3C/ Tenant Hand

* The soil requires 3 acres of land area per dwelling unit. The side yard set back for structures is 40 feet.

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

City, Town, or Plantation	AUGUSTA
Street or Road	71 BOLTON HILL ROAD
Subdivision, Lot #	

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

AUGUSTA PERMIT # 5819 TOWN COPY

Date Permit Issued: 6/30/06 $ 400.00 ☐ If Double Fee Charged FEE

Local Plumbing Inspector Signature L.P.I. #

OWNER/APPLICANT INFORMATION

Name (last, first, M): COLFER, BRUCE ☒ Owner ☐ Applicant

Mailing Address of Owner/Applicant: 71 BOLTON HILL ROAD, AUGUSTA, ME 04330

Daytime Tel. #: 622-0735

Municipal Tax Map # 7 Lot # 95

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 6-22-06

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: Bed
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

See Attached Replacement

DISPOSAL SYSTEM COMPONENTS

☒ 1. Complete Non-engineered System
☐ 2. Primitive System (greywater & 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

± 289,000 ☒ SQ. FT. ☐ ACRES

SHORELAND ZONING

☐ Yes ☒ No

DISPOSAL SYSTEM TO SERVE

☒ 1. Single Family Dwelling Unit, No. of Bedrooms: 5
☐ 2. Multiple Family Dwelling, No. of Units: 2
☒ 3. Other: 3 BEDROOM EXISTING + 2 BEDROOM PROPOSED (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: 1500 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: ENVIROSEPTICS
SIZE: 1500 ☒ 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

450 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 /
at Observation Hole # 2
Depth 20"
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. 49 d 19 m 45 s
Lon. 69 d 41 m 25 s
If g.p.s., state margin of error:

SITE EVALUATOR STATEMENT

I certify that on 5/10/06 (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 — SE # 226 — Date 5/22/06 REVISED 6/5/06

VAUGHN L. SMITH — Site Evaluator Name Printed — 622-5635 — Telephone Number — SOILTESTMAC@AOL.COM — E-mail Address

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

HHE-200 Rev. 4/05

pd 7/5/06 $100.00

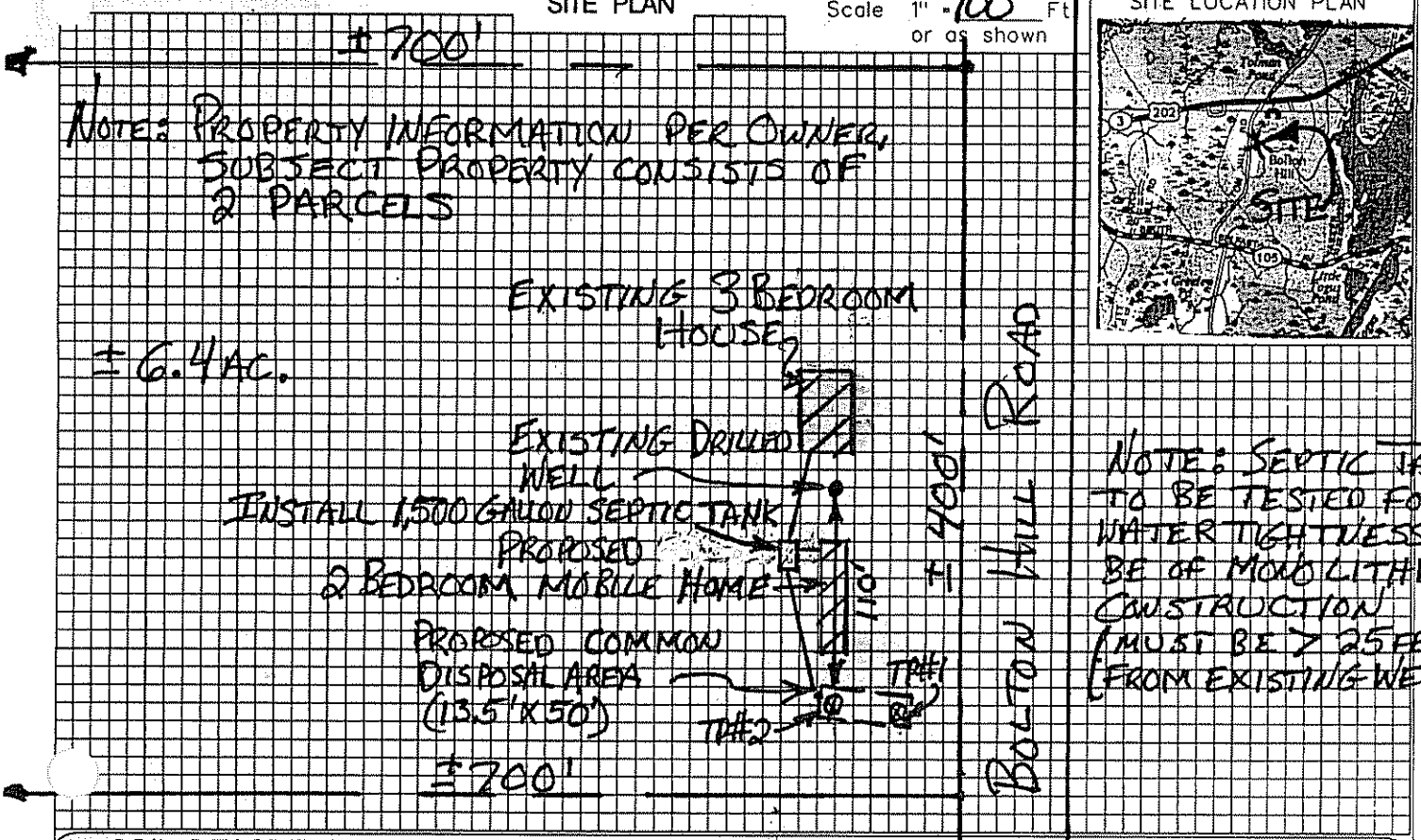
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation: AUGUSTA | Street, Road, Subdivision: BOLTON HILL ROAD | Owner's Name: BRUCE COLFER

SITE PLAN

Scale 1" = 100 Ft or as shown



SITE LOCATION PLAN

NOTE: SEPTIC TANK TO BE TESTED FOR WATERTIGHTNESS OR BE OF MONOLITHIC CONSTRUCTION (MUST BE > 25 FEET FROM EXISTING WELL)

SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

Observation Hole #1 ☒ Test Pit ☐ Boring

1" Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–10	SANDY LOAMY	FRIABLE	BROWN	NONE
10–20	LOAMY		OLIVE BROWN	
20–30	SAND	FIRM		
30–40			PALE OLIVE	FEW FAINT
40–50				

Soil Classification: Profile 3, Condition C | Slope 4 % | Limiting Factor 22" | ☒ Ground Water ☐ Restrictive Layer ☐ Bedrock ☐ Pit Depth

Observation Hole #2 ☒ Test Pit ☐ Boring

1" Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–10	SANDY LOAM	FRIABLE	BROWN	NONE
10–20			OLIVE BROWN	
20–30	SAND			
30–40	LOAMY SAND	FIRM	PALE OLIVE	FEW FAINT
40–50				

Soil Classification: Profile 3, Condition C | Slope 4 % | Limiting Factor 20" | ☒ Ground Water ☐ Restrictive Layer ☐ Bedrock ☐ Pit Depth

STATE OF MAINE VAUGHN L. SMITH 206 LICENSED SITE EVALUATOR

Site Evaluator Signature | Date 5/22/06

REVISED 6/5/06

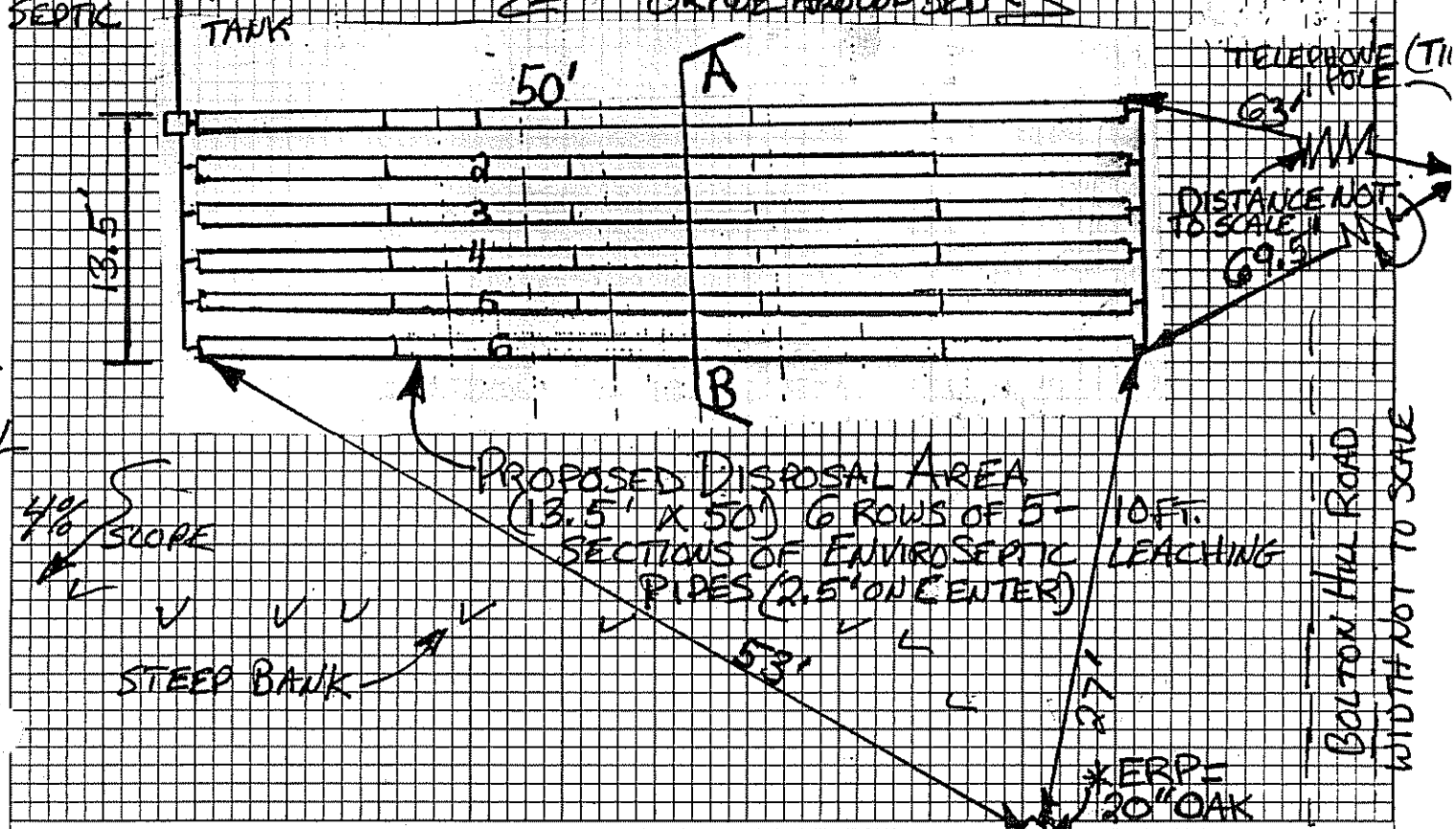
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation	Street, Road, Subdivision	Owner's Name
AUGUSTA	BOLTON HILL ROAD	BRUCE COLFER

SUBSURFACE WASTEWATER DISPOSAL PLAN

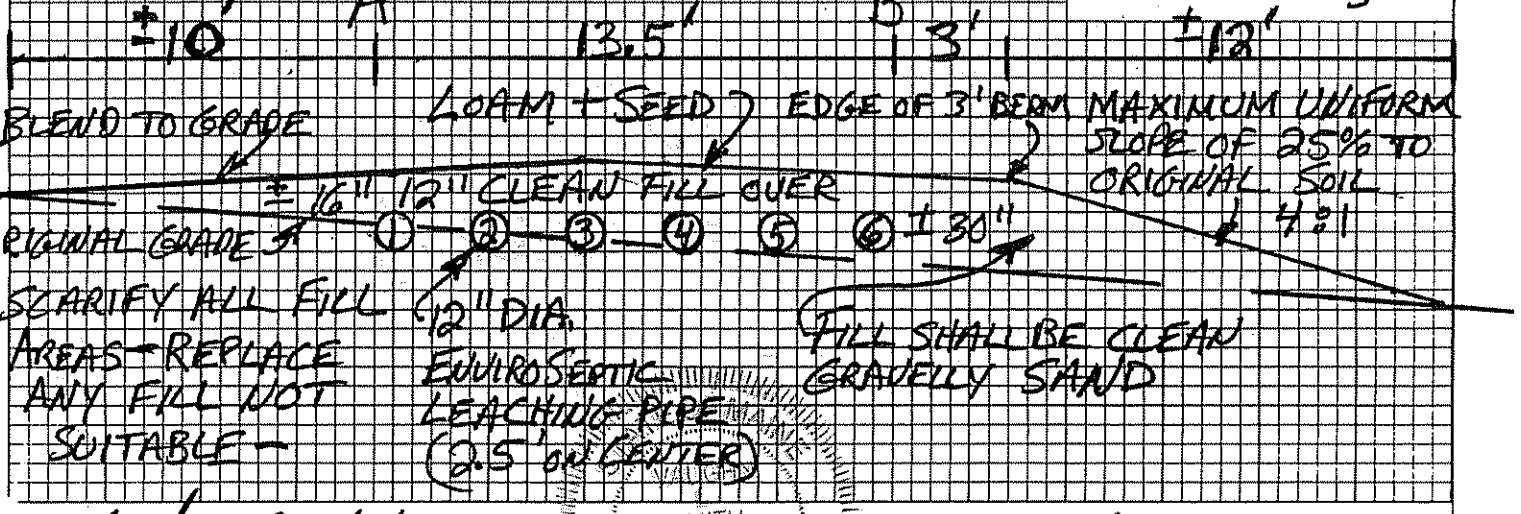
SCALE 1" = 10 FT.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT
Depth of Fill (Upslope)	16"	Finished Grade Elevation	= 34"	Location & Description 20" OAK W/NAIL 98" ABOVE GROUND
Depth of Fill (Downslope)	30"	Top of Distribution Pipe or Proprietary Device	= 46"	
HILL DEPTHS WILL VARY		Bottom of Disposal Area	= 58"	Reference Elevation 0"

DISPOSAL AREA CROSS SECTION

SCALE:
VERTICAL: 1" = 5'
HORIZONTAL: 1" = 5'



Vaughn L. Smith
Site Evaluator Signature

SMITH 226 LICENSED SITE EVALUATOR

5/22/06
Date

REVISED 6/5/06

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: 71 BOLTON HILL ROAD

Subdivision, Lot #:

The Subsurface Wastewater Disposal System *shall not* be installed until a Permit is attached HERE by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

OWNER/APPLICANT INFORMATION

Name (last, first, MI): COLFER, BRUCE ☒ Owner ☐ Applicant

Mailing Address of Owner/Applicant: 71 BOLTON HILL ROAD, AUGUSTA, ME 04330

Daytime Tel. #: 622-0735

Municipal Tax Map # 7 Lot # 95

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: [signature] Date: 9-15-06

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: BED
  - 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

± 289,000 ☒ SQ. FT. ☐ ACRES

SHORELAND ZONING

☐ Yes ☒ No

DISPOSAL SYSTEM TO SERVE

- ☒ 1. Single Family Dwelling Unit, No. of Bedrooms: 3
- ☐ 2. Multiple Family Dwelling, No. of Units: _____
- ☐ 3. Other: 3 BEDROOM EXISTING (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: 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: ENVIROSEPTICS

SIZE: 1200 ☒ 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 facilites

SOIL DATA & DESIGN CLASS

PROFILE 3 / CONDITION C / DESIGN _____

at Observation Hole # 2

Depth 20"

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

- ☐ 3. Section 503.0 (meter readings)

ATTACH WATER METER DATA

LATITUDE AND LONGITUDE

at center of disposal area

Lat. 44 d 19 m 45 s

Lon. 69 d 41 m 25 s

If g.p.s, state margin of error: _____

SITE EVALUATOR STATEMENT

I certify that on 5/10/06 (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 #: 226 Date: 5/22/06 REVISED 6/5/06

Site Evaluator Name Printed: VAUGHN L. SMITH Telephone Number: 724-5635 E-mail Address: SOILTESTMAN@AOL.COM REVISED 8/28/06

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

HHE-200 Rev. 4/05

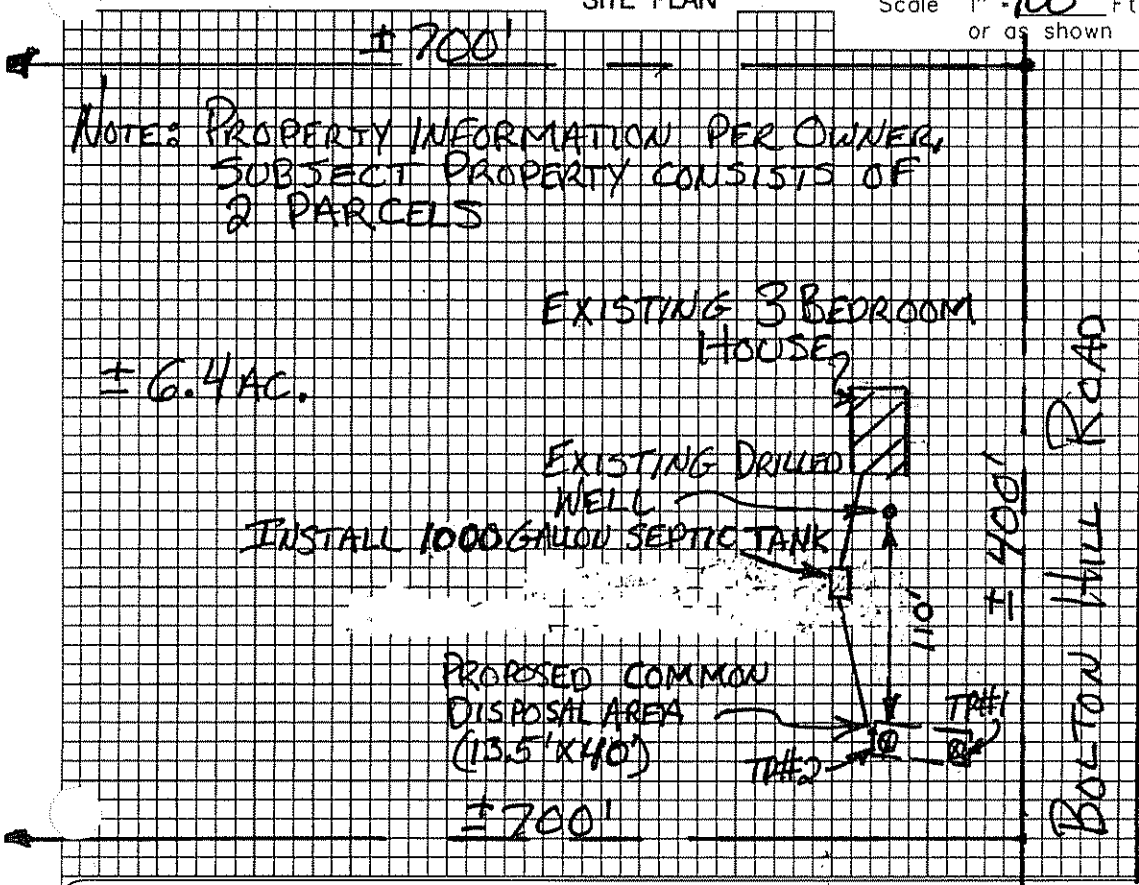
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

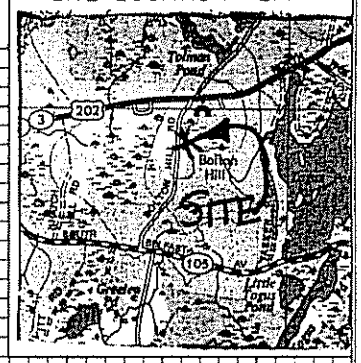
Town, City, Plantation: AUGUSTA | Street, Road, Subdivision: BOLTON HILL ROAD | Owner's Name: BRUCE COLFER

SITE PLAN

Scale 1" = 100 Ft or as shown



SITE LOCATION PLAN



NOTE: SEPTIC TANK TO BE TESTED FOR WATERTIGHTNESS OR BE OF MONOLITHIC CONSTRUCTION (MUST BE > 25 FEET FROM EXISTING WELL)

SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

Observation Hole #1 ☒ Test Pit ☐ Boring
1" Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–10	SANDY LOAMY	FRIABLE	BROWN	NONE
10–20	LOAMY		OLIVE BROWN	
20–30	SAND	FIRM		
30–40			PALE OLIVE	FEW FAINT
40–50				

Soil Classification: Profile 3, Condition C | Slope 4% | Limiting Factor 22" | ☒ Ground Water ☐ Restrictive Layer ☐ Bedrock ☐ Pit Depth

Observation Hole #2 ☒ Test Pit ☐ Boring
1" Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–10	SANDY LOAM	FRIABLE	BROWN	NONE
10–20			OLIVE BROWN	
20–30	SAND			
30–40	LOAMY SAND	FIRM	PALE OLIVE	FEW FAINT
40–50				

Soil Classification: Profile 3, Condition C | Slope 4% | Limiting Factor 20" | ☒ Ground Water ☐ Restrictive Layer ☐ Bedrock ☐ Pit Depth

STATE OF MAINE VAUGHN L. SMITH 226 SE LICENSED SITE EVALUATOR

Site Evaluator Signature | 226 | 5/22/06 Date

REVISED 6/5/06
REVISED 8/28/06 VLS

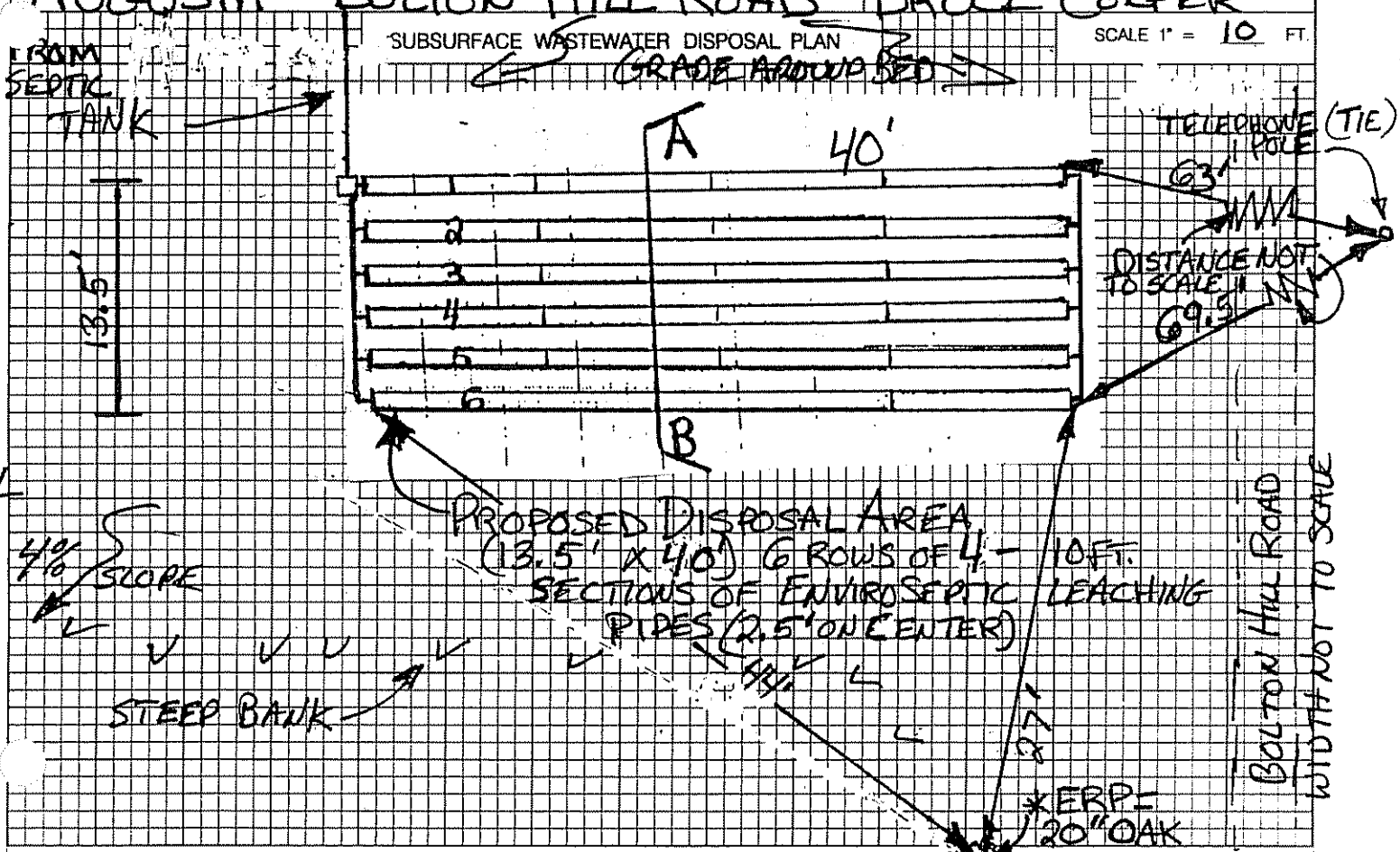
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation	Street, Road, Subdivision	Owner's Name
AUGUSTA	BOLTON HILL ROAD	BRUCE COLFER

SUBSURFACE WASTEWATER DISPOSAL PLAN

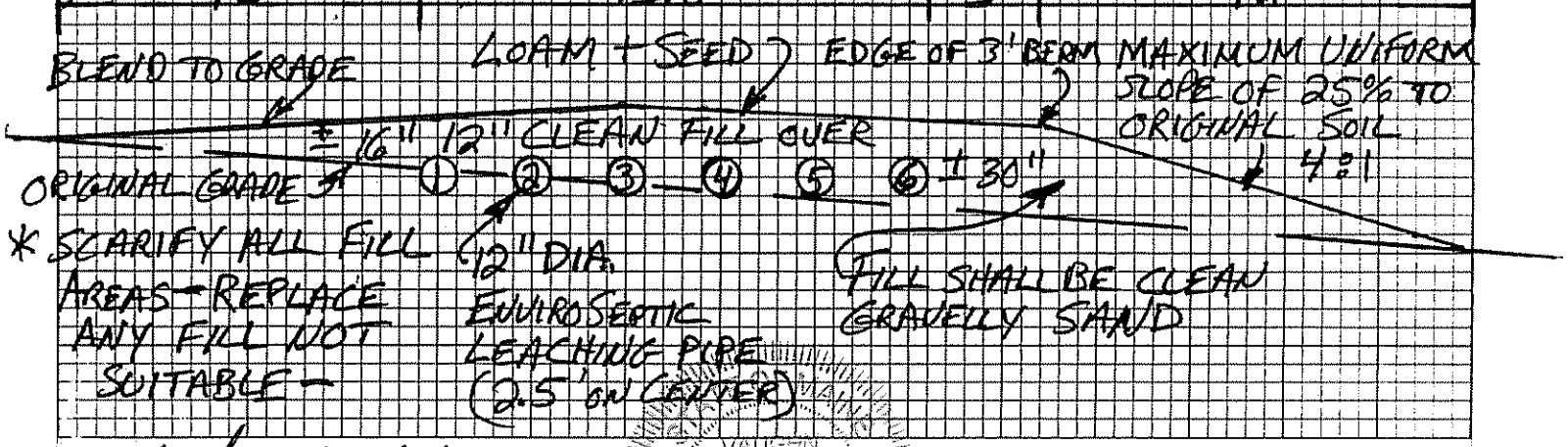
SCALE 1" = 10 FT.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT
Depth of Fill (Upslope)	16"	Finished Grade Elevation	-34"	Location & Description 20" OAK W/NAIL 98" ABOVE GROUND
Depth of Fill (Downslope)	30"	Top of Distribution Pipe or Proprietary Device	-46"	
HILL DEPTHS WILL VARY		Bottom of Disposal Area	-58"	Reference Elevation 0"

DISPOSAL AREA CROSS SECTION

SCALE:
VERTICAL: 1" = 5'
HORIZONTAL: 1" = 5'



Vaughn L. Smith
Site Evaluator Signature

VAUGHN L. SMITH 226 SE LICENSED SITE EVALUATOR

5/22/06
Date

REVISED 6/5/06 (VLS)
REVISED 8/28/06 (VLS)