1986 # 622-5040

# 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: TONOREAU LN.

Subdivision, Lot #:

AUGUSTA PERMIT # 6198 TOWN COPY

Date Permit Issued: 8/14/08 $ 100.00 ☐ If Double Fee Charged

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

## OWNER/APPLICANT INFORMATION

Name (last, first, MI): TONOREAU, RUTH ☐ Owner ☐ Applicant

Mailing Address of Owner/Applicant: 85 WADE RD. AUGUSTA, ME. 04330

Daytime Tel. #:

Municipal Tax Map # 5 Lot # 175 & 174

**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.

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± ☐ SQ. FT. ☑ ACRES

**SHORELAND ZONING**

☐ Yes ☑ No

**DISPOSAL SYSTEM TO SERVE**

- ☑ 1. Single Family Dwelling Unit, No. of Bedrooms: 2
- ☐ 2. Multiple Family Dwelling, 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 3)

**TREATMENT TANK**

- ☑ 1. Concrete
  - ☑ a. Regular
  - ☐ b. Low Profile
- ☐ 2. Plastic
- ☐ 3. Other: ____

CAPACITY: 750 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: 600 ☑ 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**

180 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 | C | 1 |

at Observation Hole # 1

Depth 18"

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 21 m 530 s

Lon. 69 d 49 m 318 s

If g.p.s, state margin of error 12'.

## SITE EVALUATOR STATEMENT

I certify that on 10/17/07 (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)

Site Evaluator Signature: [signature] SE # 256 Date 10/19/07

Site Evaluator Name Printed: JOHN PHILBRICK Telephone Number # 547-3732 E-mail Address

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

HHE-200 Rev 4/05

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

01040604

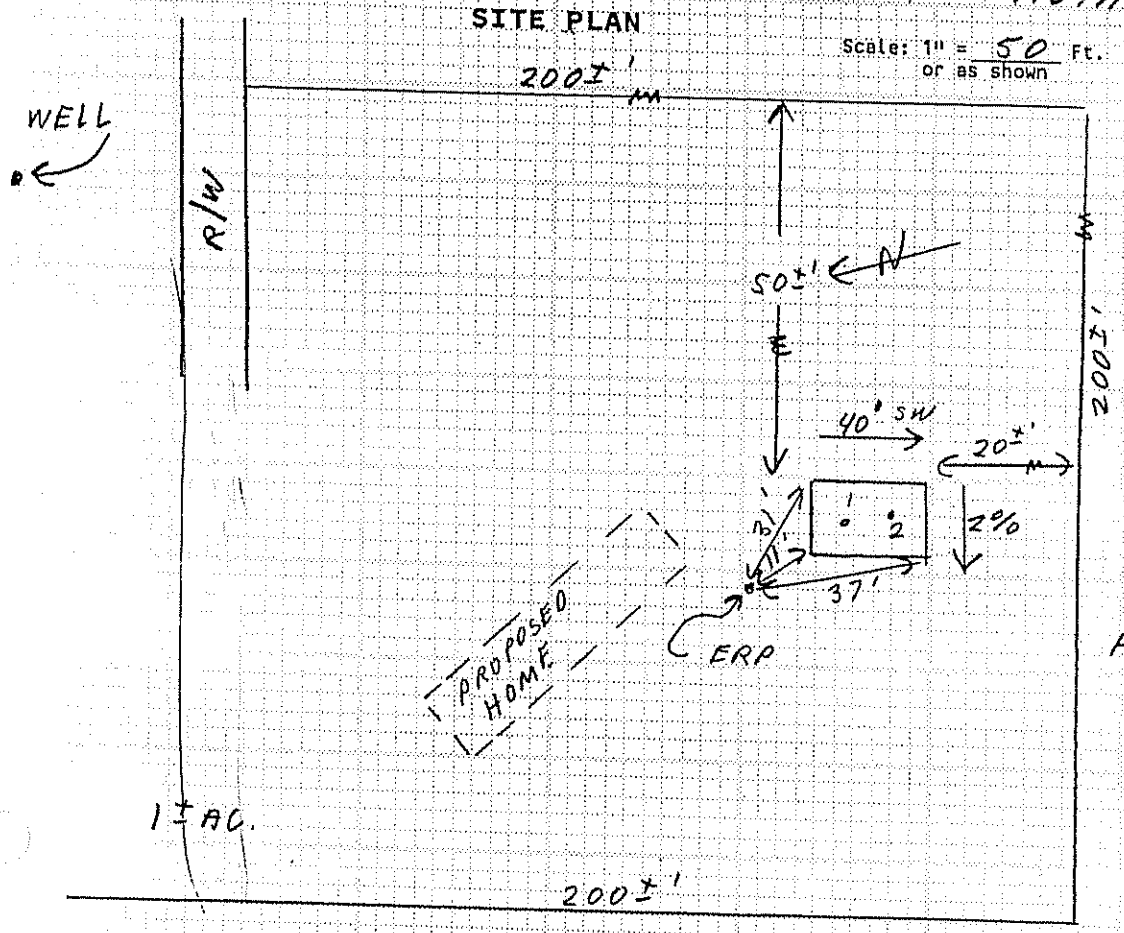
Town, City, Plantation: AUGUSTA

Street, Road, Subdivision: TONOREAU LN.

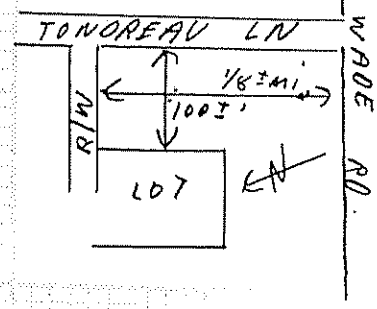
Owner's Name: RUTH TONOREAU

## SITE PLAN

Scale: 1" = 50 Ft. or as shown




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




## 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 | Texture | Consistency | Color | Mottling |
|---|---|---|---|---|
| 0 | SANDY | FRIABLE | DARK | NONE |
| 6 | LOAM | | BR | |
| 10 | LOAMY | | YELLOW | |
| 15 | SAND | | BR. | |
| 20 | FINE | FIRM | GRAY | COMMON |
| | SAND | | | DISTINCT |
| 30 | | | | |
| 40 | | | | |
| 50 | | | | |

Depth Below Mineral Surface

Soil Profile: 3 — Classification Condition: C — Slope: 2 % — Limiting Factor: 18 — ☑ Ground Water ☑ Restr. Layer ☐ Bedrock

Observation Hole 2 — ☑ Test Pit ☐ Boring

2± " Depth of Organic Horizon Above Mineral Soil

| Inches | Texture | Consistency | Color | Mottling |
|---|---|---|---|---|
| 0 | | | | |
| 6 | | | | |
| 10 | | | | |
| 15 | | | | |
| 20 | | SAME | AS #1 | |
| 30 | | | | |
| 40 | | | | |
| 50 | | | | |

Depth Below Mineral Surface

Soil Profile: 3 — Classification Condition: C — Slope: 2 % — Limiting Factor: 18 — ☑ Ground Water ☑ Restr. Layer ☐ Bedrock

Site Evaluator Signature

SE# 256

Date 10/19/07

Approved for use as HHE 200 by Division of Health Engineering 9/87

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

08116004

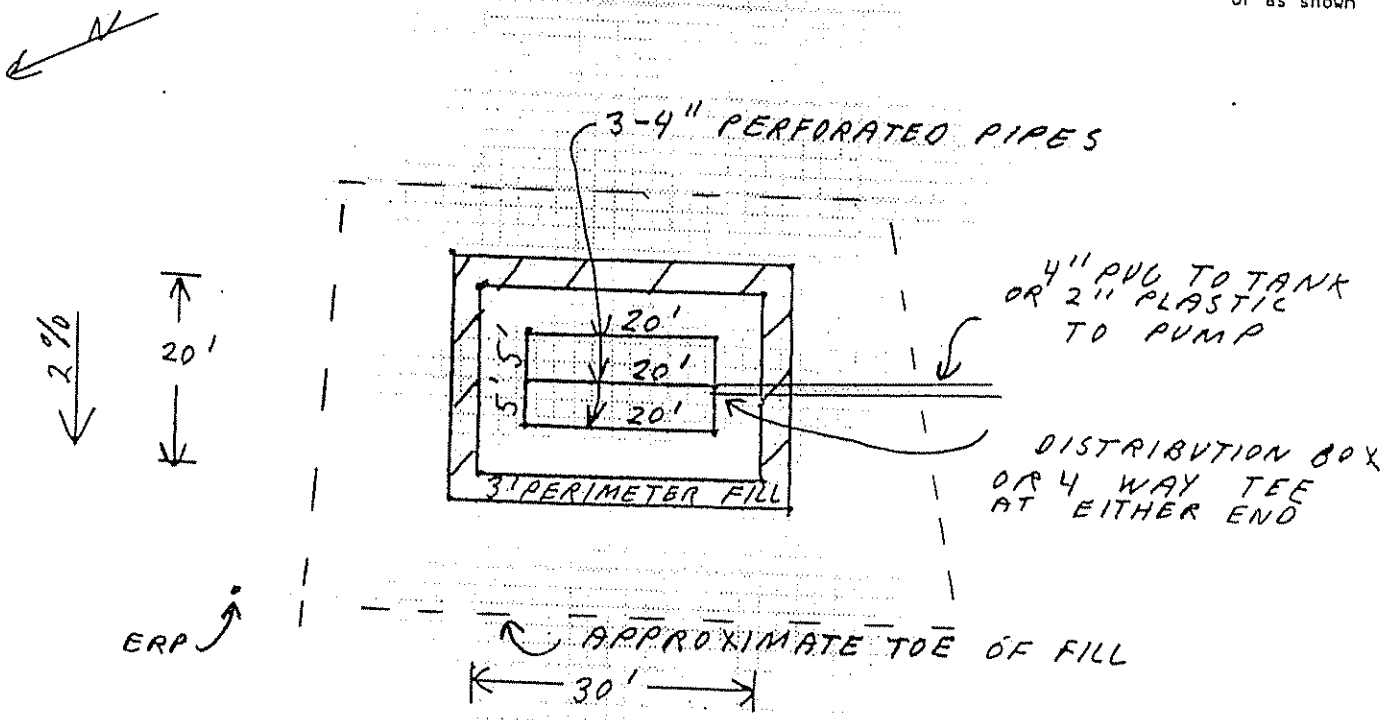
Town, City, Plantation: AUGUSTA

Street, Road, Subdivision: TONOREAU LN

Owner's Name: RUTH TONOREAU

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 Ft. or as shown




20'X30' BED
FLAGS MARK CORNERS

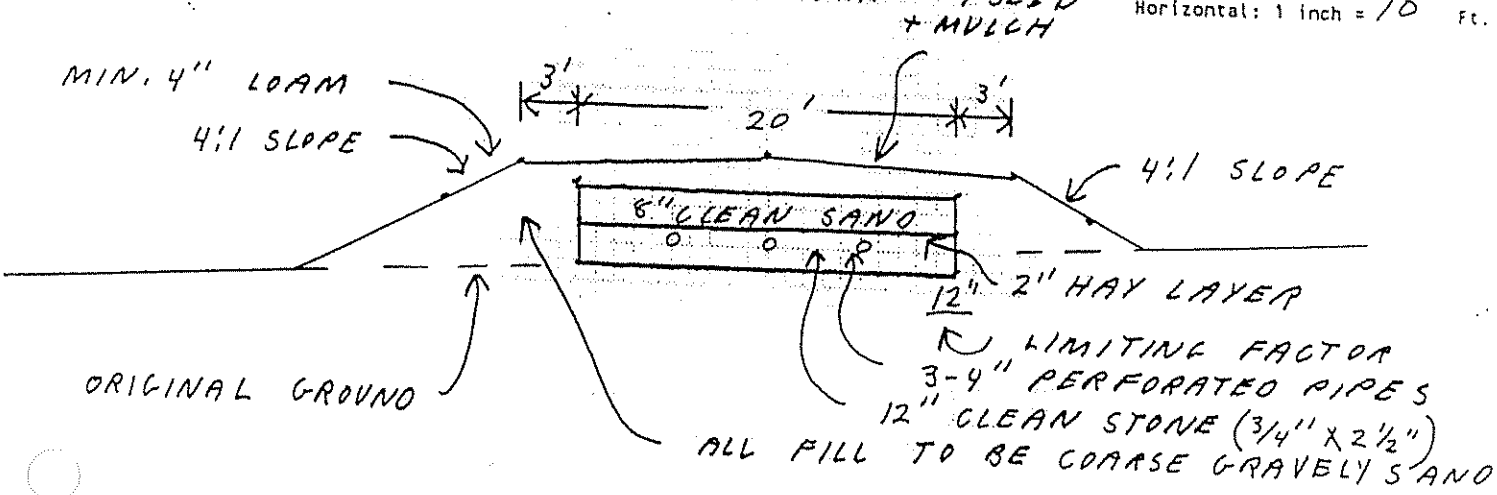
FILL REQUIREMENTS
Depth of Fill (Upslope) 18"
Depth of Fill (Downslope) 23"

CONSTRUCTION ELEVATION
Reference Elevation is 0"
Bottom of Disposal Area -59"
Top of Distribution Lines or Chambers -48"

ELEVATION REFERENCE POINT
ERP IS IN 12" HEMLOCK, 11' NORTH OF SYSTEM, 52" ABOVE GROUND

DISPOSAL AREA CROSS SECTION

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




Site Evaluator Signature

SE# 256

Date 10/19/07

Approved for use as HHE 200 by Division of Health Engineering 9/87