

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

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

PROPERTY LOCATION

City, Town, Plantation: **AUGUSTA**

Street or Road: **BUNNY STREET LOT # 217**

Subdivision, Lot #:

AUGUSTA Date Permit Issued: **6/29/05** PERMIT # **5564** TOWN COPY

Paul R. Pella Local Plumbing Inspector Signature \$ **100.00** FEE Double Fee Charged

L.P.I. # **850**

OWNER/APPLICANT INFORMATION

Name (last, first, MI): **BONENFANT, PAUL** Owner Applicant

Mailing Address of Owner/Applicant: **92 OLD BELGRADE ROAD**
AUGUSTA, ME 04330

Daytime Tel. #: **622-5013**

Municipal Tax Map # **1A** Lot # **14**

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.

Paul Bonenfant Signature of Owner/Applicant **6/29/05** 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

Paul R. Pella Local Plumbing Inspector Signature **12/14/05** (1st) Date Approved
12/14/05 (2nd) Date Approved

PERMIT INFORMATION

TYPE OF APPLICATION

1. First Time System
 2. Replacement System
 Type replaced _____
 Year installed _____

3. Expanded System
 a. Minor Expansion
 b. Major Expansion

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 Permit

DISPOSAL SYSTEM COMPONENTS

1. Complete Non-engineered System
 2. Primitive System (graywater & alt. toilet)
 3. Alternative Toilet, specify _____
 4. Non-Engineered Treatment Tank (only)
 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. Pretreatment, specify: _____
 12. Miscellaneous Components

SIZE OF PROPERTY

1.0 sq. ft. acres

SHORELAND ZONING

Yes No

DISPOSAL SYSTEM TO SERVE:

1. Single Family Dwelling Unit, No. of Bedrooms: **3**
 2. Multiple Family Dwelling Unit, No. of Units: _____
 3. Other _____ (specify)

Current Use Seasonal Year Round Undeveloped

TYPE OF WATER SUPPLY

1. Drilled Well 2. Dug Well 3. Private
 4. Public 5. Other

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 2)

TREATMENT TANK

1. Concrete
 a. Regular
 b. Low Profile (IF NEEDED)
 2. Plastic
 3. Other _____

CAPACITY **1000** GAL.

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 **1100** 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

270 gallons per day
 BASED ON:
 1. Table 501.1 (dwelling unit(s))
 2. Table 501.2 (other facilities)

SHOW CALCULATIONS
 -for other facilities-

SOIL DATA & DESIGN CLASS

PROFILE CONDITION DESIGN
8 / C / 1

at Observation Hole # **TP-1**
 Depth **22**"
 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

EFFLUENT/EJECTOR PUMP

1. Not Required
 2. May Be Required
 3. Required >> Specify only for engineered or experimental systems

DOSE _____ gallons

3. Section 503.0 (meter readings)
 ATTACH WATER METER DATA

SITE EVALUATOR'S STATEMENT

I certify that on **6/22/05** (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).

William P. Brown
 Site Evaluator Signature

WILLIAM P BROWN
 Site Evaluator Name Printed

188
 SE#

293-2110
 Telephone Number

6/22/2005
 Date

 E-mail Address

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation
AUGUSTA

Street, Road, Subdivision
BUNNY STREET LOT 217

Owner or Applicant Name
PAUL BONENFANT

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.



HOUSE WITH FULL FOUNDATION MUST BE AT LEAST 20 FEET FROM DISPOSAL SYSTEM

SEPTIC TANK MAY BE FIELD ADJUSTED AT LEAST 8 FT FROM HOUSE

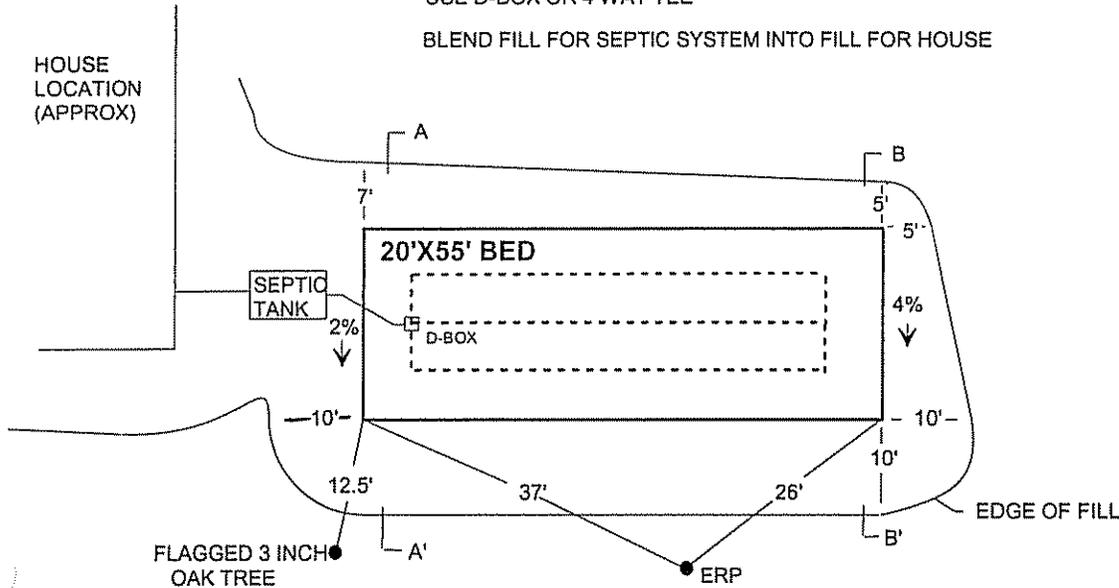
NEW WELL MUST BE AT LEAST 100 FEET FROM DISPOSAL SYSTEM

USE 4 INCH SCHEDULE 40 PVC FROM HOUSE TO TANK

USE SDR 35 PIPE FROM TANK TO D-BOX

USE D-BOX OR 4 WAY TEE

BLEND FILL FOR SEPTIC SYSTEM INTO FILL FOR HOUSE



BACKFILL REQUIREMENTS

Depth of Fill (Upslope) **14-22"**
 Depth of Fill (Downslope) **24-27"**
 DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

Finished Grade Elevation **VARIES**
 Top of Distribution Pipe or Proprietary device **-38"**
 Bottom of Disposal Area **-49"**

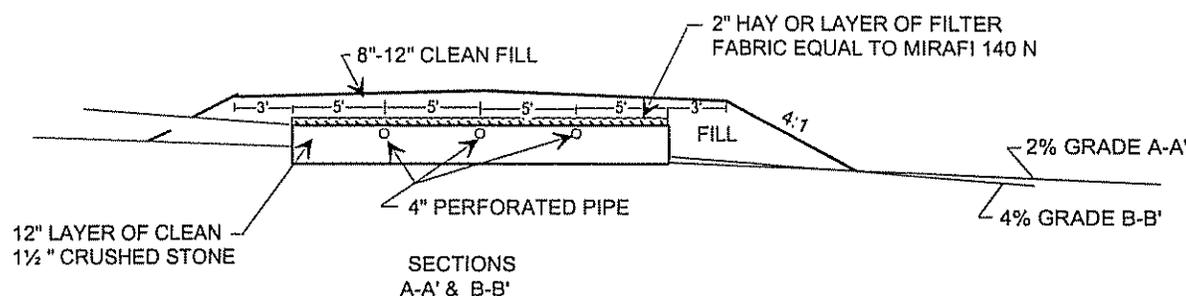
ELEVATION REFERENCE POINT

Location and Description:
FLAGGED NAIL IN 7 INCH OAK TREE, 3 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
 MIX 4 INCHES OF FILL MATERIAL THOROUGHLY WITH EXISTING SOIL TO FORM A TRANSITION ZONE (ACCORDING TO CHAPTER 8, PLUMBING CODE)
 ALL FILL SHALL BE GRAVELLY COARSE SAND
 CROWN FINISH GRADE FROM CENTER AT 3%
 LOAM, SEED, MULCH DISTURBED AREAS

WILLIAM P BROWN *William P Brown*
 Site Evaluator Signature

188
 SE #

6/22/2005
 Date

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