE DISPOSAL SYSTEM WAS PREVIOUSLY EXCAVATED FOR FILL. REPLACE SOIL WITH SUITABLE GRAVELLY COARSE SAND

FLAGS MARK THE CORNERS OF THE SYSTEM

USE VERY COARSE GRAVEL NEAR INFILTRATORS

CONNECT THE ENDS OF ROWS IN SERIAL DISTRIBUTION



FILL REQUIREMENTS

Depth of Fill (Upslope) 10"
Depth of Fill (Downslope) 15-36"
DEPTHS AT CROSS-SECTION (shwon below)

CONSTRUCTION ELEVATIONS

Finished Grade Elevation
Top of distribution Lines or Chambers
Bottom of Disposal Area

VARIES
SEE
BELOW

ELEVATION REFERENCE POINT

Location and Description:
FLAGGED NAIL IN 4 INCH OAK TREE, 3 FEET ABOVE GROUND
Reference Elevation is: 00"

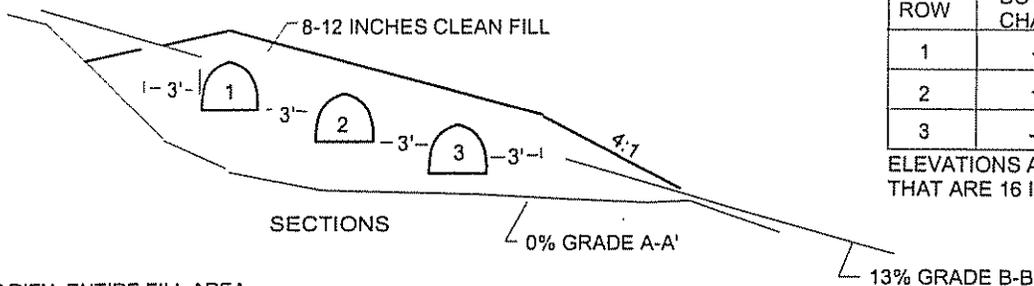
DISPOSAL AREA CROSS SECTION

Scale:

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

ROW	BOTTOM OF CHAMBER	TOP OF CHAMBER
1	-71"	-55"
2	-81"	-65"
3	-91"	-75"

ELEVATIONS ASSUME HIGH CAPACITY CHAMBERS THAT ARE 16 INCHES HIGH



SCARIFY ENTIRE FILL AREA
MIX 4 INCHES OF FILL MATERIAL THOROUGHLY WITH EXISTING SOIL TO FORM A TRANSITION ZONE (ACCORDING TO CHAPTER 8, MAINE PLUMBING CODE)
INSTALL CHAMBERS PER MANUFACTURER'S RECOMMENDATIONS
USE VERY COARSE GRAVEL AROUND INFILTRATORS
OTHER FILL SHALL BE GRAVELLY COARSE SAND
SLOPE FINISH GRADE AS SHOWN OR ALL ONE-WAY LOAM, SEED, MULCH

WILLIAM P BROWN
Site Evaluator Signature

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Date

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