SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY LOCATION

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

City, Town, or Plantation: AUGUSTA

Street or Road: West RIVER ROAD

Subdivision, Lot #:

AUGUSTA PERMIT # 6241 TOWN COPY

Date Permit Issued: 11/17/08 $ 100.00 ☐ If Double Fee Charged

Local Plumbing Inspector Signature: [signature] L.P.I. # 850

OWNER/APPLICANT INFORMATION

Name (last, first, MI): BONENFANT, DONNA ☑ Owner ☑ Applicant

Mailing Address of Owner/Applicant: 520 W. RIVER RD. AUGUSTA, ME. 04330

Daytime Tel. #:

Municipal Tax Map # 6 Lot # 23

OWNER OR APPLICANT STATEMENT

I state and acknowledge 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.

Donna J. Bonenfant 11/17/08

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

(1st) date approved

Local Plumbing Inspector Signature — (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. Pre-treatment, specify ____
☐ 12. Miscellaneous Components

SIZE OF PROPERTY

1.6 ☐ SQ. FT. ☑ ACRES

DISPOSAL SYSTEM TO SERVE

☑ 1. Single Family Dwelling Unit, No. of Bedrooms: 3
☐ 2. Multiple Family Dwelling, No. of Units: ____
☐ 3. Other: ____ (specify)

Current Use ☐ Seasonal ☑ Year Round ☐ Undeveloped

SHORELAND ZONING

☐ Yes ☑ No

TYPE OF WATER SUPPLY

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

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

☑ 1. Concrete
☑ a. Regular
☐ b. Low Profile
☐ 2. Plastic
☐ 3. Other ____
CAPACITY: 1,000 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: 112.5 ☐ sq. ft. ☑ lin. ft.

GARBAGE DISPOSAL UNIT

☑ 1. No ☐ 2. Yes ☐ 3. Maybe
If Yes or Maybe, 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
☐ 3. Section 503.0 (meter readings)
ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS

PROFILE CONDITION DESIGN
3 , 6 , 1
at Observation Hole # 1
Depth 19"
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 systems:
DOSE: ____ gallons

LATITUDE AND LONGITUDE
at center of disposal area
Lat. 44 d 19 m 460 s
Lon. 69 d 45 m 291 s
if g.p.s. state margin of error 25'

SITE EVALUATOR STATEMENT

I certify that on 11/7/08 (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).

Site Evaluator Signature — 256 SE # — 11/8/08 Date

JOHN PHILBRICK — Site Evaluator Name Printed

547-3732 — 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

01040

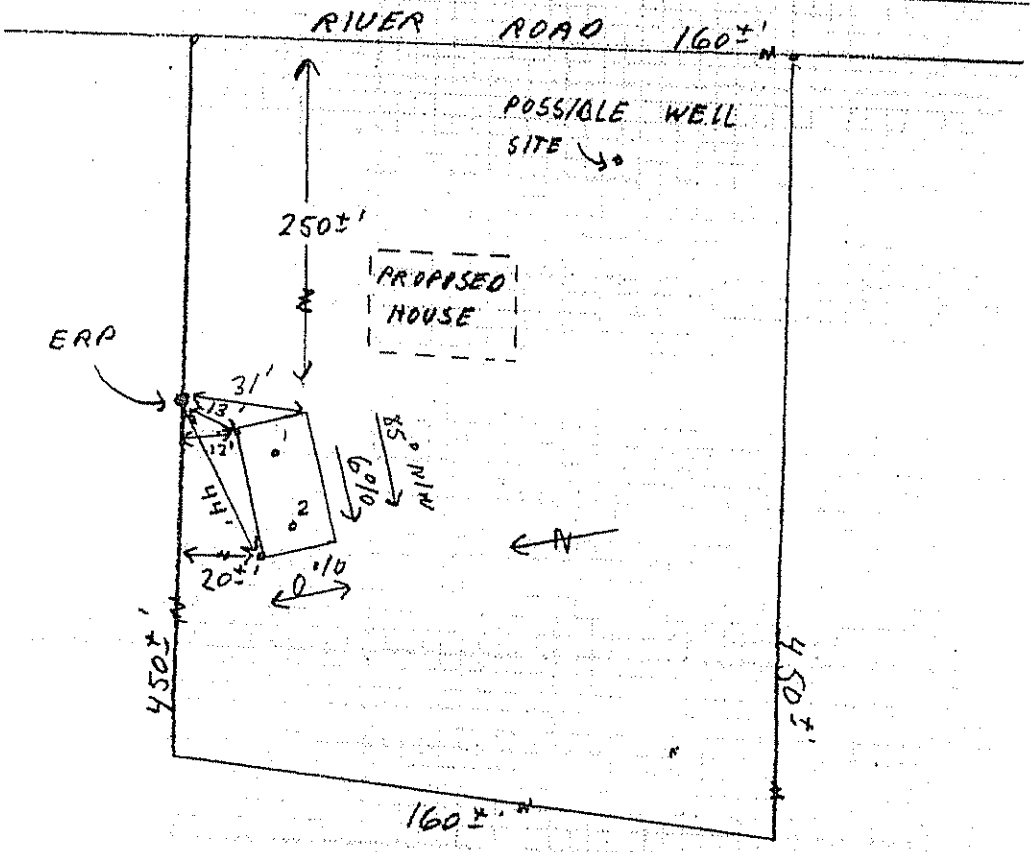
Town, City, Plantation: AUGUSTA

Street, Road, Subdivision: RIVER RD.

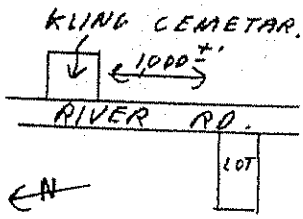
Owner's Name: DONNA BONENFANT

SITE PLAN

Scale: 1" = 50 Ft. or as shown



SITE LOCATION PLAN
(Attach Map from Maine Atl for New System Variance)



18 HIGH PROFILE INFILTRATORS OR BIODIFUSERS

SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole 1 — ☑ Test Pit ☐ Boring

2± " Depth of Organic Horizon Above Mineral Soil

Inches Depth Below Mineral Surface	Texture	Consistency	Color	Mottling
0–6	SANDY LOAM	FRIABLE	D-BR	NONE
6–10	LOAMY		YELLOW	
10–15	SAND		BR.	
15–20				
20–30	FINE LOAM	FIRM	GRAY	COMMON DISTINCT
30–40				
40–50				

Soil Profile: 3 — Classification Condition: C — Slope: 6 % — Limiting Factor: 79 — ☑ Ground Water ☑ Restr. Layer ☐ Bedrock

Observation Hole 2 — ☑ Test Pit ☐ Boring

2± " Depth of Organic Horizon Above Mineral Soil

Inches Depth Below Mineral Surface	Texture	Consistency	Color	Mottling
0–6				
6–10				
10–15				
15–20		SAME	AS #1	
20–30				
30–40				
40–50				

Soil Profile: 3 — Classification Condition: C — Slope: 6 % — Limiting Factor: 79 — ☑ Ground Water ☑ Restr. Layer ☐ Bedrock

Site Evaluator Signature

256
SE#

11/8/08
Date

Approved for use as HHE 200 by Division o Health Engineering 9/

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

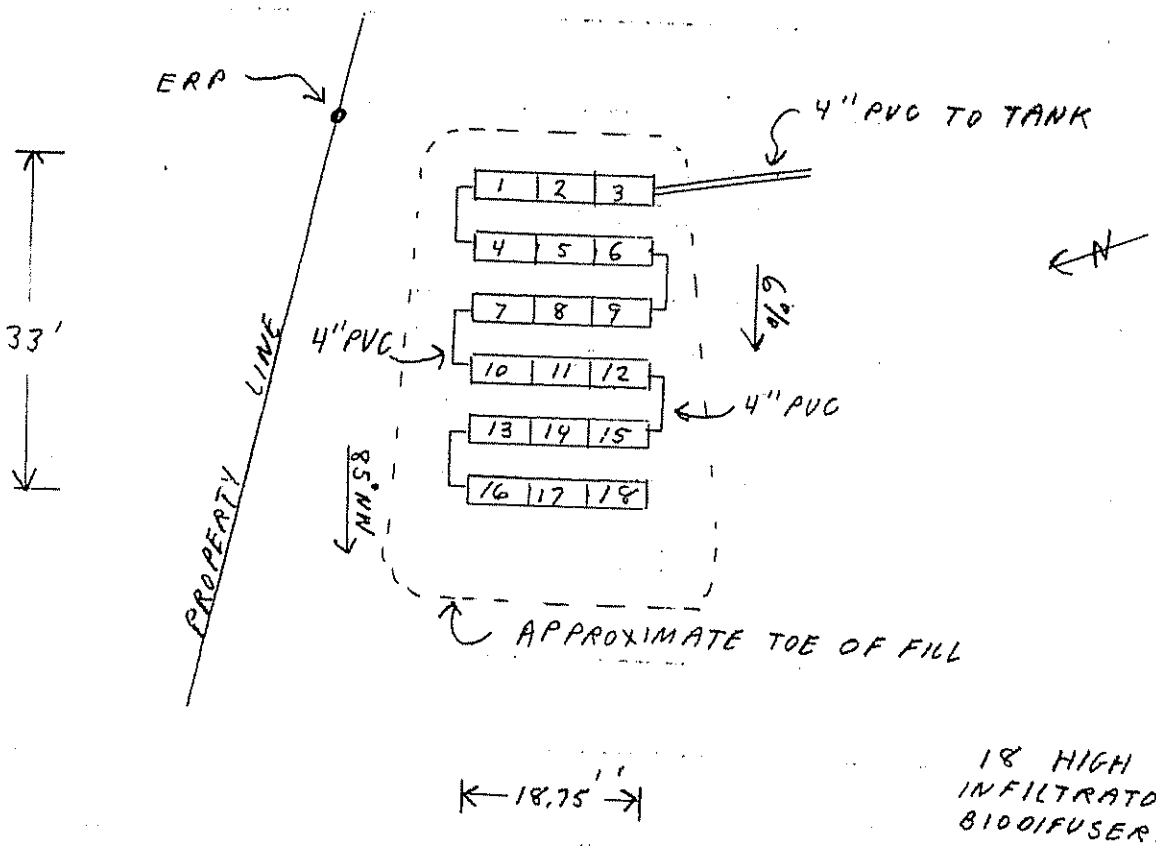
Town, City, Plantation: AUGUSTA

Street, Road, Subdivision: RIVER ROAD

Owner or Applicant Name: DONNA BONENFANT

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 ft.



18 HIGH PROFILE INFILTRATORS OR BIODIFUSERS

BACKFILL REQUIREMENTS

Depth of Backfill (upslope): 19"

Depth of Backfill (downslope): 19"

DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

Finished Grade Elevation: ____"

Top of Distribution Pipe or Proprietary Device: ____"

Bottom of Disposal Field: ____"

ELEVATION REFERENCE POINT

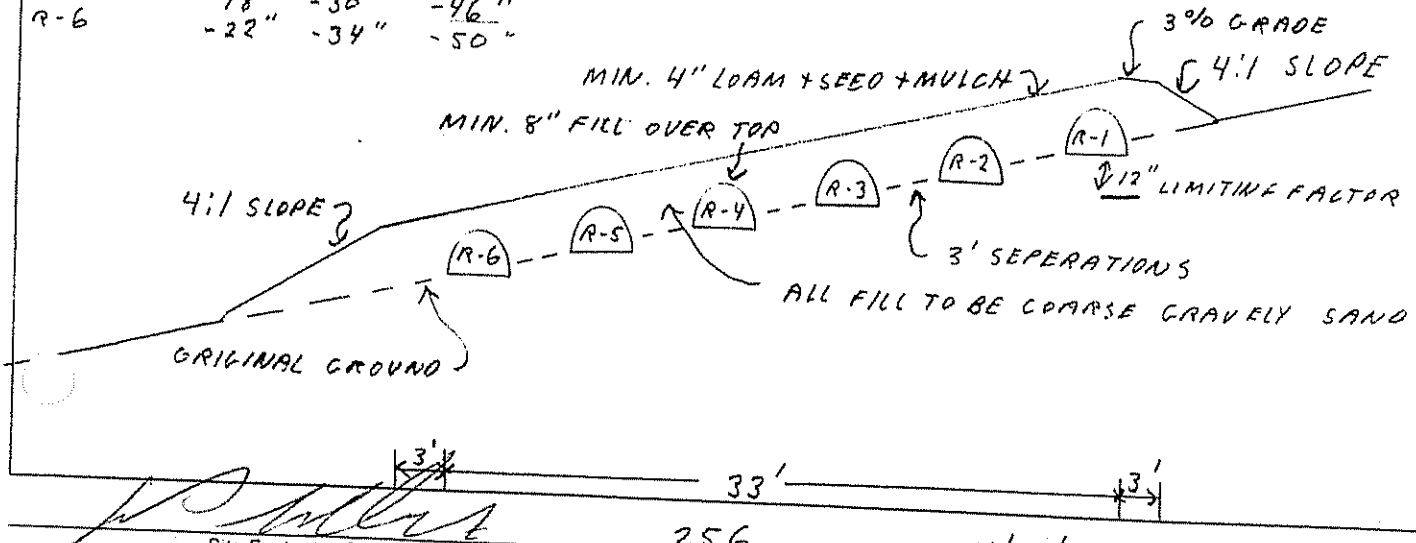
Location & Description: ERP IS IN 6" FIR 13' N/E OF SYSTEM, 60" ABOVE

Reference Elevation is: 0.0" or: GROUND

DISPOSAL FIELD CROSS-SECTION

R-1	-2"	-14"	-30"
R-2	-6"	-18"	-34"
R-3	-10"	-22"	-38"
R-4	-14"	-26"	-42"
R-5	-18"	-30"	-46"
R-6	-22"	-34"	-50"

Scales:
Vertical: 1" = 5 ft.
Horizontal: 1" = 10 ft.



Site Evaluator Signature: [signature] 256 11/8/08

JOHN A. PHILBRICK

LICENSED EVALUATOR - SOILS TEST

R #3 BOX 531A, AUGUSTA, MAINE 04330 207-547-3732

1/5/09

IT HAS BEEN BROUGT TO MY ATTENTION THAT A SEPTIC DESING I DID FOR DONNA BONENFANT ON RIVER ROAD IN AUGUSTA ON 11/7/08 DOES NOT MEET THE SETBACK DISTANCE FROM PROPERTY LINE. TO BRING THIS SYSTEM INTO COMPLIANCE I AM REQUESTING THAT THE TOP OF THE SYSTEM (EAST END) TO BE MOVED 7' (SEVEN) TO THE SOUTH AT MAINTAIN ORIGINAL ELEVATIONS

John A. Philbrick

JOHN A. PHILBRICK