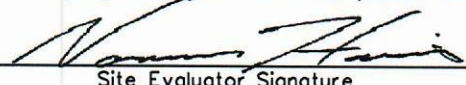


SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION		Maine Dept. Health & Human Services Div of Environmental Health, 11 SHS (207) 287-2070 FAX (207) 287-4172	
PROPERTY LOCATION		>> Caution: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation	WINDHAM	Town/City _____ Permit # _____	
Street or Road	BELVEDERE COMMONS	Date Permit Issued ____/____/____ Fee: \$ _____ Double Fee Charged ()	
Subdivision, Lot #	UNITS 12,14,15,16,17 & 18	L.P.I.# _____	
OWNER/APPLICANT INFORMATION		Local Plumbing Inspector Signature _____ <input type="checkbox"/> Owner <input type="checkbox"/> Applicant <input type="checkbox"/> State	
Name (last, first, MI)	ROBIE HOLDINGS, LLC <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	The Subsurface Wastewater Disposal System <i>shall not</i> 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.	
Mailing Address of Owner/Applicant	PO BOX 1508 WINDHAM, ME 04062		
Daytime Tel. #			
		Municipal Tax Map # <u>19</u> Lot # <u>B-2</u>	
Owner or Applicant Statement		Caution: Inspection Required	
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.		I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.	
_____ Signature of Owner or Applicant		_____ Local Plumbing Inspector Signature	
_____ Date		_____ (1st) Date Approved	
_____ (2nd) Date Approved			
PERMIT INFORMATION			
TYPE OF APPLICATION <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. <25% Expansion <input type="checkbox"/> b. ≥25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion		THIS APPLICATION REQUIRES <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 Approval	
SIZE OF PROPERTY 16.89 <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres		DISPOSAL SYSTEM TO SERVE 1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: <u>3</u> 2. <input type="checkbox"/> Multiple Family Dwelling, No. of Units: _____ 3. <input checked="" type="checkbox"/> Other: <u>6 SINGLE FAMILY DWELLINGS</u> (SPECIFY) Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped	
SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		DISPOSAL SYSTEM COMPONENTS 1. <input checked="" type="checkbox"/> Complete Non-engineered System 2. <input type="checkbox"/> Primitive System (graywater & alt toilet) 3. <input type="checkbox"/> Alternative Toilet, specify: _____ 4. <input type="checkbox"/> Non-engineered Treatment Tank (only) 5. <input type="checkbox"/> Holding Tank, _____ Gallons 6. <input type="checkbox"/> Non-engineered Disposal Field (only) 7. <input type="checkbox"/> Separated Laundry System 8. <input type="checkbox"/> Complete Engineered System (2000 gpd+) 9. <input type="checkbox"/> Engineered Treatment Tank (only) 10. <input type="checkbox"/> Engineered Disposal field (only) 11. <input type="checkbox"/> Pre-treatment, specify: _____ 12. <input type="checkbox"/> Miscellaneous Components	
		TYPE OF WATER SUPPLY 1. <input type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input checked="" type="checkbox"/> Public 5. <input type="checkbox"/> Other: _____	
DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK 1. <input checked="" type="checkbox"/> Concrete a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY <u>(6) 1000</u> gallons <u>(2) 750'S</u>	DISPOSAL FIELD TYPE & SIZE 1. <input type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench 3. <input checked="" type="checkbox"/> Proprietary Device a. <input type="checkbox"/> cluster array c. <input checked="" type="checkbox"/> Linear b. <input checked="" type="checkbox"/> regular load d. <input type="checkbox"/> H-20 loaded 4. <input type="checkbox"/> Other: _____ SIZE: <u>4,800</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT 1. <input checked="" type="checkbox"/> No 3. <input type="checkbox"/> Maybe 2. <input type="checkbox"/> Yes >> Specify one below: a. <input type="checkbox"/> multi-compartment tank b. <input type="checkbox"/> _____ tanks in series c. <input type="checkbox"/> increase in tank capacity d. <input checked="" type="checkbox"/> Filter on tank outlet	DESIGN FLOW <u>1,620</u> gallons per day BASED ON: 1. <input checked="" type="checkbox"/> Table 4A (dwelling unit(s)) 2. <input type="checkbox"/> Table 4C (other facilities) SHOW CALCULATIONS - for other facilities - <u>6 DWELLING UNITS</u> <u>18 TOTAL BEDROOMS</u> <u>AT 90 GPD EACH</u> 3. <input type="checkbox"/> Section 4G (meter readings) ATTACH WATER METER DATA LATITUDE AND LONGITUDE at center of disposal area Lat. <u>43</u> ° <u>d</u> <u>49</u> ' <u>m</u> <u>47</u> " <u>s</u> Lon. <u>70</u> ° <u>d</u> <u>25</u> ' <u>m</u> <u>06</u> " <u>s</u> if g.p.s., state margin of error <u>16'</u>
SOIL DATA & DESIGN CLASS PROFILE <u>5</u> / <u>B</u> at Observation Hole # <u>TP-2A</u> Depth <u>N/A</u> " of Most Limiting Soil Factor	DISPOSAL FIELD SIZING 1. <input checked="" type="checkbox"/> Medium - 2.6 sq.ft./gpd 2. <input type="checkbox"/> Medium-Large - 3.3 sq.ft./gpd 3. <input type="checkbox"/> Large - 4.1 sq.ft./gpd 4. <input type="checkbox"/> Extra-Large - 5.0 sq.ft./gpd	EFFLUENT/EJECTOR PUMP 1. <input type="checkbox"/> Not required 2. <input checked="" type="checkbox"/> May be required 3. <input type="checkbox"/> Required Specify only for engineered systems: DOSE: _____ Gallons	
SITE EVALUATOR STATEMENT			
I Certify that on <u>1/15/20</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).			
 Site Evaluator Signature		<u>#348</u> SE #	<u>9/15/20</u> Date
NORMAN "BUD" HARRIS (HARRIS SEPTIC SOLUTIONS, INC.)		(207) 892-2435	harrisseptic@gmail.com
Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.			

Maine Dept. Health & Human Services
Div of Environmental Health, 11 SHS
(207) 287-5672 FAX (207) 287-3165

Street, Road, Subdivision
BELVEDERE COMMONS, UNITS 12,,14,15,16,17&18

Owner's Name
ROBIE HOLDINGS, LLC

Scale 1" = NTS ft. or as shown

NORTH ORIENTATION APPROXIMATE

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

Soil Classification		Slope	Limiting Factor	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
Profile	Condition	_____ %		

#348
SE •

9/15/20
Date

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
WINDHAM

Street, Road, Subdivision
BELVEDERE COMMONS, UNITS 12, 14, 15, 16, 17, 18

Owner or Applicant Name
ROBIE HOLDINGS, LLC

INSTALLER TO CONFIRM ELEVATIONS
NECESSARY TO OBTAIN PROPER GRAVITY
DISTRIBUTION OR PUMP STATION MAY BE REQUIRED

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20' FT.

SET 100 STATE APPROVED
3' X 4' ELJEN GSF MODULES
AS SHOWN IN 5 ROWS OF
20 PER ROW SEPERATED
INTO (2) FIELDS BY 10'

ERP: NAIL IN
17" OAK TREE 55"
ABOVE GROUND LEVEL (AGL)

IP FOUND AT
THIS LOCATION
ALONG R

DIST. BOX
(TYP. 2 PLACES)

750 GAL.
CONC. SEPTIC
TANKW/FILTER

4" SCHED. 40
PVC PIPE FROM
BLDG. (TYP.)

UNIT #12
1000 GALLON CONCRETE
SEPTIC TANKS AT ALL
DWELLINGS. LOCATE
WHERE FEASIBLE,
8' MIN. FROM DWELLING
INSTALL ZABEL FILTER
AT TANK OUTLET
SEE PAGE 2

GROUND NEARLY
LEVEL AT 66"
BELOW ERP

4" DIA.
PERFORATED PVC

750 GAL.
CONC. SEPTIC
TANKW/FILTER

UNIT #17
UNIT #18

UNIT #16

UNIT #15

CROSS
SECTION

SLEEVE LINES BELOW
TRAVELWAYS

EDGE OF EMBANKMENT

* IT IS THE OWNER'S RESPONSIBILITY TO VERIFY THAT THERE ARE NO UNIDENTIFIED WELLS LOCATED WITHIN 100' OF DISPOSAL SYSTEM.
* ALL INFORMATION CONTAINED WITHIN THIS APPLICATION IS AS REPRESENTED BY OWNER, APPLICANT OR OWNER'S/APPLICANT'S REPRESENTATIVE.
THE SITE EVALUATOR WILL NOT BE HELD RESPONSIBLE FOR ANY PERTINENT FACTORS NOT IDENTIFIED, DISCLOSED OR INACCURATELY DISCLOSED.

FILL REQUIREMENTS

Depth of Fill (Upslope) $\pm 0"$
Depth of Fill (Downslope) $\pm 0"$

CONSTRUCTION ELEVATIONS

Finished Grade Elevation -67"
Top of Distribution Pipe or Proprietary Device -91"
Bottom of Disposal Area -102"

ELEVATION REFERENCE POINT

Location & Description NAIL IN 17"
OAK TREE 55" AGL
Reference Elevation -0"

SCALES:

VERTICAL: 1" = 5 FT
HORIZONTAL: 1" = 5 FT

NOTES:
* GSF MODULES TO BE INSTALLED PER MANUFACTURER'S RECOMMENDATIONS
* BACKFILL TO BE GRAVELLY COARSE SAND FREE OF FINES AND ORGANIC DEBRIS
* FINAL GRADES SHALL BE LOAMED, SEEDED AND OR MULCHED TO PREVENT EROSION
* ANY STONE REQUIRED TO BE FREE OF FINES AND ORGANIC DEBRIS
AT A SIZE OF +/- 1 1/2" IN DIAMETER.

DISPOSAL FIELD CROSS-SECTION

5 (3) GSF MODULES

SPACED 1' APART = 23'

4" PERFORATED
PVC PIPE (MIN. SDR35)
CAP ANY EXPOSED ENDS

24" MAXIMUM COVER
ABOVE DISPOSAL FIELD

GEOTEXTILE FABRIC - DRAPE STRAIGHT
DOWN OVER PIPES - DO NOT
BLOCK HOLES IN PERFORATED PIPE

EXISTING GRADE

EXISTING GRADE

BOTTOM OF MODULES TO BE LEVEL AT ELEV -102'

LIMITING FACTOR: PIR DEPTH

NOTE: OVEREXCAVATE AT LEAST 6" BELOW
AND AROUND THE ENTIRE PERIMETER OF
EACH ROW AND FILL WITH MATERIALS AS
SPECIFIED BY ELJEN INDRAIN STANDARDS.

* WHERE POSSIBLE, THE AREA UNDER THE DISPOSAL FIELD AND EXTENSIONS SHALL BE SCARIFIED 6 TO 8 INCHES TO CREATE A TRANSITION ZONE

Site Evaluator Signature

NORMAN "BUD" HARRIS (HARRIS SEPTIC SOLUTIONS, INC.) (207) 892-2435

#348

SE •

9/15/20

Date

Page 3 of 3

HHE-200 Rev. 02/11

STATEMENT TO OWNER/APPLICANT

(Attachment to HHE-200)

A Site Evaluation as defined in The Maine Subsurface Wastewater Disposal Rules (August 3, 2015) is:

“ The practice of investigating, evaluating, and reporting the basic soil and site conditions that apply to wastewater treatment and disposal along with a system design in compliance with this code.”

All reported site features are interpreted from information supplied by the owner, applicant or representative. This information in turn is utilized as means to design a disposal system that complies with the Maine Subsurface Wastewater Disposal Rules. The owner, applicant, and/or representative prior to signing of this application must verify this information as correct.

Minimum separation distances required for disposal systems less than 1000 gpd
(Unless reduced by variance)

Well (owner or neighbor) to disposal field 100'
Location of neighbor's wells is often difficult to observe. Many wells may be buried or hidden, making them unidentifiable. Confirmation from neighbor that their well is greater than 100' must be obtained prior to installation.

- | | |
|--|------|
| • Well to septic tank | 50' |
| • Water supply line to any disposal component | 10' |
| • Building (full basement) to disposal field | 20' |
| • Building/Deck (no full basement) to disposal field | 15' |
| • Building to Septic Tank | 8' |
| • Waterbody (major) to any septic component | 100' |
| • Waterbody (minor) to any septic component | 50' |
| • Drainage ditches to disposal field | 25' |
| • Property line to any septic component | 10'* |

* All fill material (fill extension) to be contained within property with 4:1 slope

If after review it is agreed that all information is accurate, the following steps should be taken.

1. Sign the Owner or Applicant Statement section on page 1 of the application
2. Sign any Variance forms or any special circumstance forms that may be attached
3. If required, secure any neighbor variance/release form signatures
4. Repeat signatures on all copies
5. Submit 3 copies to your local Code Enforcement for review and approval

Prior to installation it is recommended that all abutting property owners be notified.

OWNER SHOULD HAVE SEPTIC TANK PUMPED EVERY 3-4 YEARS

Harris Septic Solutions, Inc.
(207) 892-2435

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION		Maine Dept. Health & Human Services Div of Environmental Health, 11 SHS (207) 287-2070 FAX (207) 287-4172	
PROPERTY LOCATION		>> Caution: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation	WINDHAM	Town/City _____ Permit # _____	
Street or Road	BELVEDERE COMMONS	Date Permit Issued ____/____/____ Fee: \$ _____ Double Fee Charged ()	
Subdivision, Lot #	UNITS 19,21 & 23	_____ L.P.I.# _____	
OWNER/APPLICANT INFORMATION		Local Plumbing Inspector Signature _____	
Name (last, first, MI) ROBIE HOLDINGS, LLC		<input type="checkbox"/> Owner <input type="checkbox"/> Applicant <input type="checkbox"/> State	
Mailing Address of Owner/Applicant	PO BOX 1508 WINDHAM, ME 04062	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.	
Daytime Tel. #			
		Municipal Tax Map # 19 Lot # B-2	
Owner or Applicant Statement		Caution: Inspection Required	
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		I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. _____ Local Plumbing Inspector Signature	
		(1st) Date Approved _____	
		(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. <25% Expansion <input type="checkbox"/> b. ≥25% 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 Approval	
DISPOSAL SYSTEM COMPONENTS		TYPE OF WATER SUPPLY	
1. <input checked="" type="checkbox"/> Complete Non-engineered System 2. <input type="checkbox"/> Primitive System (graywater & alt toilet) 3. <input type="checkbox"/> Alternative Toilet, specify: _____ 4. <input type="checkbox"/> Non-engineered Treatment Tank (only) 5. <input type="checkbox"/> Holding Tank, _____ Gallons 6. <input type="checkbox"/> Non-engineered Disposal Field (only) 7. <input type="checkbox"/> Separated Laundry System 8. <input type="checkbox"/> Complete Engineered System (2000 gpd+) 9. <input type="checkbox"/> Engineered Treatment Tank (only) 10. <input type="checkbox"/> Engineered Disposal field (only) 11. <input type="checkbox"/> Pre-treatment, specify: _____ 12. <input type="checkbox"/> Miscellaneous Components		1. <input type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input checked="" type="checkbox"/> Public 5. <input type="checkbox"/> Other: _____	
SIZE OF PROPERTY		DISPOSAL SYSTEM TO SERVE	
16.89 <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres		1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: 3 2. <input type="checkbox"/> Multiple Family Dwelling, No. of Units: _____ 3. <input checked="" type="checkbox"/> Other: 3 SINGLE FAMILY DWELLINGS (SPECIFY) Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped	
SHORELAND ZONING			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK		DISPOSAL FIELD TYPE & SIZE	
1. <input checked="" type="checkbox"/> Concrete a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY (3) 1000 gallons (1) 750 GAL. MIN.		1. <input checked="" type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench 3. <input type="checkbox"/> Proprietary Device a. <input type="checkbox"/> cluster array c. <input type="checkbox"/> Linear b. <input type="checkbox"/> regular load d. <input type="checkbox"/> H-20 loaded 4. <input type="checkbox"/> Other: _____ SIZE: 2,250 <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	
GARBAGE DISPOSAL UNIT		DESIGN FLOW	
1. <input checked="" type="checkbox"/> No 3. <input type="checkbox"/> Maybe 2. <input type="checkbox"/> Yes >> Specify one below: a. <input type="checkbox"/> multi-compartment tank b. <input type="checkbox"/> _____ tanks in series c. <input type="checkbox"/> increase in tank capacity d. <input checked="" type="checkbox"/> Filter on tank outlet		810 gallons per day BASED ON: 1. <input checked="" type="checkbox"/> Table 4A (dwelling unit(s)) 2. <input type="checkbox"/> Table 4C (other facilities) SHOW CALCULATIONS - for other facilities - 3 DWELLING UNITS 9 TOTAL BEDROOMS AT 90 GPD EACH 3. <input type="checkbox"/> Section 4G (meter readings) ATTACH WATER METER DATA	
SOIL DATA & DESIGN CLASS		DISPOSAL FIELD SIZING	
PROFILE CONDITION 5 / B at Observation Hole # TP-HS-2 Depth N/A " of Most Limiting Soil Factor		1. <input checked="" type="checkbox"/> Medium - 2.6 sq.ft./gpd 2. <input type="checkbox"/> Medium-Large - 3.3 sq.ft./gpd 3. <input type="checkbox"/> Large - 4.1 sq.ft./gpd 4. <input type="checkbox"/> Extra-Large - 5.0 sq.ft./gpd	
EFFLUENT/EJECTOR PUMP		LATITUDE AND LONGITUDE	
1. <input type="checkbox"/> Not required 2. <input checked="" type="checkbox"/> May be required 3. <input type="checkbox"/> Required Specify only for engineered systems: DOSE: _____ Gallons		at center of disposal area Lat. 43 d 49 m 50 s Lon. 70 d 25 m 11 s if g.p.s, state margin of error 17'	
SITE EVALUATOR STATEMENT			
I Certify that on 9/9/20 (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). <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%;"> Site Evaluator Signature </div> <div style="width: 20%; text-align: center;"> #348 SE # </div> <div style="width: 20%; text-align: center;"> 9/10/20 Date </div> <div style="width: 30%; text-align: right;"> Page 1 of 3 HHE-200 Rev. 06/2020 (DIVISION APPROVED) </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 40%;"> NORMAN "BUD" HARRIS (HARRIS SEPTIC SOLUTIONS, INC.) Note: Changes to or deviations from the design should be confirmed with the Site Evaluator. </div> <div style="width: 20%; text-align: center;"> (207) 892-2435 </div> <div style="width: 20%; text-align: center;"> harrisseptic@gmail.com </div> </div>			

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div. of Environmental Health, 11 SHS
(207) 287-5672 FAX (207) 287-3165

Town, City, Plantation
WINDHAM

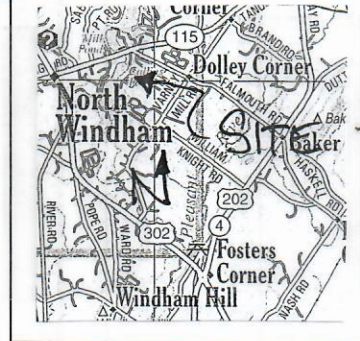
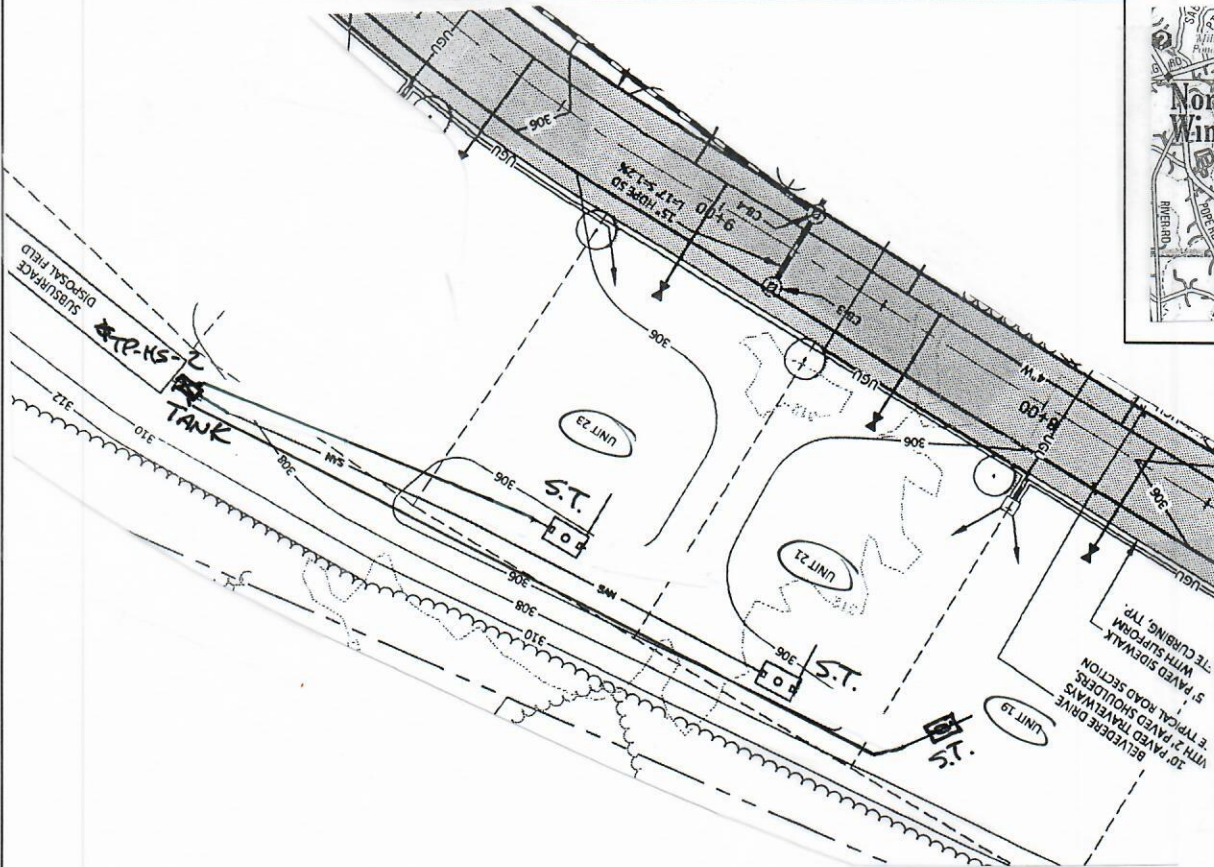
Street, Road, Subdivision
BELVEDERE COMMONS, UNITS 19, 21 & 23

Owner's Name
ROBIE HOLDINGS, LLC

SITE PLAN

Scale 1" = ±40 ft. or as shown

SITE LOCATION PLAN



NORTH ORIENTATION APPROXIMATE

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

Observation Hole TP-HS-2 ☒ Test Pit ☐ Boring
2" Depth of Organic Horizon Above Mineral Soil

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

0	Texture	Consistency	Color	Mottling
10	STONY LOAMY SAND	FRIABLE	MEDIUM BROWN	
20				
30	GRAVELLY COARSE SAND	LOOSE	LIGHT BROWN	
40				
50				
Soil Classification		Slope	Limiting Factor	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input checked="" type="checkbox"/> Pit Depth
5 Profile B Condition		0 %	N/A	

0	Texture	Consistency	Color	Mottling
10				
20				
30				
40				
50				
Soil Classification		Slope	Limiting Factor	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
Profile Condition		%	"	

PRELIMINARY

Site Evaluator Signature

#348
SE

9/10/20
Date

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
WINDHAM

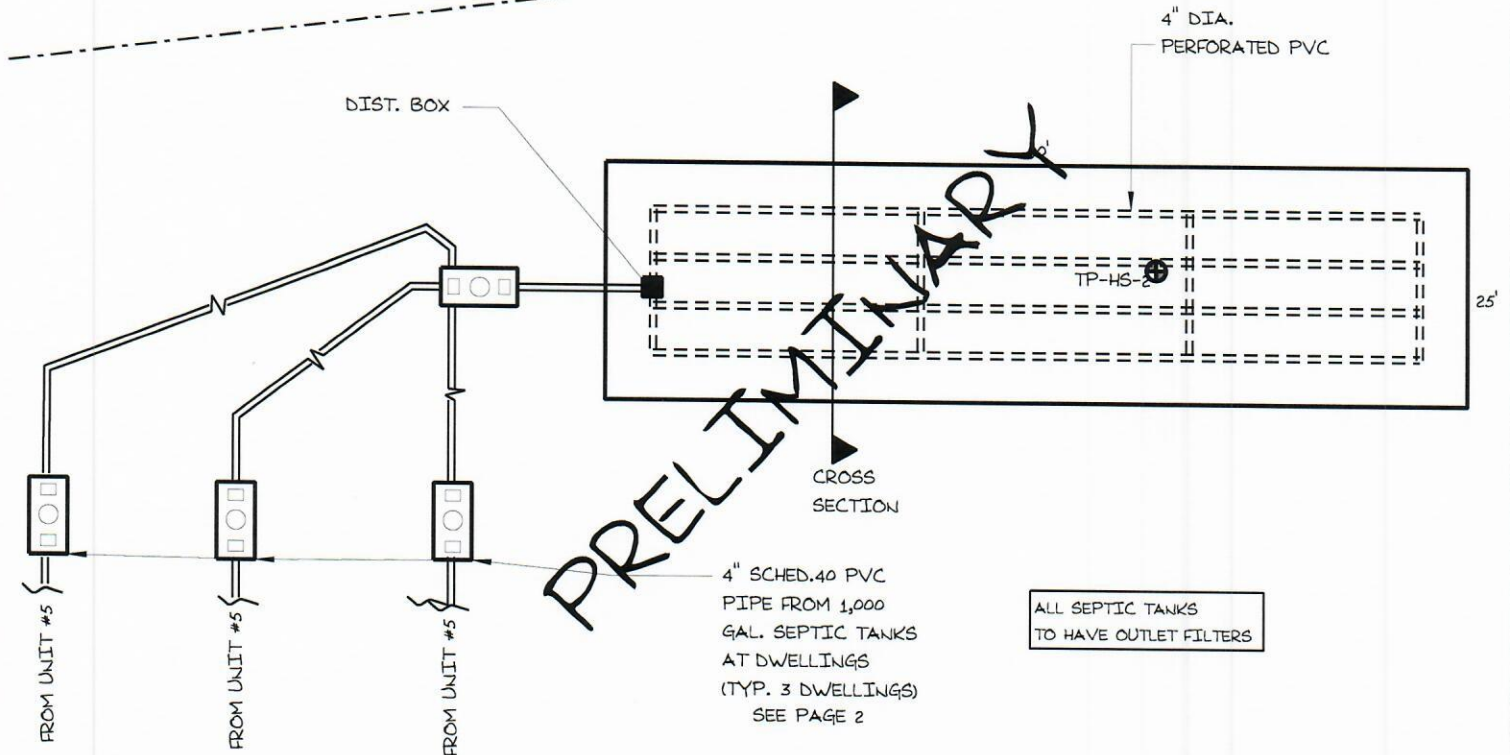
Street, Road, Subdivision
BELVEDERE COMMONS, UNITS 19, 21 & 23

Owner or Applicant Name
ROBIE HOLDINGS, LLC

INSTALLER TO CONFIRM ELEVATIONS
NECESSARY TO OBTAIN PROPER GRAVITY
DISTRIBUTION OR PUMP STATION MAY BE REQUIRED

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20' FT.



* IT IS THE OWNER'S RESPONSIBILITY TO VERIFY THAT THERE ARE NO UNIDENTIFIED WELLS LOCATED WITHIN 100' OF DISPOSAL SYSTEM.
* ALL INFORMATION CONTAINED WITHIN THIS APPLICATION IS AS REPRESENTED BY OWNER, APPLICANT OR OWNER'S/APPLICANT'S REPRESENTATIVE. THE SITE EVALUATOR WILL NOT BE HELD RESPONSIBLE FOR ANY PERTINENT FACTORS NOT IDENTIFIED, DISCLOSED OR INACCURATELY DISCLOSED.

FILL REQUIREMENTS

Depth of Fill (Upslope) $\pm 0"$
Depth of Fill (Downslope) $\pm 0"$

CONSTRUCTION ELEVATIONS

Finished Grade Elevation
Top of Distribution Pipe or Proprietary Device
Bottom of Disposal Area

ELEVATION REFERENCE POINT

Location & Description

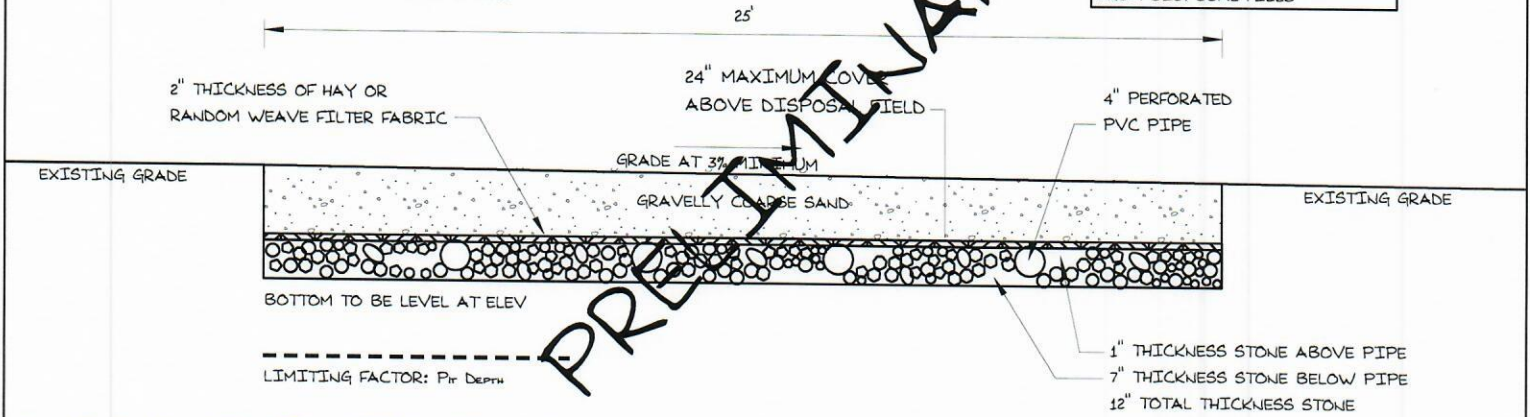
Reference Elevation -0"

DISPOSAL FIELD CROSS-SECTION

NOTES: * BACKFILL TO BE GRAVELLY COARSE SAND FREE OF FINES AND ORGANIC DEBRIS
* FINAL GRADES SHALL BE LOAMED, SEEDED AND OR MULCHED TO PREVENT EROSION
* ANY STONE REQUIRED TO BE FREE OF FINES AND ORGANIC DEBRIS AT A SIZE OF $\pm 1 \frac{1}{2}"$ IN DIAMETER.

SCALES:
VERTICAL: 1" = 5 FT
HORIZONTAL: 1" = 5 FT

NOTE: FINISH GRADE TO DIVERT ALL SURFACE WATER AWAY FROM DISPOSAL FIELD



* WHERE POSSIBLE, THE AREA UNDER THE DISPOSAL FIELD AND EXTENSIONS SHALL BE SCARIFIED 6 TO 8 INCHES TO CREATE A TRANSITION ZONE

Site Evaluator Signature
NORMAN "BUD" HARRIS (HARRIS SEPTIC SOLUTIONS, INC.) (207) 892-2435

#348
SE

9/10/20
Date

Page 3 of 3
HHE-200 Rev. 06/2020
(DIVISION APPROVED)

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div. of Environmental Health, 11 SHS
(207) 287-2070 FAX (207) 287-4172

PROPERTY LOCATION

>> Caution: LPI APPROVAL REQUIRED <<

City, Town, or Plantation	WINDHAM
Street or Road	BELVEDERE COMMONS
Subdivision, Lot *	UNITS 20 & 22
OWNER/APPLICANT INFORMATION	
Name (last, first, MI)	ROBIE HOLDINGS, LLC <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant
Mailing Address of Owner/Applicant	PO BOX 1508 WINDHAM, ME 04062
Daytime Tel. *	

Town/City	Permit #
Date Permit Issued	Fee: \$ Double Fee Charged ()
L.P.I. *	
Local Plumbing Inspector Signature <input type="checkbox"/> Owner <input type="checkbox"/> Applicant <input type="checkbox"/> State	

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.

Municipal Tax Map * 19 Lot * B-2

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.

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

Signature of Owner or Applicant

Date

Local Plumbing Inspector Signature

(2nd) Date Approved

PERMIT INFORMATION

TYPE OF APPLICATION <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. <25% Expansion <input type="checkbox"/> b. >25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	THIS APPLICATION REQUIRES <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 Approval	DISPOSAL SYSTEM COMPONENTS 1. <input checked="" type="checkbox"/> Complete Non-engineered System 2. <input type="checkbox"/> Primitive System (graywater & alt toilet) 3. <input type="checkbox"/> Alternative Toilet, specify: _____ 4. <input type="checkbox"/> Non-engineered Treatment Tank (only) 5. <input type="checkbox"/> Holding Tank, _____ Gallons 6. <input type="checkbox"/> Non-engineered Disposal Field (only) 7. <input type="checkbox"/> Separated Laundry System 8. <input type="checkbox"/> Complete Engineered System (2000gpd+) 9. <input type="checkbox"/> Engineered Treatment Tank (only) 10. <input type="checkbox"/> Engineered Disposal field (only) 11. <input type="checkbox"/> Pre-treatment, specify: _____ 12. <input type="checkbox"/> Miscellaneous Components
SIZE OF PROPERTY 16.89 <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres	DISPOSAL SYSTEM TO SERVE 1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: 3 2. <input type="checkbox"/> Multiple Family Dwelling No. of Units: _____ 3. <input checked="" type="checkbox"/> Other: 2 SINGLE FAMILY DWELLINGS (SPECIFY) Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	TYPE OF WATER SUPPLY 1. <input type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input checked="" type="checkbox"/> Public 5. <input type="checkbox"/> Other:
SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK 1. <input checked="" type="checkbox"/> Concrete <input checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY (2) 1000 gallons	DISPOSAL FIELD TYPE & SIZE 1. <input type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench 3. <input checked="" type="checkbox"/> Proprietary Device <input type="checkbox"/> a. cluster array c. <input checked="" type="checkbox"/> Linear <input checked="" type="checkbox"/> b. regular load d. <input type="checkbox"/> H-20 loaded 4. <input type="checkbox"/> Other: _____ SIZE: 1,536 <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT 1. <input checked="" type="checkbox"/> No 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 checked="" type="checkbox"/> d. Filter on tank outlet	DESIGN FLOW 540 gallons per day BASED ON: 1. <input checked="" type="checkbox"/> Table 4A (dwelling unit(s)) 2. <input type="checkbox"/> Table 4C (other facilities) SHOW CALCULATIONS - for other facilities - 2 DWELLING UNITS 6 TOTAL BEDROOMS AT 90 GPD EACH 3. <input type="checkbox"/> Section 4C (meter readings) ATTACH WATER METER DATA
SOIL DATA & DESIGN CLASS PROFILE 5 / B at Observation Hole * TP-HS-11 Depth N/A" of Most Limiting Soil Factor	DISPOSAL FIELD SIZING 1. <input checked="" type="checkbox"/> Medium - 2.6 sq.ft./gpd 2. <input type="checkbox"/> Medium-Large - 3.3 sq.ft./gpd 3. <input type="checkbox"/> Large - 4.1 sq.ft./gpd 4. <input type="checkbox"/> Extra-Large - 5.0 sq.ft./gpd	EFFLUENT/EJECTOR PUMP 1. <input type="checkbox"/> Not required 2. <input checked="" type="checkbox"/> May be required 3. <input type="checkbox"/> Required Specify only for engineered systems: DOSE: _____ Gallons	LATITUDE AND LONGITUDE at center of disposal area Lat. 43° d 49' m 50" s Lon. 70° d 25' m 08" s if g.p.s. state margin of error 18'

SITE EVALUATOR STATEMENT

I Certify that on 9/9/20 (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

#348

SE *

9/10/20

Date

NORMAN "BUD" HARRIS (HARRIS SEPTIC SOLUTIONS, INC.)

(207) 892-2435

harrisptic@gmail.com

Page 1 of 3
HHE-200 Rev. 06/2020
(DIVISION APPROVED)

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div. of Environmental Health, 11 SHS
(207) 287-5672 FAX (207) 287-3165

Town, City, Plantation
WINDHAM

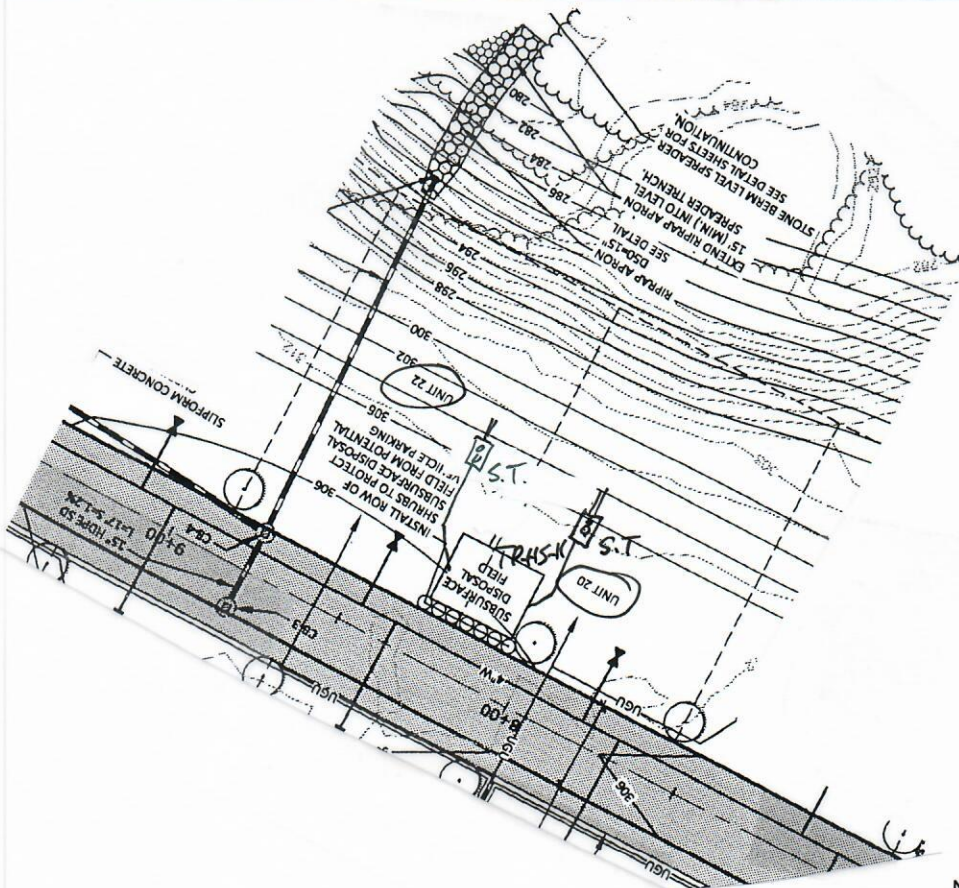
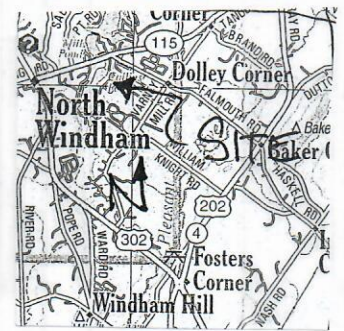
Street, Road, Subdivision
BELVEDERE COMMONS, UNITS 20 & 22

Owner's Name
ROBIE HOLDINGS, LLC

SITE PLAN

Scale 1" = ±40 ft. or as shown

SITE LOCATION PLAN



NORTH ORIENTATION APPROXIMATE

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

Observation Hole TP-HS-11 ☒ Test Pit ☐ Boring
0" Depth of Organic Horizon Above Mineral Soil

0	Texture	Consistency	Color	Mottling
10	STONY LOAMY SAND	FRIABLE	MEDIUM BROWN	
20				
30	GRAVELLY COARSE SAND	LOOSE	LIGHT BROWN	
40				
50				

Soil Classification

5 Profile

B Condition

Slope

0 %

Limiting Factor

N/A

- ☐ Ground Water
☐ Restrictive Layer
☐ Bedrock
☒ Pit Depth

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

0	Texture	Consistency	Color	Mottling
10				
20				
30				
40				
50				

Soil Classification

Profile

Condition

Slope

%

Limiting Factor

"

- ☐ Ground Water
☐ Restrictive Layer
☐ Bedrock
☐ Pit Depth

PRELIMINARY

Site Evaluator Signature

#348

SE •

9/10/20

Date

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

WINDHAM

Street, Road, Subdivision

BELVEDERE COMMONS, UNITS 20 & 22

Owner or Applicant Name

ROBIE HOLDINGS, LLC

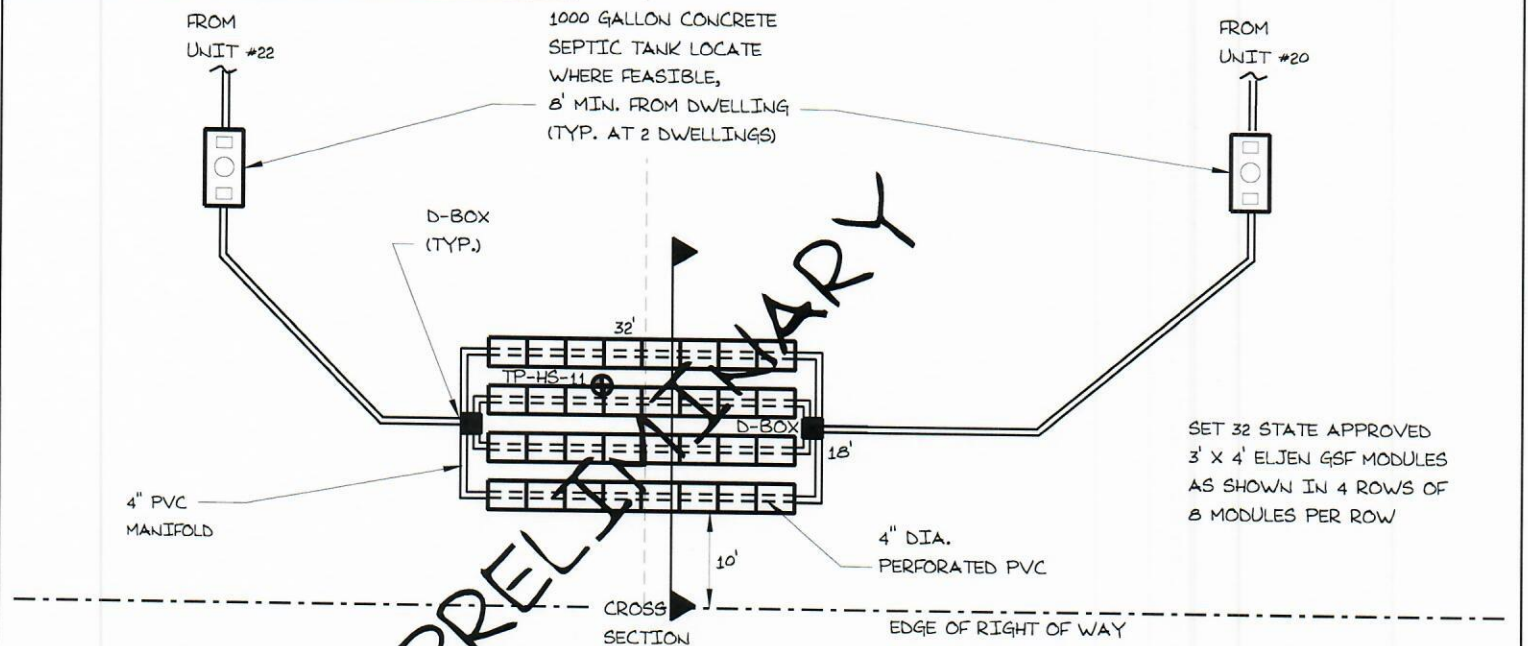
INSTALLER TO CONFIRM ELEVATIONS

NECESSARY TO OBTAIN PROPER GRAVITY

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20' FT.

DISTRIBUTION OR PUMP STATION MAY BE REQUIRED



SUBDIVISION ENGINEER TO
APPROVE DISPOSAL SYSTEM
LOCATION PRIOR TO INSTALL

BELVEDERE DRIVE

- * IT IS THE OWNER'S RESPONSIBILITY TO VERIFY THAT THERE ARE NO UNIDENTIFIED WELLS LOCATED WITHIN 100' OF DISPOSAL SYSTEM.
- * ALL INFORMATION CONTAINED WITHIN THIS APPLICATION IS AS REPRESENTED BY OWNER, APPLICANT OR OWNER'S/APPLICANT'S REPRESENTATIVE. THE SITE EVALUATOR WILL NOT BE HELD RESPONSIBLE FOR ANY PERTINENT FACTORS NOT IDENTIFIED, DISCLOSED OR INACCURATELY DISCLOSED.

FILL REQUIREMENTS

Depth of Fill (Upslope) $\pm 0''$
Depth of Fill (Downslope) $\pm 0''$

CONSTRUCTION ELEVATIONS

Finished Grade Elevation
Top of Distribution Pipe or Proprietary Device
Bottom of Disposal Area

ELEVATION REFERENCE POINT

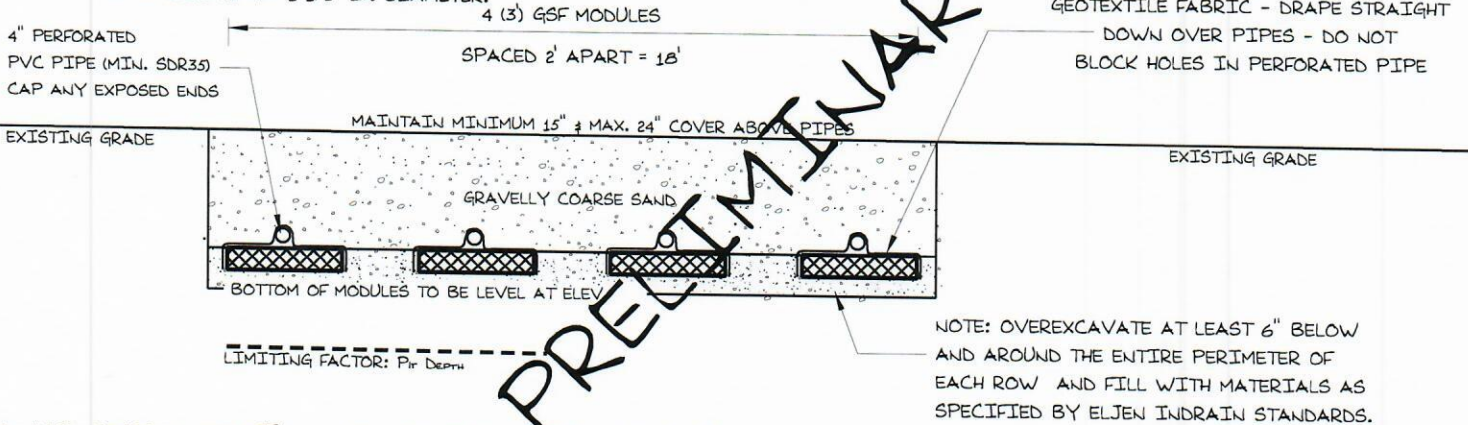
Location & Description

Reference Elevation

DISPOSAL FIELD CROSS-SECTION

- NOTES:
- * GSF MODULES TO BE INSTALLED PER MANUFACTURER'S RECOMMENDATIONS
 - * BACKFILL TO BE GRAVELLY COARSE SAND FREE OF FINES AND ORGANIC DEBRIS
 - * FINAL GRADES SHALL BE LOAMED, SEEDING AND OR MULCHED TO PREVENT EROSION
 - * ANY STONE REQUIRED TO BE FREE OF FINES AND ORGANIC DEBRIS AT A SIZE OF $\pm 1\frac{1}{2}$ " IN DIAMETER.

SCALES:
VERTICAL: 1" = 5' FT
HORIZONTAL: 1" = 5' FT



* WHERE POSSIBLE, THE AREA UNDER THE DISPOSAL FIELD AND EXTENSIONS SHALL BE SCARIFIED 6 TO 8 INCHES TO CREATE A TRANSITION ZONE

Site Evaluator Signature

NORMAN "BUD" HARRIS (HARRIS SEPTIC SOLUTIONS, INC.) (207) 892-2435

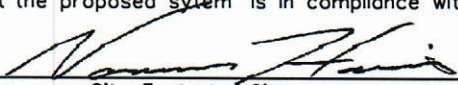
#348

SE

9/10/20

Date

Page 3 of 3
HHE-200 Rev. 06/2020
(DIVISION APPROVED)

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION				Maine Dept. Health & Human Services Div. of Environmental Health, 11 SHS (207) 287-2070 FAX (207) 287-4172	
PROPERTY LOCATION			>> Caution: LPI APPROVAL REQUIRED <<		
City, Town, or Plantation	WINDHAM		Town/City _____ Permit # _____		
Street or Road	BELVEDERE COMMONS		Date Permit Issued ____/____/____ Fee: \$ _____ Double Fee Charged ()		
Subdivision, Lot #	UNITS 24 & 26		L.P.I.# _____		
OWNER/APPLICANT INFORMATION			Local Plumbing Inspector Signature _____ <input type="checkbox"/> Owner <input type="checkbox"/> Applicant <input type="checkbox"/> State		
Name (last, first, MI) ROBIE HOLDINGS, LLC		<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	The Subsurface Wastewater Disposal System <i>shall not</i> 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.		
Mailing Address of Owner/Applicant PO BOX 150B WINDHAM, ME 04062					
Daytime Tel. # _____					
			Municipal Tax Map # <u>19</u> Lot # <u>B-2</u>		
Owner or Applicant Statement			Caution: Inspection Required		
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			I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. _____ Local Plumbing Inspector Signature		
			(1st) Date Approved _____		
			(2nd) Date Approved _____		
PERMIT INFORMATION					
TYPE OF APPLICATION <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. <25% Expansion <input type="checkbox"/> b. ≥25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion		THIS APPLICATION REQUIRES <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 Approval		DISPOSAL SYSTEM COMPONENTS 1. <input checked="" type="checkbox"/> Complete Non-engineered System 2. <input type="checkbox"/> Primitive System (graywater & alt toilet) 3. <input type="checkbox"/> Alternative Toilet, specify: _____ 4. <input type="checkbox"/> Non-engineered Treatment Tank (only) 5. <input type="checkbox"/> Holding Tank, _____ Gallons 6. <input type="checkbox"/> Non-engineered Disposal Field (only) 7. <input type="checkbox"/> Separated Laundry System 8. <input type="checkbox"/> Complete Engineered System (2000 gpd+) 9. <input type="checkbox"/> Engineered Treatment Tank (only) 10. <input type="checkbox"/> Engineered Disposal field (only) 11. <input type="checkbox"/> Pre-treatment, specify: _____ 12. <input type="checkbox"/> Miscellaneous Components	
SIZE OF PROPERTY 16.89 <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres		DISPOSAL SYSTEM TO SERVE 1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: <u>3</u> 2. <input type="checkbox"/> Multiple Family Dwelling, No. of Units: _____ 3. <input checked="" type="checkbox"/> Other: <u>2 SINGLE FAMILY DWELLINGS</u> (SPECIFY) Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped		TYPE OF WATER SUPPLY 1. <input type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input checked="" type="checkbox"/> Public 5. <input type="checkbox"/> Other: _____	
SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)					
TREATMENT TANK 1. <input checked="" type="checkbox"/> Concrete a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY <u>(2) 1000</u> gallons		DISPOSAL FIELD TYPE & SIZE 1. <input type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench 3. <input checked="" type="checkbox"/> Proprietary Device a. <input type="checkbox"/> cluster array c. <input checked="" type="checkbox"/> Linear b. <input checked="" type="checkbox"/> regular load d. <input type="checkbox"/> H-20 loaded 4. <input type="checkbox"/> Other: _____ SIZE: <u>1,920</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.		GARBAGE DISPOSAL UNIT 1. <input checked="" type="checkbox"/> No 3. <input type="checkbox"/> Maybe 2. <input type="checkbox"/> Yes >> Specify one below: a. <input type="checkbox"/> multi-compartment tank b. <input type="checkbox"/> _____ tanks in series c. <input type="checkbox"/> increase in tank capacity d. <input checked="" type="checkbox"/> Filter on tank outlet	
SOIL DATA & DESIGN CLASS PROFILE <u>5</u> / <u>B</u> at Observation Hole # <u>TP-HS-10</u> Depth <u>N/A</u> " of Most Limiting Soil Factor		DISPOSAL FIELD SIZING 1. <input checked="" type="checkbox"/> Medium - 2.6 sq.ft./gpd 2. <input type="checkbox"/> Medium-Large - 3.3 sq.ft./gpd 3. <input type="checkbox"/> Large - 4.1 sq.ft./gpd 4. <input type="checkbox"/> Extra-Large - 5.0 sq.ft./gpd		EFFLUENT/EJECTOR PUMP 1. <input type="checkbox"/> Not required 2. <input checked="" type="checkbox"/> May be required 3. <input type="checkbox"/> Required Specify only for engineered systems: DOSE: _____ Gallons	
DESIGN FLOW <u>540</u> gallons per day BASED ON: 1. <input checked="" type="checkbox"/> Table 4A (dwelling unit(s)) 2. <input type="checkbox"/> Table 4C (other facilities) SHOW CALCULATIONS - for other facilities - 2 DWELLING UNITS 6 TOTAL BEDROOMS AT 90 GPD EACH 3. <input type="checkbox"/> Section 4G (meter readings) ATTACH WATER METER DATA LATITUDE AND LONGITUDE at center of disposal area Lat. <u>43</u> d <u>49</u> m <u>51</u> s Lon. <u>70</u> d <u>25</u> m <u>08</u> s if g.p.s, state margin of error <u>16'</u>					
SITE EVALUATOR STATEMENT					
I certify that on <u>9/9/20</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).					
 Site Evaluator Signature		<u>#348</u> SE #		<u>9/15/20</u> Date	
NORMAN "BUD" HARRIS (HARRIS SEPTIC SOLUTIONS, INC.)		(207) 892-2435		harrisseptic@gmail.com	
Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.					

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div of Environmental Health, 11 SHS
(207) 287-5672 FAX (207) 287-3165

Town, City, Plantation
WINDHAM

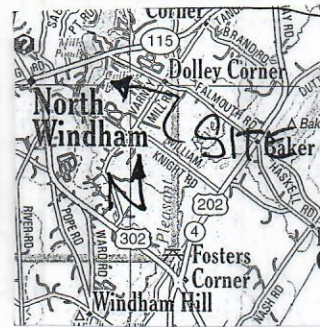
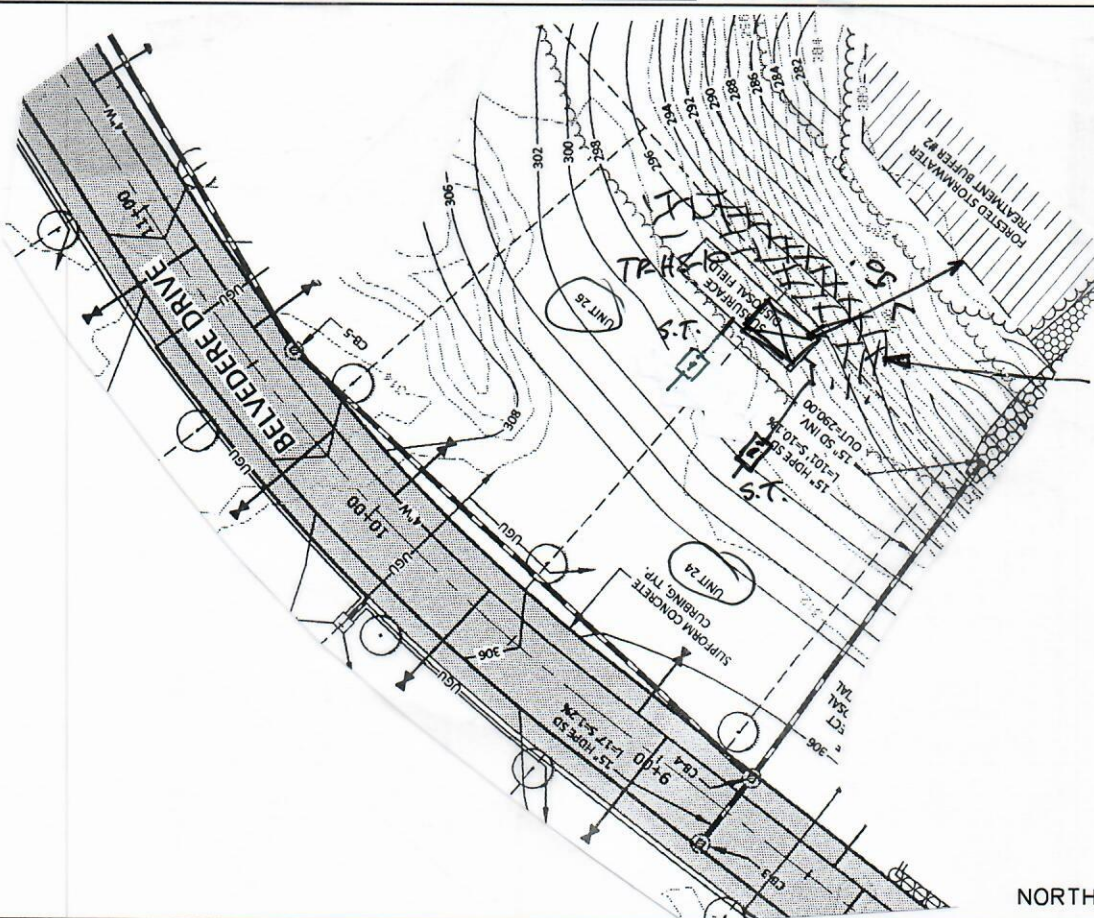
Street, Road, Subdivision
BELVEDERE COMMONS, UNITS 24 & 26

Owner's Name
ROBIE HOLDINGS, LLC

SITE PLAN

Scale 1" = ±40 ft. or as shown

SITE LOCATION PLAN



REGRADING TO OBTAIN
25' SETBACK OF 25%
SLOPE REQUIRED



NORTH ORIENTATION APPROXIMATE

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

Observation Hole TP-HS-10 ☒ Test Pit ☐ Boring
0" Depth of Organic Horizon Above Mineral Soil

Observation Hole _____ ☐ Test Pit ☐ Boring
_____ " Depth of Organic Horizon Above Mineral Soil

0	Texture	Consistency	Color	Mottling
10	STONY LOAMY SAND	FRIABLE	MEDIUM BROWN	
20				
30	GRAVELLY COARSE SAND	LOOSE	LIGHT BROWN	
40				
50				

0	Texture	Consistency	Color	Mottling
10				
20				
30				
40				
50				

PRELIMINARY

Soil Classification S B Slope 0 % Limiting Factor N/A
Profile Condition

Soil Classification _____ Slope _____ % Limiting Factor _____
Profile Condition

Site Evaluator Signature

#348
SE

9/10/20

Date 9/15/20

REV

Page 2 of 3
HHE-200 Rev. 06/2020
(DIVISION APPROVED)

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
WINDHAM

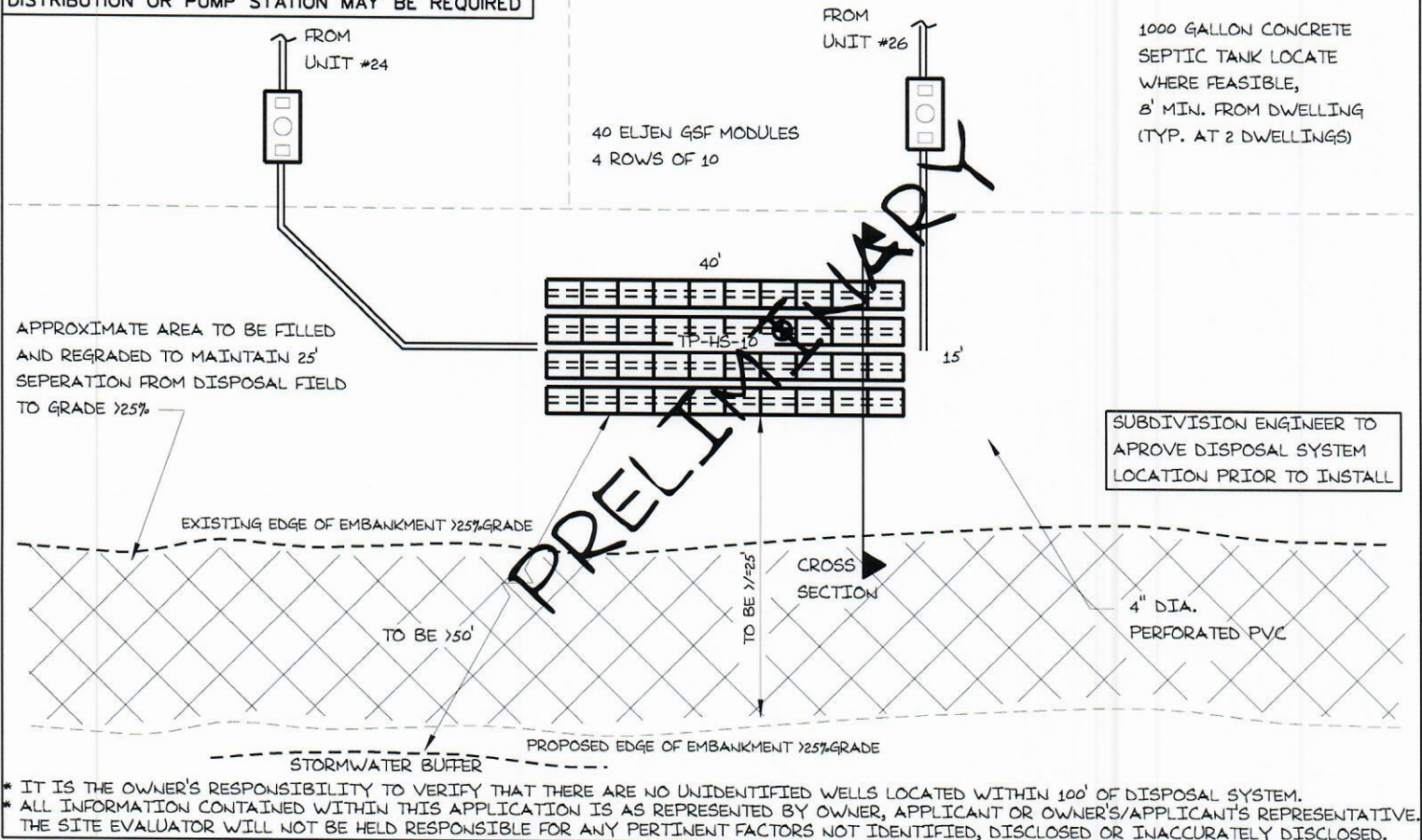
Street, Road, Subdivision
BELVEDERE COMMONS, UNITS 24 & 26

Owner or Applicant Name
ROBIE HOLDINGS, LLC

INSTALLER TO CONFIRM ELEVATIONS
NECESSARY TO OBTAIN PROPER GRAVITY
DISTRIBUTION OR PUMP STATION MAY BE REQUIRED

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT.



FILL REQUIREMENTS

Depth of Fill (Upslope) : 0"
Depth of Fill (Downslope) : 0"

CONSTRUCTION ELEVATIONS

Finished Grade Elevation
Top of Distribution Pipe or Proprietary Device
Bottom of Disposal Area

ELEVATION REFERENCE POINT

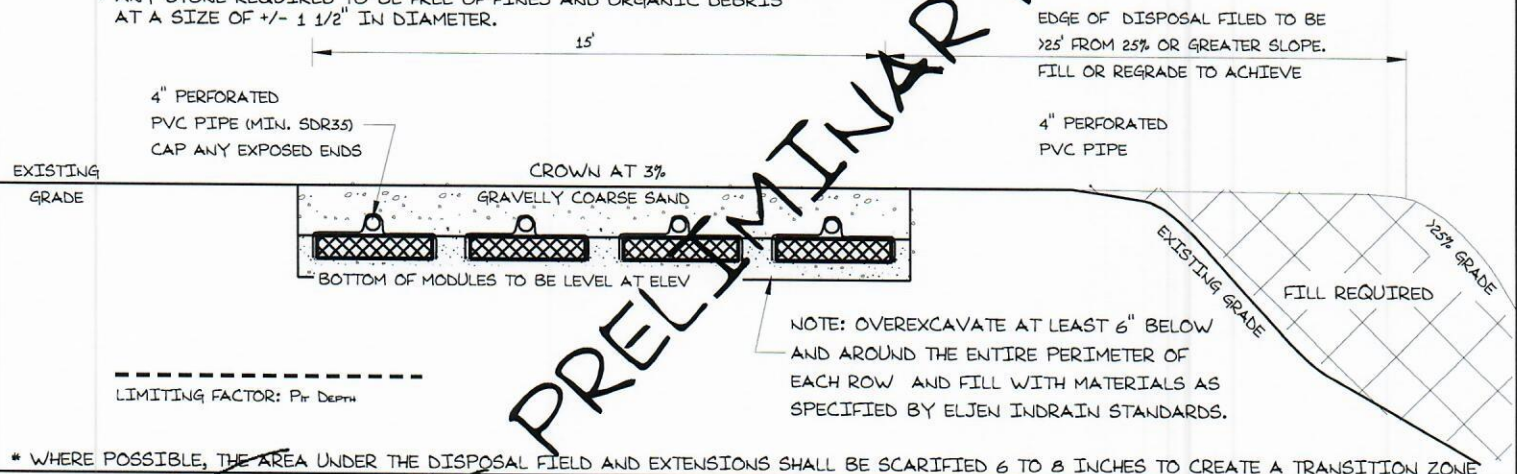
Location & Description
Reference Elevation

DISPOSAL FIELD CROSS-SECTION

- NOTES:
- * GSF MODULES TO BE INSTALLED PER MANUFACTURER'S RECOMMENDATIONS
 - * BACKFILL TO BE GRAVELLY COARSE SAND FREE OF FINES AND ORGANIC DEBRIS
 - * FINAL GRADES SHALL BE LOAMED, SEEDED AND OR MULCHED TO PREVENT EROSION
 - * ANY STONE REQUIRED TO BE FREE OF FINES AND ORGANIC DEBRIS AT A SIZE OF +/- 1 1/2" IN DIAMETER.

SCALES:

VERTICAL: 1" = 5 FT
HORIZONTAL: 1" = 5 FT



* WHERE POSSIBLE, THE AREA UNDER THE DISPOSAL FIELD AND EXTENSIONS SHALL BE SCARIFIED 6 TO 8 INCHES TO CREATE A TRANSITION ZONE

Site Evaluator Signature
NORMAN "BUD" HARRIS (HARRIS SEPTIC SOLUTIONS, INC.) (207) 892-2435

#348
SE

9/15/20
Date

Page 3 of 3
HHE-200 Rev. 06/2020
(DIVISION APPROVED)

STATEMENT TO OWNER/APPLICANT

(Attachment to HHE-200)

A Site Evaluation as defined in The Maine Subsurface Wastewater Disposal Rules (August 3, 2015) is:

“ The practice of investigating, evaluating, and reporting the basic soil and site conditions that apply to wastewater treatment and disposal along with a system design in compliance with this code.”

All reported site features are interpreted from information supplied by the owner, applicant or representative. This information in turn is utilized as means to design a disposal system that complies with the Maine Subsurface Wastewater Disposal Rules. The owner, applicant, and/or representative prior to signing of this application must verify this information as correct.

Minimum separation distances required for disposal systems less than 1000 gpd
(Unless reduced by variance)

Well (owner or neighbor) to disposal field

100'

Location of neighbor's wells is often difficult to observe. Many wells may be buried or hidden, making them unidentifiable. Confirmation from neighbor that their well is greater than 100' must be obtained prior to installation.

• Well to septic tank	50'
• Water supply line to any disposal component	10'
• Building (full basement) to disposal field	20'
• Building/Deck (no full basement) to disposal field	15'
• Building to Septic Tank	8'
• Waterbody (major) to any septic component	100'
• Waterbody (minor) to any septic component	50'
• Drainage ditches to disposal field	25'
• Property line to any septic component	10'*

* All fill material (fill extension) to be contained within property with 4:1 slope

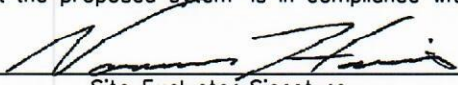
If after review it is agreed that all information is accurate, the following steps should be taken.

1. Sign the Owner or Applicant Statement section on page 1 of the application
2. Sign any Variance forms or any special circumstance forms that may be attached
3. If required, secure any neighbor variance/release form signatures
4. Repeat signatures on all copies
5. Submit 3 copies to your local Code Enforcement for review and approval

Prior to installation it is recommended that all abutting property owners be notified.

OWNER SHOULD HAVE SEPTIC TANK PUMPED EVERY 3-4 YEARS

**Harris Septic Solutions, Inc.
(207) 892-2435**

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION				Maine Dept. Health & Human Services Div. of Environmental Health, 11 SHS (207) 287-2070 FAX (207) 287-4172	
PROPERTY LOCATION			>> Caution: LPI APPROVAL REQUIRED <<		
City, Town, or Plantation	WINDHAM		Town/City	Permit # _____	
Street or Road	BELVEDERE COMMONS		Date Permit Issued	____/____/____ Fee: \$ _____ Double Fee Charged ()	
Subdivision, Lot #	UNITS 25,27,29 & 31			L.P.I. # _____	
OWNER/APPLICANT INFORMATION			Local Plumbing Inspector Signature _____		
Name (last, first, MI) ROBIE HOLDINGS, LLC			<input type="checkbox"/> Owner <input type="checkbox"/> Applicant <input type="checkbox"/> State		
Mailing Address of Owner/Applicant PO BOX 1508 WINDHAM, ME 04062			The Subsurface Wastewater Disposal System <i>shall not</i> 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.		
Daytime Tel. # _____					
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.			Municipal Tax Map # <u>19</u> Lot # <u>B-2</u>		
			Caution: Inspection Required I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.		
Signature of Owner or Applicant _____ Date _____			Local Plumbing Inspector Signature _____ (1st) Date Approved _____ _____ (2nd) Date Approved _____		
PERMIT INFORMATION					
TYPE OF APPLICATION <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. <25% Expansion <input type="checkbox"/> b. >25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion		THIS APPLICATION REQUIRES <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 Approval		DISPOSAL SYSTEM COMPONENTS 1. <input checked="" type="checkbox"/> Complete Non-engineered System 2. <input type="checkbox"/> Primitive System (graywater & alt toilet) 3. <input type="checkbox"/> Alternative Toilet, specify: _____ 4. <input type="checkbox"/> Non-engineered Treatment Tank (only) 5. <input type="checkbox"/> Holding Tank, _____ Gallons 6. <input type="checkbox"/> Non-engineered Disposal Field (only) 7. <input type="checkbox"/> Separated Laundry System 8. <input type="checkbox"/> Complete Engineered System (2000 gpd+) 9. <input type="checkbox"/> Engineered Treatment Tank (only) 10. <input type="checkbox"/> Engineered Disposal field (only) 11. <input type="checkbox"/> Pre-treatment, specify: _____ 12. <input type="checkbox"/> Miscellaneous Components	
SIZE OF PROPERTY <u>16.89</u> <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres		DISPOSAL SYSTEM TO SERVE 1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: <u>3</u> 2. <input type="checkbox"/> Multiple Family Dwelling No. of Units: _____ 3. <input checked="" type="checkbox"/> Other: <u>4 SINGLE FAMILY DWELLINGS</u> (SPECIFY) Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped		TYPE OF WATER SUPPLY 1. <input type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input checked="" type="checkbox"/> Public 5. <input type="checkbox"/> Other: _____	
DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)					
TREATMENT TANK 1. <input checked="" type="checkbox"/> Concrete <input checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY <u>(4) 1000</u> gallons (2) 750 GAL. MIN.		DISPOSAL FIELD TYPE & SIZE 1. <input type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench 3. <input checked="" type="checkbox"/> Proprietary Device <input type="checkbox"/> a. cluster array <input checked="" type="checkbox"/> c. Linear <input checked="" type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 loaded 4. <input type="checkbox"/> Other: _____ SIZE: <u>2,880</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.		GARBAGE DISPOSAL UNIT 1. <input checked="" type="checkbox"/> No 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 checked="" type="checkbox"/> d. Filter on tank outlet	
SOIL DATA & DESIGN CLASS PROFILE <u>5</u> / <u>B</u> at Observation Hole # <u>TP-HS-3</u> Depth <u>N/A</u> " of Most Limiting Soil Factor		DISPOSAL FIELD SIZING 1. <input checked="" type="checkbox"/> Medium - 2.6 sq.ft./gpd 2. <input type="checkbox"/> Medium-Large - 3.3 sq.ft./gpd 3. <input type="checkbox"/> Large - 4.1 sq.ft./gpd 4. <input type="checkbox"/> Extra-Large - 5.0 sq.ft./gpd		EFFLUENT/EJECTOR PUMP 1. <input type="checkbox"/> Not required 2. <input checked="" type="checkbox"/> May be required 3. <input type="checkbox"/> Required Specify only for engineered systems: DOSE: _____ Gallons	
DESIGN FLOW <u>990</u> gallons per day BASED ON: 1. <input checked="" type="checkbox"/> Table 4A (dwelling unit(s)) 2. <input type="checkbox"/> Table 4C (other facilities) SHOW CALCULATIONS - for other facilities - 4 DWELLING UNITS. (3) AT 3 BEDS EACH AND (1) AT 2 BEDROOMS 11 TOTAL @ 90 GPD EACH 3. <input type="checkbox"/> Section 4G (meter readings) ATTACH WATER METER DATA LATITUDE AND LONGITUDE at center of disposal area Lat. <u>43</u> ° <u>d</u> <u>49</u> ' <u>52</u> " s Lon. <u>70</u> ° <u>d</u> <u>25</u> ' <u>13</u> " s if g.p.s., state margin of error <u>21'</u>					
SITE EVALUATOR STATEMENT					
I Certify that on <u>9/9/20</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).					
 Site Evaluator Signature		<u>#348</u> SE #		<u>9/15/20</u> Date	
NORMAN "BUD" HARRIS (HARRIS SEPTIC SOLUTIONS, INC.)		(207) 892-2435		harrisseptic@gmail.com	
Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.					

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div. of Environmental Health, 11 SHS
(207) 287-5672 FAX (207) 287-3165

Town, City, Plantation
WINDHAM

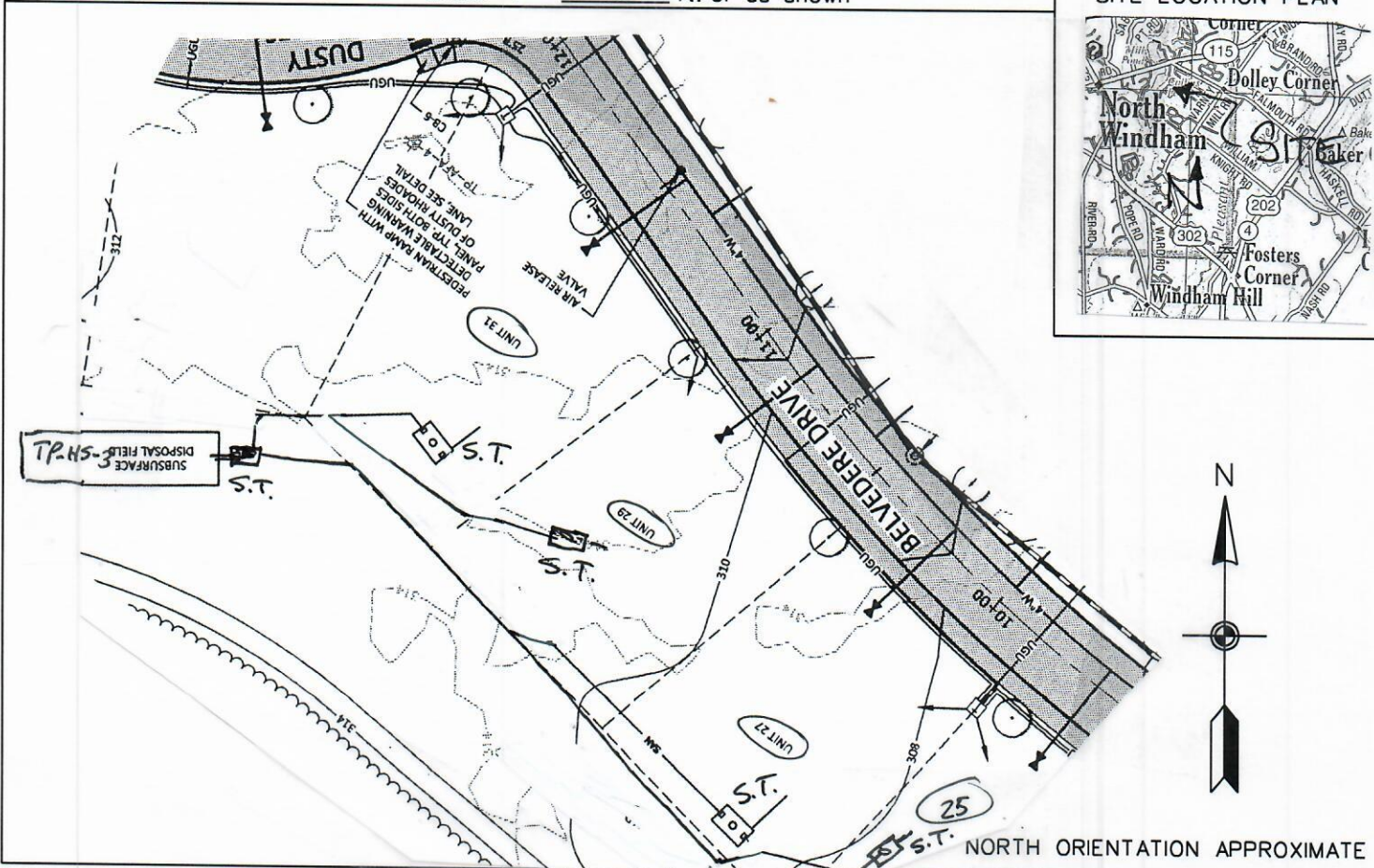
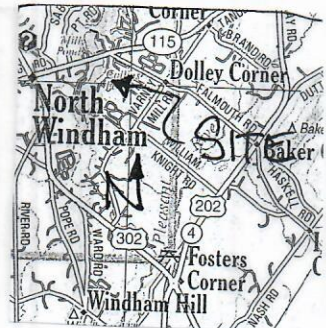
Street, Road, Subdivision
BELVEDERE COMMONS, UNITS 25, 27, 29 & 31

Owner's Name
ROBIE HOLDINGS, LLC

SITE PLAN

Scale 1" = ±40 ft. or as shown

SITE LOCATION PLAN



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

Observation Hole TP-HS-3 ☒ Test Pit ☐ Boring
" Depth of Organic Horizon Above Mineral Soil

0	Texture	Consistency	Color	Mottling
10	STONY LOAMY SAND	FRIABLE	MEDIUM BROWN	
20				
30	GRAVELLY COARSE SAND	LOOSE	LIGHT BROWN	
40				
50				

Soil Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water
5 Profile B Condition	0 %	N/A	<input type="checkbox"/> Restrictive Layer
			<input type="checkbox"/> Bedrock
			<input checked="" type="checkbox"/> Pit Depth

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

0	Texture	Consistency	Color	Mottling
10				
20				
30				
40				
50				

Soil Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water
Profile Condition %			<input type="checkbox"/> Restrictive Layer
			<input type="checkbox"/> Bedrock
			<input type="checkbox"/> Pit Depth

PRELIMINARY

Site Evaluator Signature

#348
SE

9/10/20
Date

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
WINDHAM

Street, Road, Subdivision

BELVEDERE COMMONS, UNITS 25, 27, 29 & 31

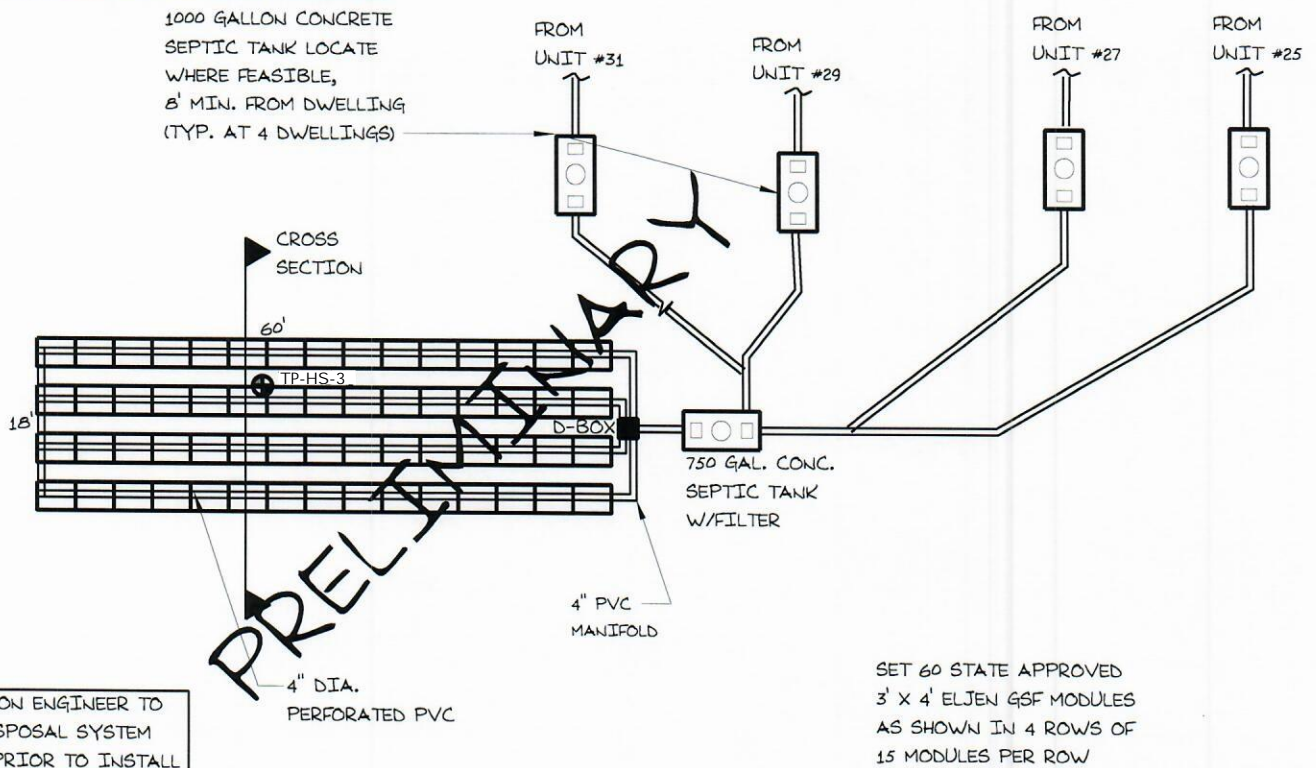
Owner or Applicant Name

ROBIE HOLDINGS, LLC

INSTALLER TO CONFIRM ELEVATIONS
NECESSARY TO OBTAIN PROPER GRAVITY
DISTRIBUTION OR PUMP STATION MAY BE REQUIRED

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT.



* IT IS THE OWNER'S RESPONSIBILITY TO VERIFY THAT THERE ARE NO UNIDENTIFIED WELLS LOCATED WITHIN 100' OF DISPOSAL SYSTEM.
* ALL INFORMATION CONTAINED WITHIN THIS APPLICATION IS AS REPRESENTED BY OWNER, APPLICANT OR OWNER'S/APPLICANT'S REPRESENTATIVE. THE SITE EVALUATOR WILL NOT BE HELD RESPONSIBLE FOR ANY PERTINENT FACTORS NOT IDENTIFIED, DISCLOSED OR INACCURATELY DISCLOSED.

FILL REQUIREMENTS

Depth of Fill (Upslope) $\geq 0"$
Depth of Fill (Downslope) $\geq 0"$

CONSTRUCTION ELEVATIONS

Finished Grade Elevation
Top of Distribution Pipe or Proprietary Device
Bottom of Disposal Area

ELEVATION REFERENCE POINT

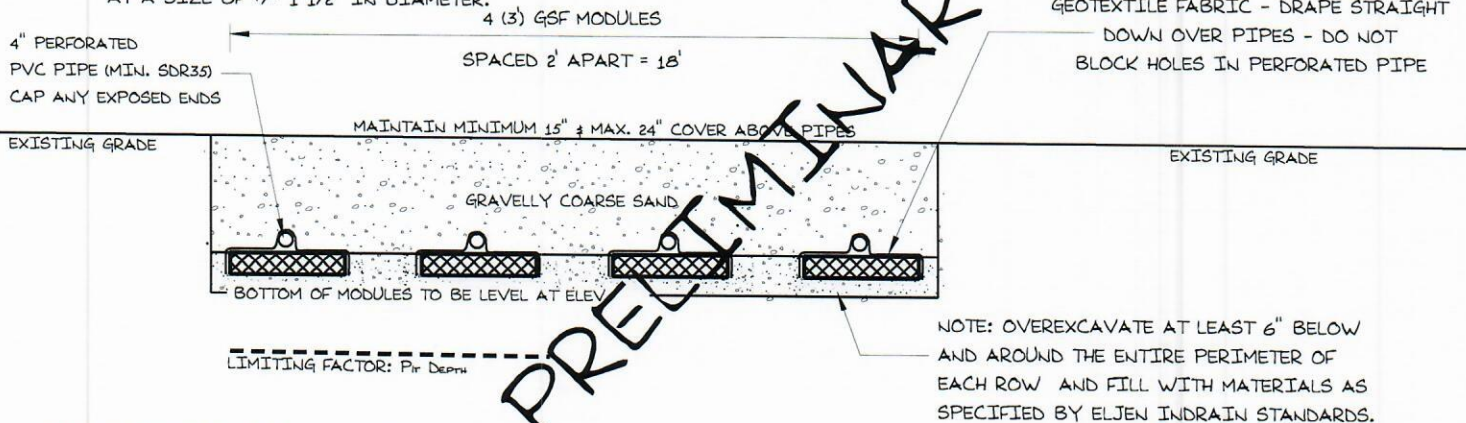
Location & Description
Reference Elevation

DISPOSAL FIELD CROSS-SECTION

NOTES: * GSF MODULES TO BE INSTALLED PER MANUFACTURER'S RECOMMENDATIONS
* BACKFILL TO BE GRAVELLY COARSE SAND FREE OF FINES AND ORGANIC DEBRIS
* FINAL GRADES SHALL BE LOAMED, SEEDDED AND OR MULCHED TO PREVENT EROSION
* ANY STONE REQUIRED TO BE FREE OF FINES AND ORGANIC DEBRIS AT A SIZE OF +/- 1 1/2" IN DIAMETER.

SCALES:

VERTICAL: 1" = 5 FT
HORIZONTAL: 1" = 5 FT



* WHERE POSSIBLE, THE AREA UNDER THE DISPOSAL FIELD AND EXTENSIONS SHALL BE SCARIFIED 6 TO 8 INCHES TO CREATE A TRANSITION ZONE

Site Evaluator Signature
NORMAN "BUD" HARRIS (HARRIS SEPTIC SOLUTIONS, INC.) (207) 892-2435

#348
SE •

9/15/20
Date

Page 3 of 3
HHE-200 Rev. 06/2020
(DIVISION APPROVED)

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div of Environmental Health, 11 SHS
(207) 287-2070 FAX (207) 287-4172

PROPERTY LOCATION

>> Caution: LPI APPROVAL REQUIRED <<

City, Town, or Plantation	WINDHAM
Street or Road	BELVEDERE COMMONS
Subdivision, Lot *	UNITS 28 & 30
OWNER/APPLICANT INFORMATION	
Name (last, first, MI)	ROBIE HOLDINGS, LLC
	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant
Mailing Address of Owner/Applicant	PO BOX 1508 WINDHAM, ME 04062
Daytime Tel. *	

Town/City _____ Permit # _____
Date Permit Issued ____/____/____ Fee: \$ _____ Double Fee Charged ()Local Plumbing Inspector Signature _____ L.P.I.# _____
☐ Owner ☐ Applicant ☐ StateThe 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.

Municipal Tax Map # 19 Lot # B-2

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 <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. <25% Expansion <input type="checkbox"/> b. ≥25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	THIS APPLICATION REQUIRES <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 Approval	DISPOSAL SYSTEM COMPONENTS 1. <input checked="" type="checkbox"/> Complete Non-engineered System 2. <input type="checkbox"/> Primitive System (graywater & alt toilet) 3. <input type="checkbox"/> Alternative Toilet, specify: _____ 4. <input type="checkbox"/> Non-engineered Treatment Tank (only 5. <input type="checkbox"/> Holding Tank, _____ Gallons 6. <input type="checkbox"/> Non-engineered Disposal Field (only) 7. <input type="checkbox"/> Separated Laundry System 8. <input type="checkbox"/> Complete Engineered System (2000gpd+) 9. <input type="checkbox"/> Engineered Treatment Tank (only) 10. <input type="checkbox"/> Engineered Disposal field (only) 11. <input type="checkbox"/> Pre-treatment, specify: _____ 12. <input type="checkbox"/> Miscellaneous Components
SIZE OF PROPERTY 16.89 <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres	DISPOSAL SYSTEM TO SERVE 1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: 3 2. <input type="checkbox"/> Multiple Family Dwelling, No. of Units: _____ 3. <input checked="" type="checkbox"/> Other: 2 SINGLE FAMILY DWELLINGS (SPECIFY) Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped	TYPE OF WATER SUPPLY 1. <input type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input checked="" type="checkbox"/> Public 5. <input type="checkbox"/> Other:
SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK 1. <input checked="" type="checkbox"/> Concrete a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY (2) 1000 gallons	DISPOSAL FIELD TYPE & SIZE 1. <input checked="" type="checkbox"/> Stone Bed 2. Stone Trench 3. <input type="checkbox"/> Proprietary Device a. <input type="checkbox"/> cluster array c. <input type="checkbox"/> Linear b. <input type="checkbox"/> regular load d. <input type="checkbox"/> H-20 loaded 4. <input type="checkbox"/> Other: _____ SIZE: 1,400 <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT 1. <input checked="" type="checkbox"/> No 3. <input type="checkbox"/> Maybe 2. <input type="checkbox"/> Yes >> Specify one below: a. <input type="checkbox"/> multi-compartment tank b. <input type="checkbox"/> _____ tanks in series c. <input type="checkbox"/> increase in tank capacity d. <input checked="" type="checkbox"/> Filter on tank outlet	DESIGN FLOW 540 gallons per day BASED ON: 1. <input checked="" type="checkbox"/> Table 4A (dwelling unit(s)) 2. <input type="checkbox"/> Table 4C (other facilities) SHOW CALCULATIONS - for other facilities - 2 DWELLING UNITS 6 TOTAL BEDROOMS AT 90 GPD EACH 3. <input type="checkbox"/> Section 4G (meter readings) ATTACH WATER METER DATA LATITUDE AND LONGITUDE at center of disposal area Lat. 43° d 49' m 52" s Lon. 70° d 25' m 09" s if g.p.s, state margin of error 16'
SOIL DATA & DESIGN CLASS PROFILE CONDITION 5 / B at Observation Hole # TP-HS-9 Depth N/A" of Most Limiting Soil Factor	DISPOSAL FIELD SIZING 1. <input checked="" type="checkbox"/> Medium - 2.6 sq.ft./gpd 2. <input type="checkbox"/> Medium-Large - 3.3 sq.ft./gpd 3. <input type="checkbox"/> Large - 4.1 sq.ft./gpd 4. <input type="checkbox"/> Extra-Large - 5.0 sq.ft./gpd	EFFLUENT/EJECTOR PUMP 1. <input type="checkbox"/> Not required 2. <input checked="" type="checkbox"/> May be required 3. <input type="checkbox"/> Required Specify only for engineered systems: DOSE: _____ Gallons	

SITE EVALUATOR STATEMENT

I certify that on 9/9/20 (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 _____

#348
SE *9/10/20
Date

NORMAN "BUD" HARRIS (HARRIS SEPTIC SOLUTIONS, INC.)

(207) 892-2435

harrisseptic@gmail.com

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

Page 1 of 3
HHE-200 Rev. 06/2020
(DIVISION APPROVED)

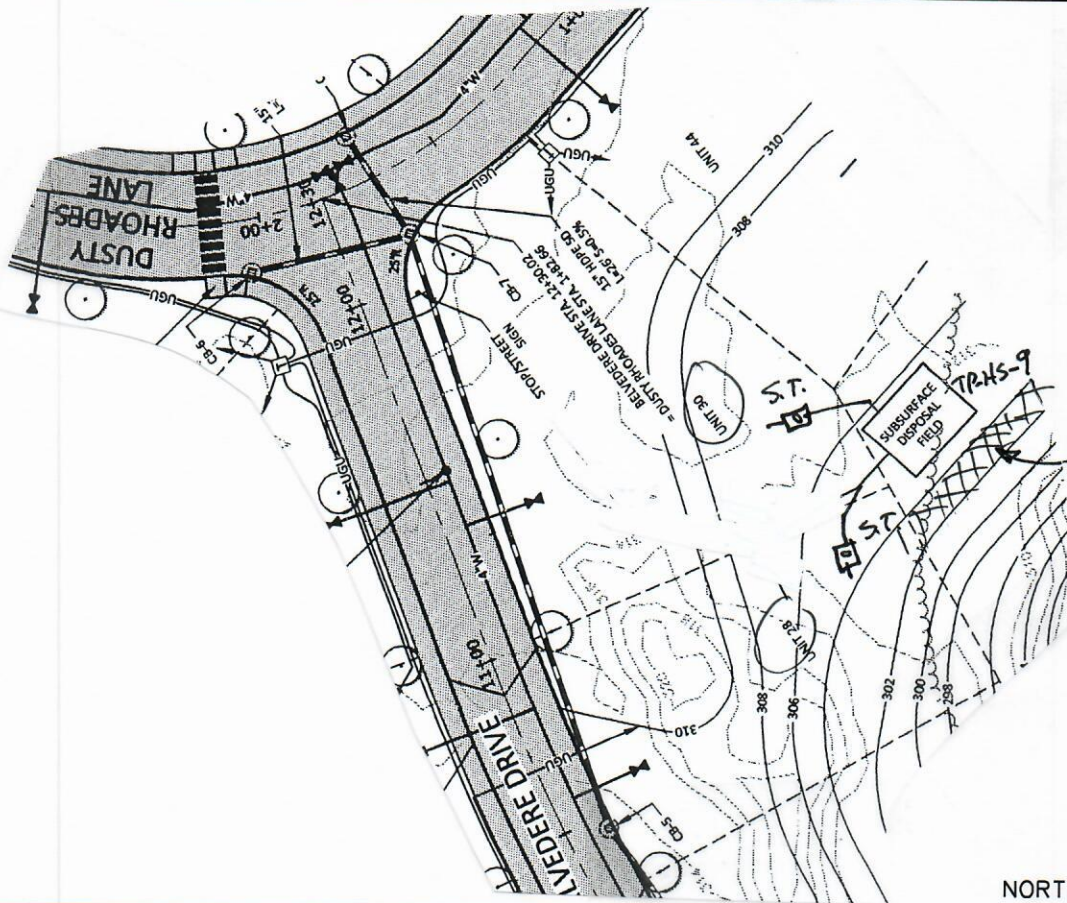
Maine Dept. Health & Human Services
Div of Environmental Health, 11 SHS
(207) 287-5672 FAX (207) 287-3165

Street, Road, Subdivision
BELVEDERE COMMONS, UNITS 28 & 30

Owner's Name
ROBIE HOLDINGS, LLC

Scale 1" = ±40 ft. or as shown

SITE LOCATION PLAN



REGRAIDING MAY BE
NEEDED TO OBTAIN
25' SETBACK OFF
25% GRADE N



NORTH ORIENTATION APPROXIMATE

Observation Hole TP-HS-9 ☒ Test Pit ☐ Boring
0 " Depth of Organic Horizon Above Mineral Soil

0	Texture	Consistency	Color	Mottling
10	STONY LOAMY SAND	FRIABLE	MEDIUM BROWN	
20				
30	GRAVELLY COARSE SAND	LOOSE	LIGHT BROWN	
40				
50				

DEPTH BELOW MINERAL SOIL SURFACE (inches)

PRELIM

Soil Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input checked="" type="checkbox"/> Pit Depth
<u>5</u> Profile <u>B</u> Condition	<u>0</u> %	<u>N/A</u>	

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 Classification

Profile

Condition

Slope

____ %

Limiting Factor

____ "

☐ Ground Water

☐ Restrictive Layer

☐ Bedrock

☐ Pit Depth

Site Evaluator Signature

#348
SE •

9/10/20
Date

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

WINDHAM

Street, Road, Subdivision

BELVEDERE COMMONS, UNITS 28 & 30

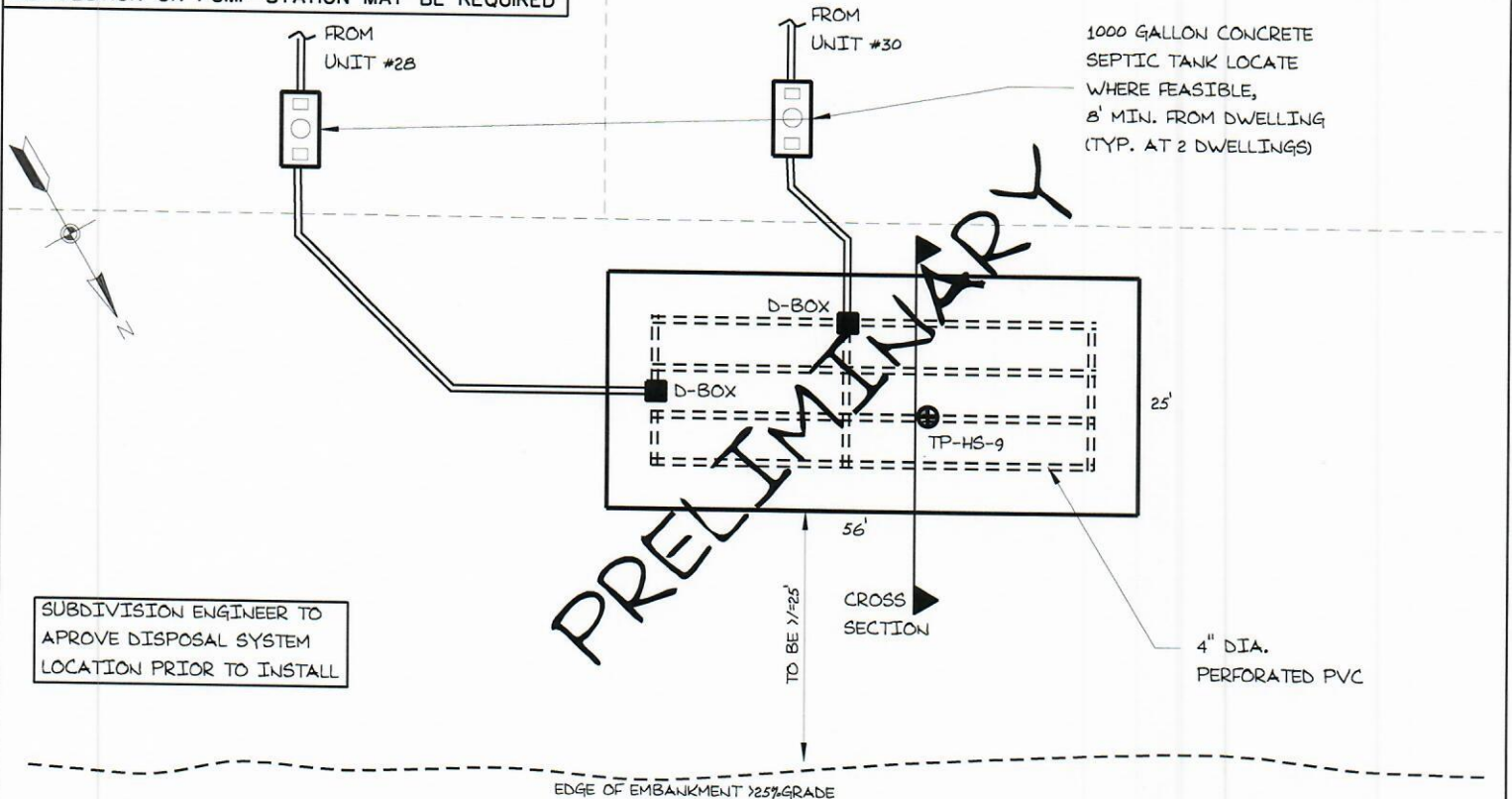
Owner or Applicant Name

ROBIE HOLDINGS, LLC

INSTALLER TO CONFIRM ELEVATIONS
NECESSARY TO OBTAIN PROPER GRAVITY
DISTRIBUTION OR PUMP STATION MAY BE REQUIRED

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT.



* IT IS THE OWNER'S RESPONSIBILITY TO VERIFY THAT THERE ARE NO UNIDENTIFIED WELLS LOCATED WITHIN 100' OF DISPOSAL SYSTEM.
* ALL INFORMATION CONTAINED WITHIN THIS APPLICATION IS AS REPRESENTED BY OWNER, APPLICANT OR OWNER'S/APPLICANT'S REPRESENTATIVE. THE SITE EVALUATOR WILL NOT BE HELD RESPONSIBLE FOR ANY PERTINENT FACTORS NOT IDENTIFIED, DISCLOSED OR INACCURATELY DISCLOSED.

FILL REQUIREMENTS

Depth of Fill (Upslope) ± 0"
Depth of Fill (Downslope) ± 0"

CONSTRUCTION ELEVATIONS

Finished Grade Elevation
Top of Distribution Pipe or Proprietary Device
Bottom of Disposal Area

ELEVATION REFERENCE POINT

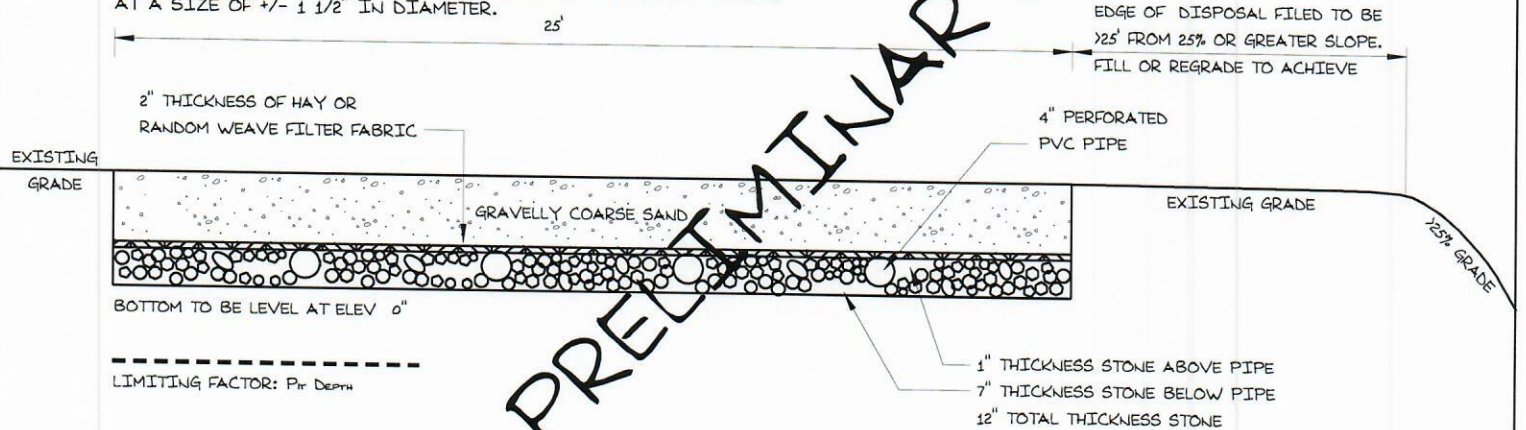
Location & Description

Reference Elevation

DISPOSAL FIELD CROSS-SECTION

- NOTES:
- * GSF MODULES TO BE INSTALLED PER MANUFACTURER'S RECOMMENDATIONS
 - * BACKFILL TO BE GRAVELLY COARSE SAND FREE OF FINES AND ORGANIC DEBRIS
 - * FINAL GRADES SHALL BE LOAMED, SEEDING AND OR MULCHED TO PREVENT EROSION
 - * ANY STONE REQUIRED TO BE FREE OF FINES AND ORGANIC DEBRIS AT A SIZE OF +/- 1 1/2" IN DIAMETER.

SCALES:
VERTICAL: 1" = 5 FT
HORIZONTAL: 1" = 5 FT



* WHERE POSSIBLE, THE AREA UNDER THE DISPOSAL FIELD AND EXTENSIONS SHALL BE SCARIFIED 6 TO 8 INCHES TO CREATE A TRANSITION ZONE

Site Evaluator Signature

NORMAN "BUD" HARRIS (HARRIS SEPTIC SOLUTIONS, INC.) (207) 892-2435

#348

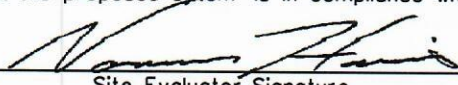
SE

9/10/20

Date

Page 3 of 3

HHE-200 Rev. 06/2020
(DIVISION APPROVED)

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION		Maine Dept. Health & Human Services Div. of Environmental Health, 11 SHS (207) 287-2070 FAX (207) 287-4172	
PROPERTY LOCATION		>> Caution: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation	WINDHAM	Town/City _____	Permit # _____
Street or Road	BELVEDERE COMMONS	Date Permit Issued ____/____/____ Fee: \$ _____ Double Fee Charged ()	
Subdivision, Lot #	UNITS 32,33,34 & 35	L.P.I.# _____	
OWNER/APPLICANT INFORMATION		Local Plumbing Inspector Signature _____ <input type="checkbox"/> Owner <input type="checkbox"/> Applicant <input type="checkbox"/> State	
Name (last, first, MI)	ROBIE HOLDINGS, LLC	The Subsurface Wastewater Disposal System <i>shall not</i> 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.	
Mailing Address of Owner/Applicant	PO BOX 1508 WINDHAM, ME 04062		
Daytime Tel. #			
		Municipal Tax Map # 19 Lot # B-2	
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		Caution: Inspection Required I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. _____ Local Plumbing Inspector Signature	
		(1st) Date Approved _____ (2nd) Date Approved _____	
PERMIT INFORMATION			
TYPE OF APPLICATION <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. <25% Expansion <input type="checkbox"/> b. ≥25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion		THIS APPLICATION REQUIRES <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 Approval	
SIZE OF PROPERTY 16.89 <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres		DISPOSAL SYSTEM TO SERVE 1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: 2-3 2. <input type="checkbox"/> Multiple Family Dwelling, No. of Units: _____ 3. <input checked="" type="checkbox"/> Other: 4 SINGLE FAMILY DWELLINGS (SPECIFY) Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped	
SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		DISPOSAL SYSTEM COMPONENTS 1. <input checked="" type="checkbox"/> Complete Non-engineered System 2. <input type="checkbox"/> Primitive System (graywater & alt toilet) 3. <input type="checkbox"/> Alternative Toilet, specify: _____ 4. <input type="checkbox"/> Non-engineered Treatment Tank (only) 5. <input type="checkbox"/> Holding Tank, _____ Gallons 6. <input type="checkbox"/> Non-engineered Disposal Field (only) 7. <input type="checkbox"/> Separated Laundry System 8. <input type="checkbox"/> Complete Engineered System (2000 gpd+) 9. <input type="checkbox"/> Engineered Treatment Tank (only) 10. <input type="checkbox"/> Engineered Disposal field (only) 11. <input type="checkbox"/> Pre-treatment, specify: _____ 12. <input type="checkbox"/> Miscellaneous Components	
		TYPE OF WATER SUPPLY 1. <input type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input checked="" type="checkbox"/> Public 5. <input type="checkbox"/> Other: _____	
DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK 1. <input checked="" type="checkbox"/> Concrete a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY (4) 1000 gallons (2) 750 GAL. MIN.	DISPOSAL FIELD TYPE & SIZE 1. <input type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench 3. <input checked="" type="checkbox"/> Proprietary Device a. <input type="checkbox"/> cluster array c. <input checked="" type="checkbox"/> Linear b. <input checked="" type="checkbox"/> regular load d. <input type="checkbox"/> H-20 loaded 4. <input type="checkbox"/> Other: _____ SIZE: 2,880 <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT 1. <input checked="" type="checkbox"/> No 3. <input type="checkbox"/> Maybe 2. <input type="checkbox"/> Yes >> Specify one below: a. <input type="checkbox"/> multi-compartment tank b. <input type="checkbox"/> _____ tanks in series c. <input type="checkbox"/> increase in tank capacity d. <input checked="" type="checkbox"/> Filter on tank outlet	DESIGN FLOW 990 _____ gallons per day BASED ON: 1. <input checked="" type="checkbox"/> Table 4A (dwelling unit(s)) 2. <input type="checkbox"/> Table 4C (other facilities) SHOW CALCULATIONS - for other facilities - 4 DWELLING UNITS, (3) AT 3 BEDS EACH AND (1) AT 2 BEDROOMS 11 TOTAL @ 90 GPD PER BEDROOM 3. <input type="checkbox"/> Section 4G (meter readings) ATTACH WATER METER DATA LATITUDE AND LONGITUDE at center of disposal area Lat. 43° d 49' m 52" s Lon. 70° d 25' m 14" s if g.p.s, state margin of error 19'
SOIL DATA & DESIGN CLASS PROFILE CONDITION 5 / B at Observation Hole # TP-HS-4 Depth N/A " of Most Limiting Soil Factor	DISPOSAL FIELD SIZING 1. <input checked="" type="checkbox"/> Medium - 2.6 sq.ft./gpd 2. <input type="checkbox"/> Medium-Large - 3.3 sq.ft./gpd 3. <input type="checkbox"/> Large - 4.1 sq.ft./gpd 4. <input type="checkbox"/> Extra-Large - 5.0 sq.ft./gpd	EFFLUENT/EJECTOR PUMP 1. <input type="checkbox"/> Not required 2. <input checked="" type="checkbox"/> May be required 3. <input type="checkbox"/> Required Specify only for engineered systems: DOSE: _____ Gallons	
SITE EVALUATOR STATEMENT			
I Certify that on 9/9/20 (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). <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">  Site Evaluator Signature </div> <div style="width: 20%; text-align: center;"> #348 SE # </div> <div style="width: 20%; text-align: center;"> 9/15/20 Date </div> <div style="width: 30%; text-align: right;"> Page 1 of 3 HHE-200 Rev. 06/2020 (DIVISION APPROVED) </div> </div>			
NORMAN "BUD" HARRIS (HARRIS SEPTIC SOLUTIONS, INC.) (207) 892-2435 harrisseptic@gmail.com Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.			

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div of Environmental Health, 11 SHS
(207) 287-5672 FAX (207) 287-3165

Town, City, Plantation
WINDHAM

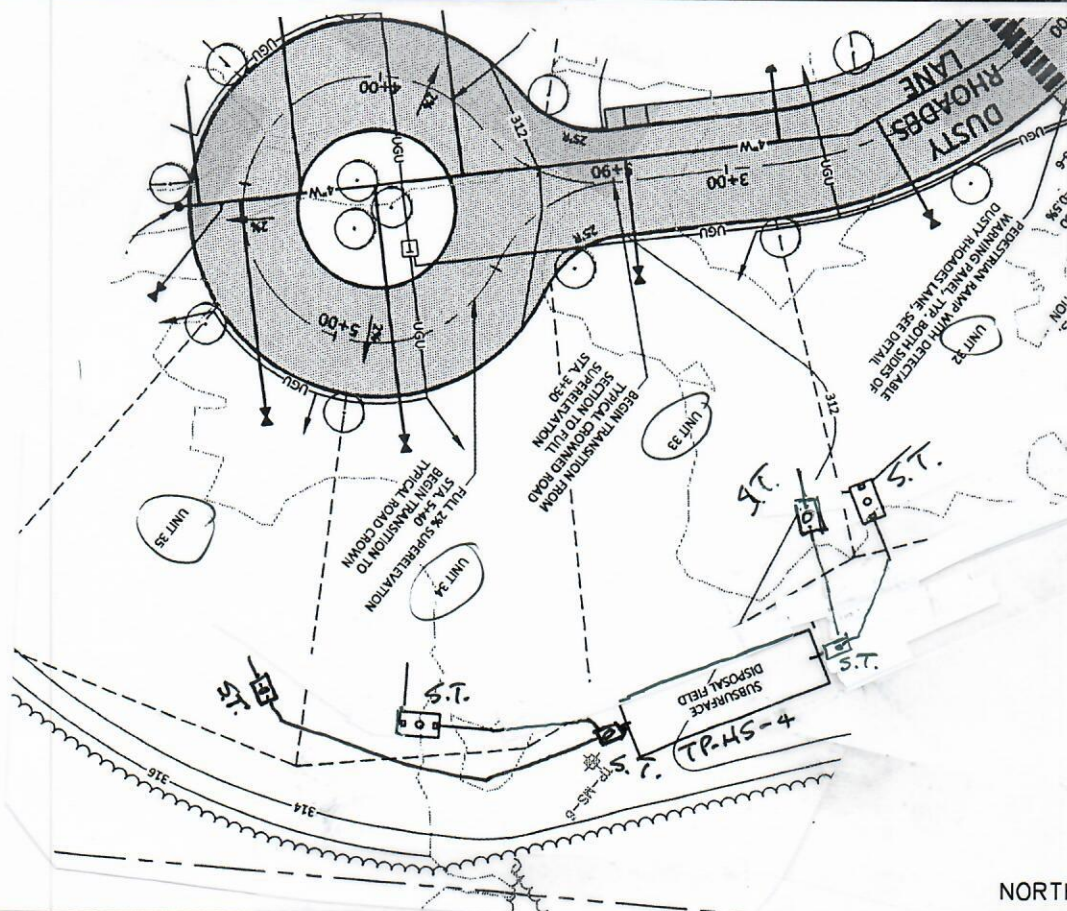
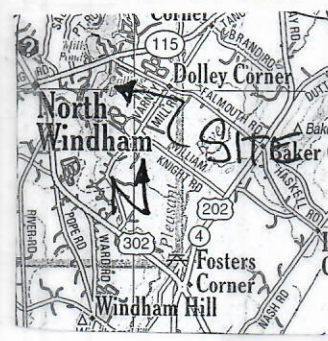
Street, Road, Subdivision
BELVEDERE COMMONS, UNITS 32,33,34 & 35

Owner's Name
ROBIE HOLDINGS, LLC

SITE PLAN

Scale 1" = ± 40 ft. or as shown

SITE LOCATION PLAN



NORTH ORIENTATION APPROXIMATE

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

Observation Hole TP-HS-4 ☒ Test Pit ☐ Boring
" Depth of Organic Horizon Above Mineral Soil

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

Texture	Consistency	Color	Mottling
STONY LOAMY SAND	FRIABLE	MEDIUM BROWN	
GRAVELLY COARSE SAND	LOOSE	LIGHT BROWN	

Texture	Consistency	Color	Mottling

Soil Classification

Slope

Limiting Factor

☐ Ground Water
☐ Restrictive Layer
☐ Bedrock
☐ Pit Depth

Profile

Condition

%

N/A

Soil Classification

Slope

Limiting Factor

☐ Ground Water
☐ Restrictive Layer
☐ Bedrock
☐ Pit Depth

Profile

Condition

%

"

Site Evaluator Signature

#348

SE

9/10/20

Date

20.9/10/20

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
WINDHAM

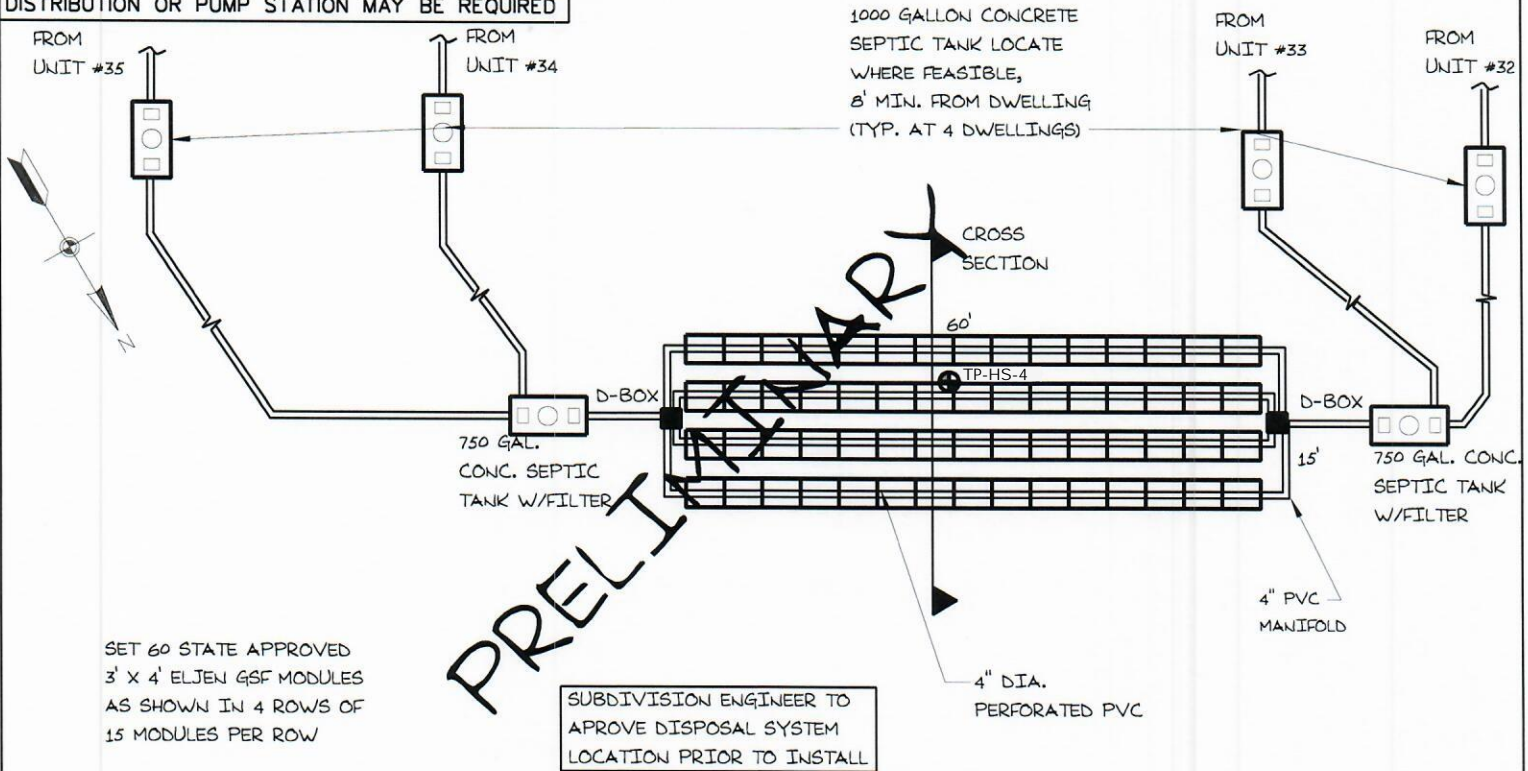
Street, Road, Subdivision
BELVEDERE COMMONS, UNITS 32, 33, 34 & 35

Owner or Applicant Name
ROBIE HOLDINGS, LLC

INSTALLER TO CONFIRM ELEVATIONS
NECESSARY TO OBTAIN PROPER GRAVITY
DISTRIBUTION OR PUMP STATION MAY BE REQUIRED

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT.



* IT IS THE OWNER'S RESPONSIBILITY TO VERIFY THAT THERE ARE NO UNIDENTIFIED WELLS LOCATED WITHIN 100' OF DISPOSAL SYSTEM.
* ALL INFORMATION CONTAINED WITHIN THIS APPLICATION IS AS REPRESENTED BY OWNER, APPLICANT OR OWNER'S/APPLICANT'S REPRESENTATIVE. THE SITE EVALUATOR WILL NOT BE HELD RESPONSIBLE FOR ANY PERTINENT FACTORS NOT IDENTIFIED, DISCLOSED OR INACCURATELY DISCLOSED.

FILL REQUIREMENTS

Depth of Fill (Upslope) ± 0"
Depth of Fill (Downslope) ± 0"

CONSTRUCTION ELEVATIONS

Finished Grade Elevation
Top of Distribution Pipe or Proprietary Device
Bottom of Disposal Area

ELEVATION REFERENCE POINT

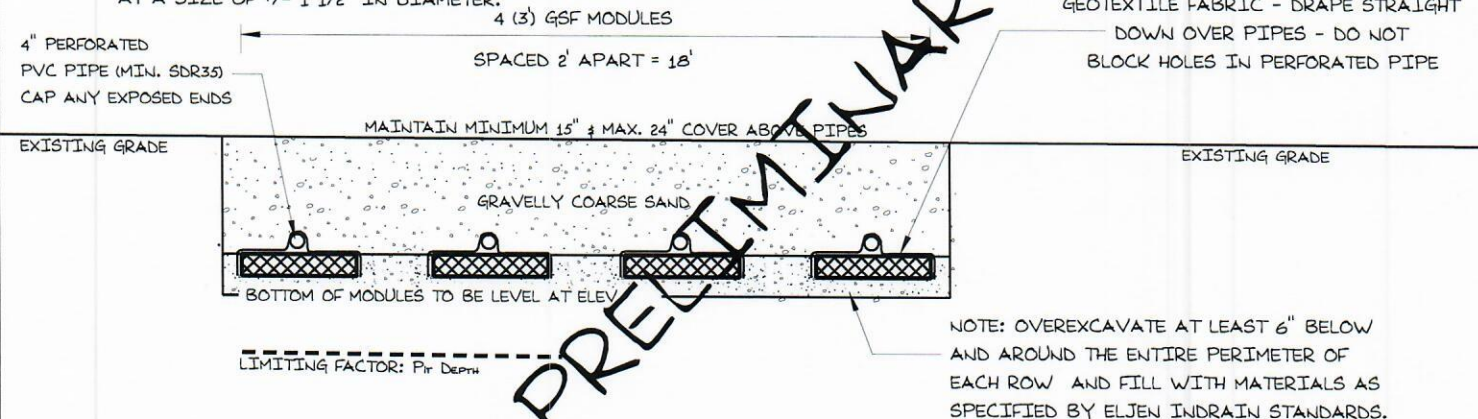
Location & Description
Reference Elevation

DISPOSAL FIELD CROSS-SECTION

- NOTES:
- * GSF MODULES TO BE INSTALLED PER MANUFACTURER'S RECOMMENDATIONS
 - * BACKFILL TO BE GRAVELLY COARSE SAND FREE OF FINES AND ORGANIC DEBRIS
 - * FINAL GRADES SHALL BE LOAMED, SEEDED AND OR MULCHED TO PREVENT EROSION
 - * ANY STONE REQUIRED TO BE FREE OF FINES AND ORGANIC DEBRIS AT A SIZE OF +/- 1 1/2" IN DIAMETER.

SCALES:

VERTICAL: 1" = 5 FT
HORIZONTAL: 1" = 5 FT



* WHERE POSSIBLE, THE AREA UNDER THE DISPOSAL FIELD AND EXTENSIONS SHALL BE SCARIFIED 6 TO 8 INCHES TO CREATE A TRANSITION ZONE

Site Evaluator Signature

NORMAN "BUD" HARRIS (HARRIS SEPTIC SOLUTIONS, INC.) (207) 892-2435

#348

SE •

9/15/20

Date

Page 3 of 3
HHE-200 Rev. 06/2020
(DIVISION APPROVED)

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div. of Environmental Health, 11 SHS
(207) 287-2070 FAX (207) 287-4172

PROPERTY LOCATION

>> Caution: LPI APPROVAL REQUIRED <<

City, Town, or Plantation	WINDHAM
Street or Road	BELVEDERE COMMONS
Subdivision, Lot *	UNITS 36,37 & 38
OWNER/APPLICANT INFORMATION	
Name (last, first, MI)	ROBIE HOLDINGS, LLC <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant
Mailing Address of Owner/Applicant	PO BOX 1508 WINDHAM, ME 04062
Daytime Tel. *	

Town/City _____	Permit # _____
Date Permit Issued ____/____/____	Fee: \$ _____ Double Fee Charged ()
L.P.I. # _____	
Local Plumbing Inspector Signature <input type="checkbox"/> Owner <input type="checkbox"/> Applicant <input type="checkbox"/> State	

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.

Municipal Tax Map # 19 Lot # B-2

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.

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 _____

Signature of Owner or Applicant _____

Date _____

Local Plumbing Inspector Signature _____

(2nd) Date Approved _____

PERMIT INFORMATION

TYPE OF APPLICATION <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. <25% Expansion <input type="checkbox"/> b. >25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	THIS APPLICATION REQUIRES <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 Approval	DISPOSAL SYSTEM COMPONENTS 1. <input checked="" type="checkbox"/> Complete Non-engineered System 2. <input type="checkbox"/> Primitive System (graywater & alt toilet) 3. <input type="checkbox"/> Alternative Toilet, specify: _____ 4. <input type="checkbox"/> Non-engineered Treatment Tank (only) 5. <input type="checkbox"/> Holding Tank, _____ Gallons 6. <input type="checkbox"/> Non-engineered Disposal Field (only) 7. <input type="checkbox"/> Separated Laundry System 8. <input type="checkbox"/> Complete Engineered System (2000gpd+) 9. <input type="checkbox"/> Engineered Treatment Tank (only) 10. <input type="checkbox"/> Engineered Disposal field (only) 11. <input type="checkbox"/> Pre-treatment, specify: _____ 12. <input type="checkbox"/> Miscellaneous Components
SIZE OF PROPERTY 16.89 <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres	DISPOSAL SYSTEM TO SERVICE 1. <input checked="" type="checkbox"/> Single Family Dwelling Unit No. of Bedrooms: 3 2. <input type="checkbox"/> Multiple Family Dwelling No. of Units: _____ 3. <input checked="" type="checkbox"/> Other: 3 SINGLE FAMILY DWELLINGS (SPECIFY) Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped	TYPE OF WATER SUPPLY 1. <input type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input checked="" type="checkbox"/> Public 5. <input type="checkbox"/> Other:
SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK 1. <input checked="" type="checkbox"/> Concrete a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY (3) 1000 gallons (1) 750 GAL. MIN.	DISPOSAL FIELD TYPE & SIZE 1. <input type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench 3. <input checked="" type="checkbox"/> Proprietary Device a. <input type="checkbox"/> cluster array c. <input checked="" type="checkbox"/> Linear b. <input type="checkbox"/> regular load d. <input type="checkbox"/> H-20 loaded 4. <input type="checkbox"/> Other: _____ SIZE: 2,400 <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT 1. <input checked="" type="checkbox"/> No 3. <input type="checkbox"/> Maybe 2. <input type="checkbox"/> Yes >> Specify one below: a. <input type="checkbox"/> multi-compartment tank b. <input type="checkbox"/> _____ tanks in series c. <input type="checkbox"/> increase in tank capacity d. <input checked="" type="checkbox"/> Filter on tank outlet	DESIGN FLOW 810 gallons per day BASED ON: 1. <input checked="" type="checkbox"/> Table 4A (dwelling unit(s)) 2. <input type="checkbox"/> Table 4C (other facilities) SHOW CALCULATIONS - for other facilities - 3 DWELLING UNITS 9 TOTAL BEDROOMS AT 90 GPD EACH 3. <input type="checkbox"/> Section 4G (meter readings) ATTACH WATER METER DATA LATITUDE AND LONGITUDE at center of disposal area Lat. 43° d 49' m 55" s Lon. 70° d 25' m 15" s if g.p.s. state margin of error 13'
SOIL DATA & DESIGN CLASS PROFILE 5 / B CONDITION at Observation Hole # TP-HS-5 Depth N/A" of Most Limiting Soil Factor	DISPOSAL FIELD SIZING 1. <input checked="" type="checkbox"/> Medium - 2.6 sq.ft./gpd 2. <input type="checkbox"/> Medium-Large - 3.3 sq.ft./gpd 3. <input type="checkbox"/> Large - 4.1 sq.ft./gpd 4. <input type="checkbox"/> Extra-Large - 5.0 sq.ft./gpd	EFFLUENT/EJECTOR PUMP 1. <input type="checkbox"/> Not required 2. <input checked="" type="checkbox"/> May be required 3. <input type="checkbox"/> Required Specify only for engineered systems: DOSE: _____ Gallons	

SITE EVALUATOR STATEMENT

I certify that on 9/9/20 (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 _____

#348

SE •

9/10/20

Date

NORMAN "BUD" HARRIS (HARRIS SEPTIC SOLUTIONS, INC.)

(207) 892-2435

harriseseptic@gmail.com

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

Page 1 of 3
HHE-200 Rev. 06/2020
(DIVISION APPROVED)

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div. of Environmental Health, 11 SHS
(207) 287-5672 FAX (207) 287-3165

Town, City, Plantation
WINDHAM

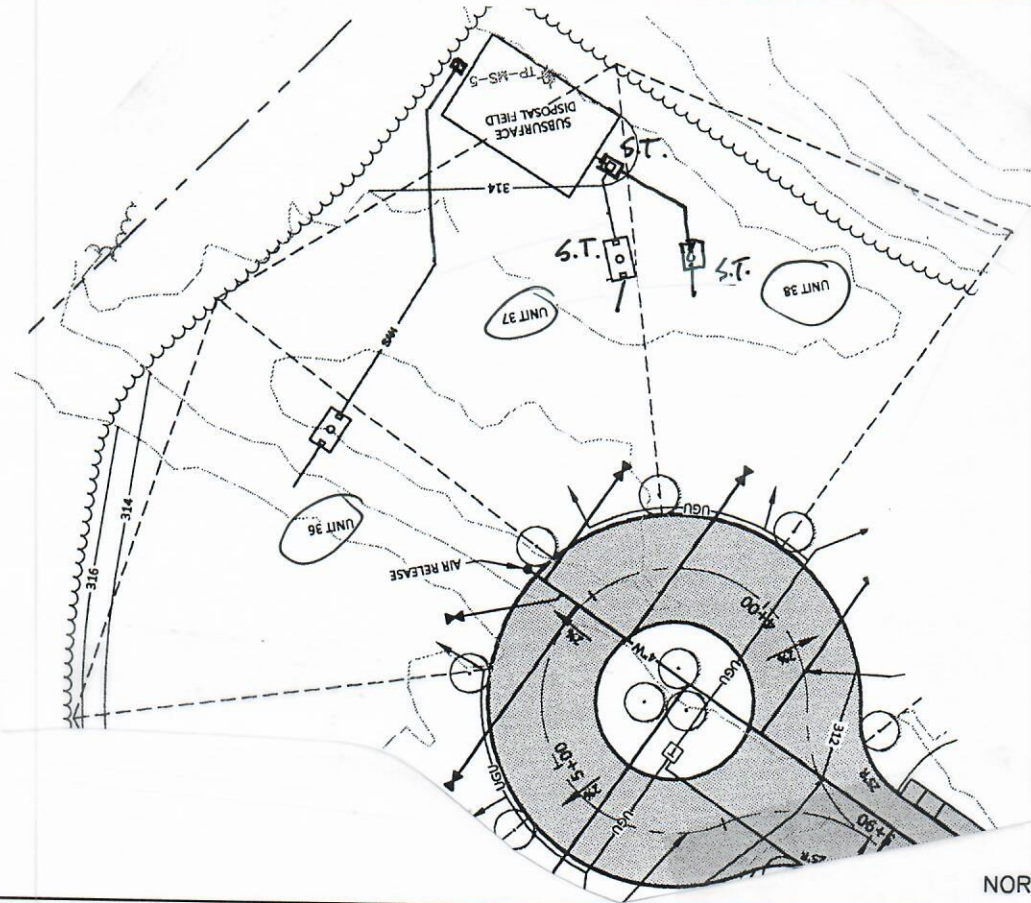
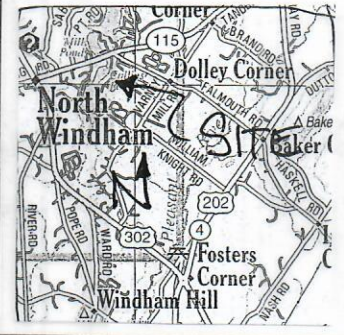
Street, Road, Subdivision
BELVEDERE COMMONS, UNITS 36, 37 & 38

Owner's Name
ROBIE HOLDINGS, LLC

SITE PLAN

Scale 1" = ±40 ft. or as shown

SITE LOCATION PLAN



NORTH ORIENTATION APPROXIMATE

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

Observation Hole TP-HS-5 ☒ Test Pit ☐ Boring
2" Depth of Organic Horizon Above Mineral Soil

0	Texture	Consistency	Color	Mottling
10	STONY LOAMY SAND	FRIABLE	MEDIUM BROWN	
20				
30	GRAVELLY COARSE SAND	LOOSE	LIGHT BROWN	
40				
50				

Soil Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water
5 Profile	3 Condition	0 %	<input type="checkbox"/> Restrictive Layer
		N/A	<input type="checkbox"/> Bedrock
			<input checked="" type="checkbox"/> Pit Depth

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

0	Texture	Consistency	Color	Mottling
10				
20				
30				
40				
50				

Soil Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water
Profile	Condition	%	<input type="checkbox"/> Restrictive Layer
			<input type="checkbox"/> Bedrock
			<input type="checkbox"/> Pit Depth

PRELIMINARY

Norman Harris
Site Evaluator Signature

#348
SE •

9/10/20
Date

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
WINDHAM

Street, Road, Subdivision
BELVEDERE COMMONS, UNITS 36, 37 & 38

Owner or Applicant Name
ROBIE HOLDINGS, LLC

INSTALLER TO CONFIRM ELEVATIONS

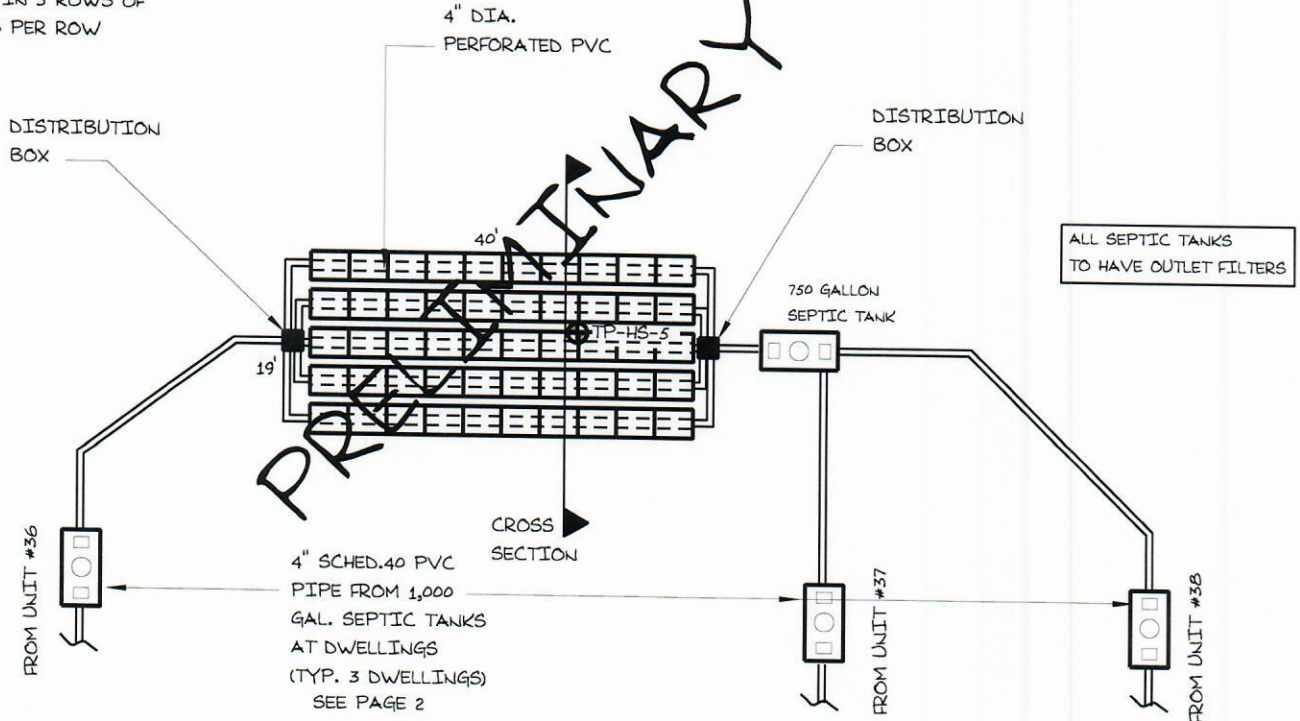
NECESSARY TO OBTAIN PROPER GRAVITY

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20' FT.

DISTRIBUTION OR PUMP STATION MAY BE REQUIRED

SET 50 STATE APPROVED
3' X 4' ELJEN GSF MODULES
AS SHOWN IN 5 ROWS OF
10 MODULES PER ROW



* IT IS THE OWNER'S RESPONSIBILITY TO VERIFY THAT THERE ARE NO UNIDENTIFIED WELLS LOCATED WITHIN 100' OF DISPOSAL SYSTEM.
* ALL INFORMATION CONTAINED WITHIN THIS APPLICATION IS AS REPRESENTED BY OWNER, APPLICANT OR OWNER'S/APPLICANT'S REPRESENTATIVE.
THE SITE EVALUATOR WILL NOT BE HELD RESPONSIBLE FOR ANY PERTINENT FACTORS NOT IDENTIFIED, DISCLOSED OR INACCURATELY DISCLOSED.

FILL REQUIREMENTS

Depth of Fill (Upslope) : $\pm 9''$
Depth of Fill (Downslope) : $\pm 9''$

CONSTRUCTION ELEVATIONS

Finished Grade Elevation
Top of Distribution Pipe or Proprietary Device
Bottom of Disposal Area

ELEVATION REFERENCE POINT

Location & Description

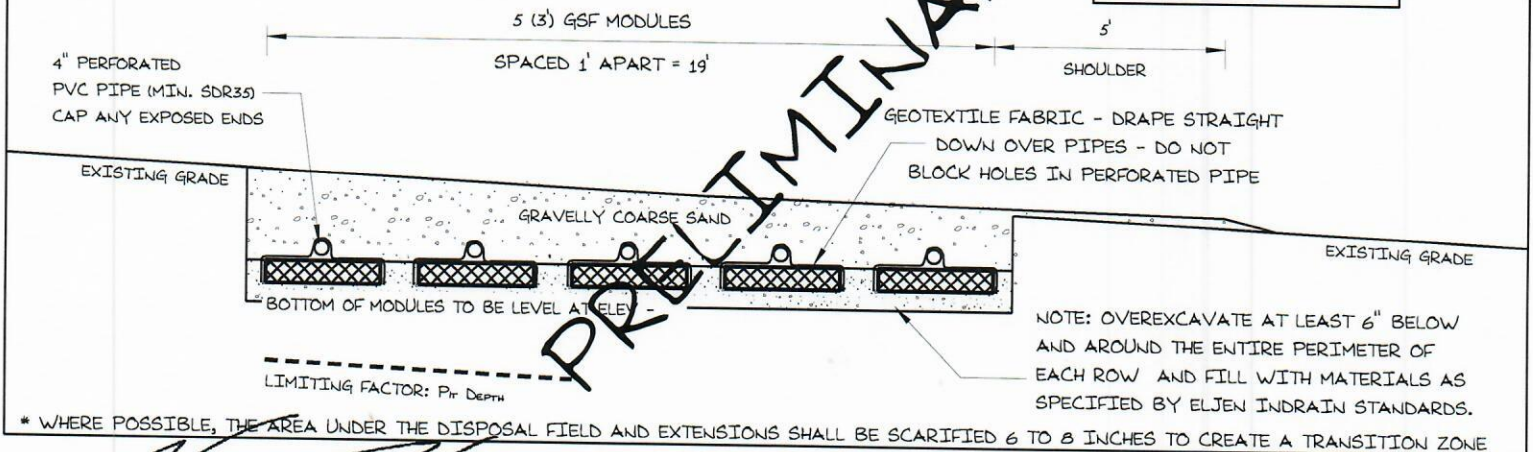
Reference Elevation -0"

DISPOSAL FIELD CROSS-SECTION

* GSF MODULES TO BE INSTALLED PER MANUFACTURER'S RECOMMENDATIONS
NOTES: * BACKFILL TO BE GRAVELLY COARSE SAND FREE OF FINES AND ORGANIC DEBRIS
* FINAL GRADES SHALL BE LOAMED, SEEDED AND OR MULCHED TO PREVENT EROSION
* ANY STONE REQUIRED TO BE FREE OF FINES AND ORGANIC DEBRIS
AT A SIZE OF +/- 1 1/2" IN DIAMETER.

SCALES:
VERTICAL: 1" = 5 FT
HORIZONTAL: 1" = 5 FT

NOTE: FINISH GRADE TO DIVERT
ALL SURFACE WATER AWAY
FROM DISPOSAL FIELD



* WHERE POSSIBLE, THE AREA UNDER THE DISPOSAL FIELD AND EXTENSIONS SHALL BE SCARIFIED 6 TO 8 INCHES TO CREATE A TRANSITION ZONE

Site Evaluator Signature

NORMAN "BUD" HARRIS (HARRIS SEPTIC SOLUTIONS, INC.) (207) 892-2435

#348
SE •

9/10/20
Date

Page 3 of 3
HHE-200 Rev. 06/2020
(DIVISION APPROVED)

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div. of Environmental Health, 11 SHS
(207) 287-2070 FAX (207) 287-4172

PROPERTY LOCATION

City, Town, or Plantation	WINDHAM
Street or Road	BELVEDERE COMMONS
Subdivision, Lot *	UNITS 39 & 42
OWNER/APPLICANT INFORMATION	
Name (last, first, MI)	ROBIE HOLDINGS, LLC <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant
Mailing Address of Owner/Applicant	PO BOX 1508 WINDHAM, ME 04062
Daytime Tel. *	

>> Caution: LPI APPROVAL REQUIRED <<

Town/City _____	Permit # _____
Date Permit Issued ____/____/____	Fee: \$ _____ Double Fee Charged ()
L.P.I. # _____	
Local Plumbing Inspector Signature _____	
<input type="checkbox"/> Owner <input type="checkbox"/> Applicant <input type="checkbox"/> State	

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.

Municipal Tax Map # 19 Lot # B-2

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.

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 _____

Signature of Owner or Applicant _____

Date _____

Local Plumbing Inspector Signature _____

(2nd) Date Approved _____

PERMIT INFORMATION

TYPE OF APPLICATION <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. <25% Expansion <input type="checkbox"/> b. >25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	THIS APPLICATION REQUIRES <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 Approval	DISPOSAL SYSTEM COMPONENTS 1. <input checked="" type="checkbox"/> Complete Non-engineered System 2. <input type="checkbox"/> Primitive System (graywater & alt toilet) 3. <input type="checkbox"/> Alternative Toilet, specify: _____ 4. <input type="checkbox"/> Non-engineered Treatment Tank (only) 5. <input type="checkbox"/> Holding Tank, _____ Gallons 6. <input type="checkbox"/> Non-engineered Disposal Field (only) 7. <input type="checkbox"/> Separated Laundry System 8. <input type="checkbox"/> Complete Engineered System (2000 gpd+) 9. <input type="checkbox"/> Engineered Treatment Tank (only) 10. <input type="checkbox"/> Engineered Disposal field (only) 11. <input type="checkbox"/> Pre-treatment, specify: _____ 12. <input type="checkbox"/> Miscellaneous Components
SIZE OF PROPERTY 16.89 <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres	DISPOSAL SYSTEM TO SERVE 1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: <u>3</u> 2. <input type="checkbox"/> Multiple Family Dwelling No. of Units: _____ 3. <input checked="" type="checkbox"/> Other: <u>2 SINGLE FAMILY DWELLINGS</u> (SPECIFY) Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped	TYPE OF WATER SUPPLY 1. <input type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input checked="" type="checkbox"/> Public 5. <input type="checkbox"/> Other: _____
SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK 1. <input checked="" type="checkbox"/> Concrete a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY <u>(2) 1000</u> gallons	DISPOSAL FIELD TYPE & SIZE 1. <input type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench 3. <input checked="" type="checkbox"/> Proprietary Device a. <input type="checkbox"/> cluster array c. <input checked="" type="checkbox"/> Linear b. <input checked="" type="checkbox"/> regular load d. <input type="checkbox"/> H-20 loaded 4. <input type="checkbox"/> Other: _____ SIZE: <u>1,536</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT 1. <input checked="" type="checkbox"/> No 3. <input type="checkbox"/> Maybe 2. <input type="checkbox"/> Yes >> Specify one below: a. <input type="checkbox"/> multi-compartment tank b. <input type="checkbox"/> _____ tanks in series c. <input type="checkbox"/> increase in tank capacity d. <input checked="" type="checkbox"/> Filter on tank outlet	DESIGN FLOW <u>540</u> gallons per day BASED ON: 1. <input checked="" type="checkbox"/> Table 4A (dwelling unit(s)) 2. <input type="checkbox"/> Table 4C (other facilities) SHOW CALCULATIONS - for other facilities - 2 DWELLING UNITS 6 TOTAL BEDROOMS AT 90 GPD EACH 3. <input type="checkbox"/> Section 4G (meter readings) ATTACH WATER METER DATA LATITUDE AND LONGITUDE at center of disposal area Lat. <u>43</u> d <u>49</u> m <u>54</u> s Lon. <u>70</u> d <u>25</u> m <u>12</u> s if g.p.s, state margin of error <u>19'</u>
SOIL DATA & DESIGN CLASS PROFILE <u>5</u> / <u>B</u> at Observation Hole # <u>TP-HS-6</u> Depth <u>N/A</u> " of Most Limiting Soil Factor	DISPOSAL FIELD SIZING 1. <input checked="" type="checkbox"/> Medium - 2.6 sq.ft./gpd 2. <input type="checkbox"/> Medium-Large - 3.3 sq.ft./gpd 3. <input type="checkbox"/> Large - 4.1 sq.ft./gpd 4. <input type="checkbox"/> Extra-Large - 5.0 sq.ft./gpd	EFFLUENT/EJECTOR PUMP 1. <input type="checkbox"/> Not required 2. <input checked="" type="checkbox"/> May be required 3. <input type="checkbox"/> Required Specify only for engineered systems: DOSE: _____ Gallons	

SITE EVALUATOR STATEMENT

I certify that on 9/9/20 (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 _____

#348

SE •

9/10/20

Date

NORMAN "BUD" HARRIS (HARRIS SEPTIC SOLUTIONS, INC.)

(207) 892-2435

harriseseptic@gmail.com

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

Page 1 of 3

HHE-200 Rev. 06/2020
(DIVISION APPROVED)

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div. of Environmental Health, 11 SHS
(207) 287-5672 FAX (207) 287-3165

Town, City, Plantation
WINDHAM

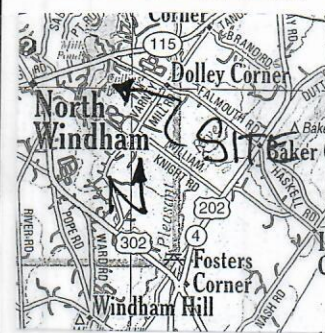
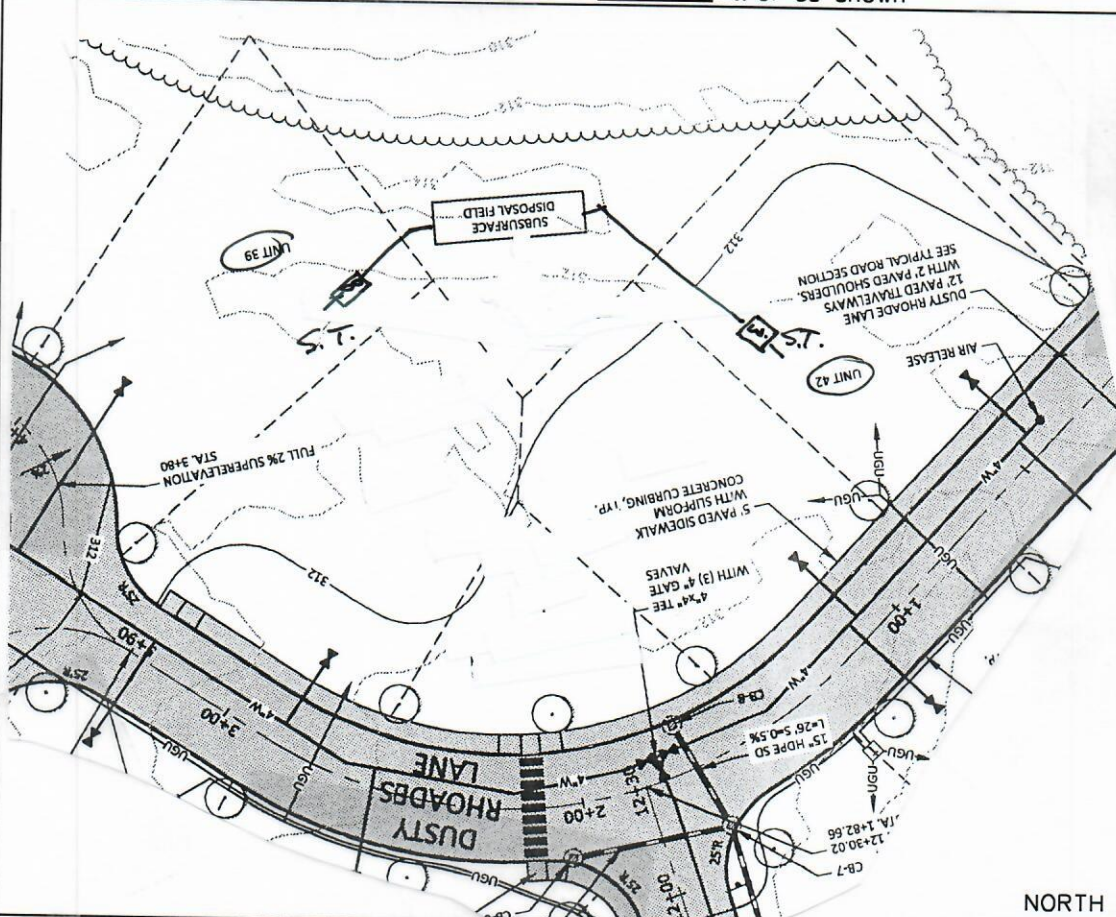
Street, Road, Subdivision
BELVEDERE COMMONS, UNITS 39 & 42

Owner's Name
ROBIE HOLDINGS, LLC

SITE PLAN

Scale 1" = 140 ft. or as shown

SITE LOCATION PLAN



NORTH ORIENTATION APPROXIMATE

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

Observation Hole TP-HS-6 ☒ Test Pit ☐ Boring
" Depth of Organic Horizon Above Mineral Soil

0	Texture	Consistency	Color	Mottling
0	STONY LOAMY SAND	FRIABLE	MEDIUM BROWN	
10				
20				
30	GRAVELLY COARSE SAND	LOOSE	LIGHT BROWN	
40				
50				
Soil Classification		Slope	Limiting Factor	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input checked="" type="checkbox"/> Pit Depth
5	B	0 %	N/A	
Profile	Condition			

Observation Hole TP-HS-6 ☐ Test Pit ☐ Boring
" Depth of Organic Horizon Above Mineral Soil

0	Texture	Consistency	Color	Mottling
0				
10				
20				
30				
40				
50				
Soil Classification		Slope	Limiting Factor	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
Profile	Condition			

PRELIMINARY

Site Evaluator Signature

#348

9/10/20

SE •

Date

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
WINDHAM

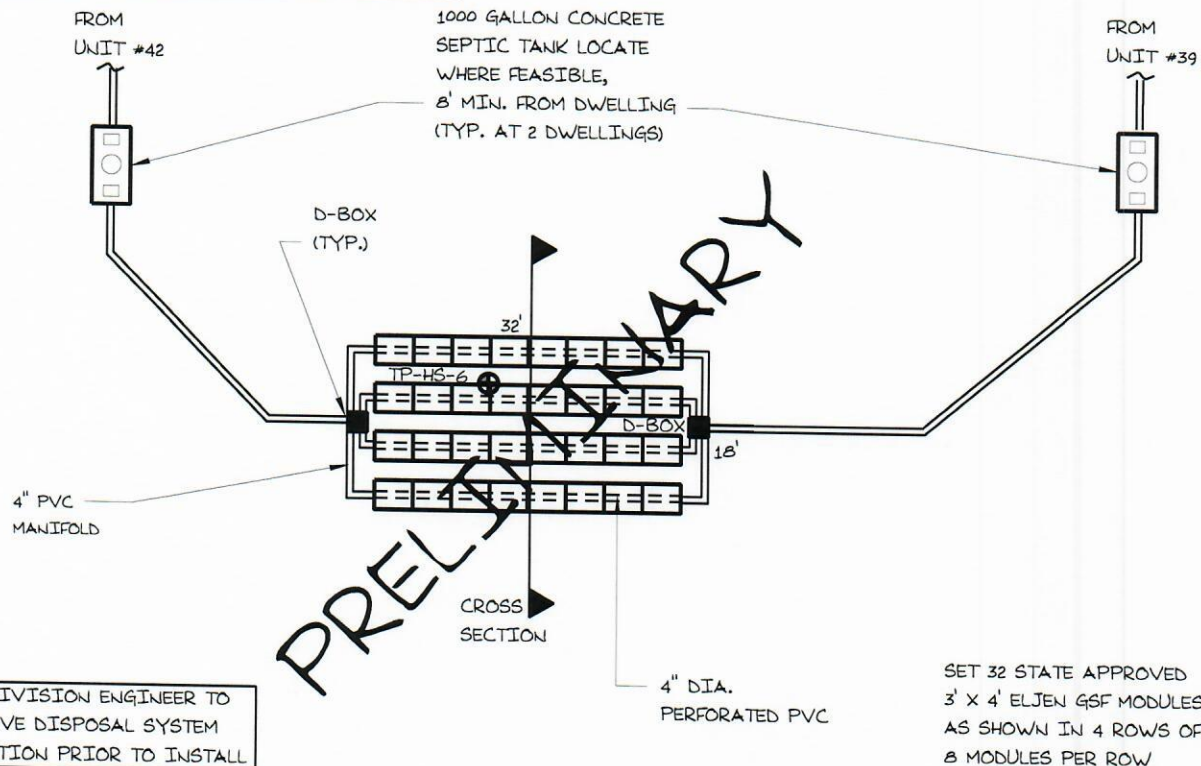
Street, Road, Subdivision
BELVEDERE COMMONS, UNITS 39 & 42

Owner or Applicant Name
ROBIE HOLDINGS, LLC

INSTALLER TO CONFIRM ELEVATIONS
NECESSARY TO OBTAIN PROPER GRAVITY
DISTRIBUTION OR PUMP STATION MAY BE REQUIRED

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT.



SUBDIVISION ENGINEER TO
APPROVE DISPOSAL SYSTEM
LOCATION PRIOR TO INSTALL

SET 32 STATE APPROVED
3' X 4' ELJEN GSF MODULES
AS SHOWN IN 4 ROWS OF
8 MODULES PER ROW

* IT IS THE OWNER'S RESPONSIBILITY TO VERIFY THAT THERE ARE NO UNIDENTIFIED WELLS LOCATED WITHIN 100' OF DISPOSAL SYSTEM.
* ALL INFORMATION CONTAINED WITHIN THIS APPLICATION IS AS REPRESENTED BY OWNER, APPLICANT OR OWNER'S/APPLICANT'S REPRESENTATIVE.
THE SITE EVALUATOR WILL NOT BE HELD RESPONSIBLE FOR ANY PERTINENT FACTORS NOT IDENTIFIED, DISCLOSED OR INACCURATELY DISCLOSED.

FILL REQUIREMENTS

Depth of Fill (Upslope) $\pm 0"$
Depth of Fill (Downslope) $\pm 0"$

CONSTRUCTION ELEVATIONS

Finished Grade Elevation
Top of Distribution Pipe or Proprietary Device
Bottom of Disposal Area

ELEVATION REFERENCE POINT

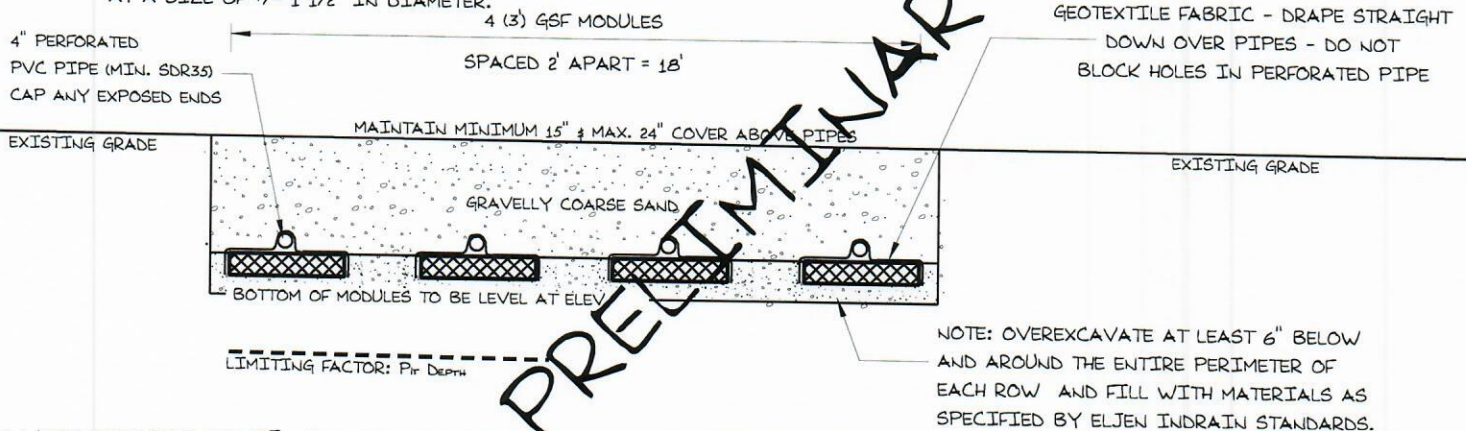
Location & Description

Reference Elevation

DISPOSAL FIELD CROSS-SECTION

NOTES: * GSF MODULES TO BE INSTALLED PER MANUFACTURER'S RECOMMENDATIONS
* BACKFILL TO BE GRAVELLY COARSE SAND FREE OF FINES AND ORGANIC DEBRIS
* FINAL GRADES SHALL BE LOAMED, SEEDED AND OR MULCHED TO PREVENT EROSION
* ANY STONE REQUIRED TO BE FREE OF FINES AND ORGANIC DEBRIS
AT A SIZE OF +/- 1 1/2" IN DIAMETER.

SCALES:
VERTICAL: 1" = 5 FT
HORIZONTAL: 1" = 5 FT



* WHERE POSSIBLE, THE AREA UNDER THE DISPOSAL FIELD AND EXTENSIONS SHALL BE SCARIFIED 6 TO 8 INCHES TO CREATE A TRANSITION ZONE

Site Evaluator Signature
NORMAN "BUD" HARRIS (HARRIS SEPTIC SOLUTIONS, INC.) (207) 892-2435

#348
SE •

9/10/20
Date

Page 3 of 3
HHE-200 Rev. 06/2020
(DIVISION APPROVED)

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div. of Environmental Health, 11 SHS
(207) 287-2070 FAX (207) 287-4172

PROPERTY LOCATION

City, Town, or Plantation	WINDHAM
Street or Road	BELVEDERE COMMONS
Subdivision, Lot *	UNITS 40 & 41
OWNER/APPLICANT INFORMATION	
Name (last, first, MI)	ROBIE HOLDINGS, LLC <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant
Mailing Address of Owner/Applicant	PO BOX 1508 WINDHAM, ME 04062
Daytime Tel. *	

>> Caution: LPI APPROVAL REQUIRED <<

Town/City	Permit #
Date Permit Issued	Fee: \$ Double Fee Charged ()
L.P.I. *	
Local Plumbing Inspector Signature <input type="checkbox"/> Owner <input type="checkbox"/> Applicant <input type="checkbox"/> State	

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.

Municipal Tax Map * 19 Lot * B-2

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.

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

Signature of Owner or Applicant

Date

Local Plumbing Inspector Signature

(2nd) Date Approved

PERMIT INFORMATION

TYPE OF APPLICATION <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. <25% Expansion <input type="checkbox"/> b. ≥25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	THIS APPLICATION REQUIRES <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 Approval	DISPOSAL SYSTEM COMPONENTS 1. <input checked="" type="checkbox"/> Complete Non-engineered System 2. <input type="checkbox"/> Primitive System (graywater & alt toilet) 3. <input type="checkbox"/> Alternative Toilet, specify: _____ 4. <input type="checkbox"/> Non-engineered Treatment Tank (only) 5. <input type="checkbox"/> Holding Tank, _____ Gallons 6. <input type="checkbox"/> Non-engineered Disposal Field (only) 7. <input type="checkbox"/> Separated Laundry System 8. <input type="checkbox"/> Complete Engineered System (2000 gpd+) 9. <input type="checkbox"/> Engineered Treatment Tank (only) 10. <input type="checkbox"/> Engineered Disposal field (only) 11. <input type="checkbox"/> Pre-treatment, specify: _____ 12. <input type="checkbox"/> Miscellaneous Components
SIZE OF PROPERTY 16.89 <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres	DISPOSAL SYSTEM TO SERVE 1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: 3 2. <input type="checkbox"/> Multiple Family Dwelling No. of Units: _____ 3. <input checked="" type="checkbox"/> Other: 2 SINGLE FAMILY DWELLINGS (SPECIFY) Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	TYPE OF WATER SUPPLY 1. <input type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input checked="" type="checkbox"/> Public 5. <input type="checkbox"/> Other: _____
SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK 1. <input checked="" type="checkbox"/> Concrete <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY (2) 1000 gallons	DISPOSAL FIELD TYPE & SIZE 1. <input type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench 3. <input checked="" type="checkbox"/> Proprietary Device <input type="checkbox"/> a. cluster array c. <input checked="" type="checkbox"/> Linear <input checked="" type="checkbox"/> b. regular load d. <input type="checkbox"/> H-20 loaded 4. <input type="checkbox"/> Other: _____ SIZE: 1,536 <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT 1. <input checked="" type="checkbox"/> No 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 checked="" type="checkbox"/> d. Filter on tank outlet	DESIGN FLOW 540 gallons per day BASED ON: 1. <input checked="" type="checkbox"/> Table 4A (dwelling unit(s)) 2. <input type="checkbox"/> Table 4C (other facilities) SHOW CALCULATIONS - for other facilities - 2 DWELLING UNITS 6 TOTAL BEDROOMS AT 90 GPD EACH 3. <input type="checkbox"/> Section 4G (meter readings) ATTACH WATER METER DATA LATITUDE AND LONGITUDE at center of disposal area Lat. 43° d 49' m 54" s Lon. 70° d 25' m 12" s if g.p.s, state margin of error 19'
SOIL DATA & DESIGN CLASS PROFILE 5 / B at Observation Hole * TP-HS-7 Depth N/A" of Most Limiting Soil Factor	DISPOSAL FIELD SIZING 1. <input checked="" type="checkbox"/> Medium - 2.6 sq.ft./gpd 2. <input type="checkbox"/> Medium-Large - 3.3 sq.ft./gpd 3. <input type="checkbox"/> Large - 4.1 sq.ft./gpd 4. <input type="checkbox"/> Extra-Large - 5.0 sq.ft./gpd	EFFLUENT/EJECTOR PUMP 1. <input type="checkbox"/> Not required 2. <input checked="" type="checkbox"/> May be required 3. <input type="checkbox"/> Required Specify only for engineered systems: DOSE: _____ Gallons	

SITE EVALUATOR STATEMENT

I certify that on 9/9/20 (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

#348

SE *

9/10/20

Date

NORMAN "BUD" HARRIS (HARRIS SEPTIC SOLUTIONS, INC.)

(207) 892-2435

harrisseptic@gmail.com

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

Page 1 of 3

HHE-200 Rev. 06/2020
(DIVISION APPROVED)

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div. of Environmental Health, 11 SHS
(207) 287-5672 FAX (207) 287-3165

Town, City, Plantation
WINDHAM

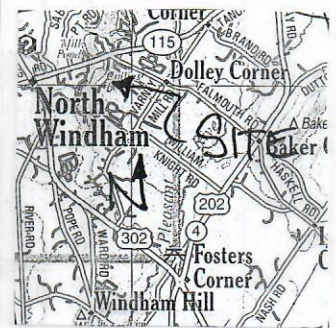
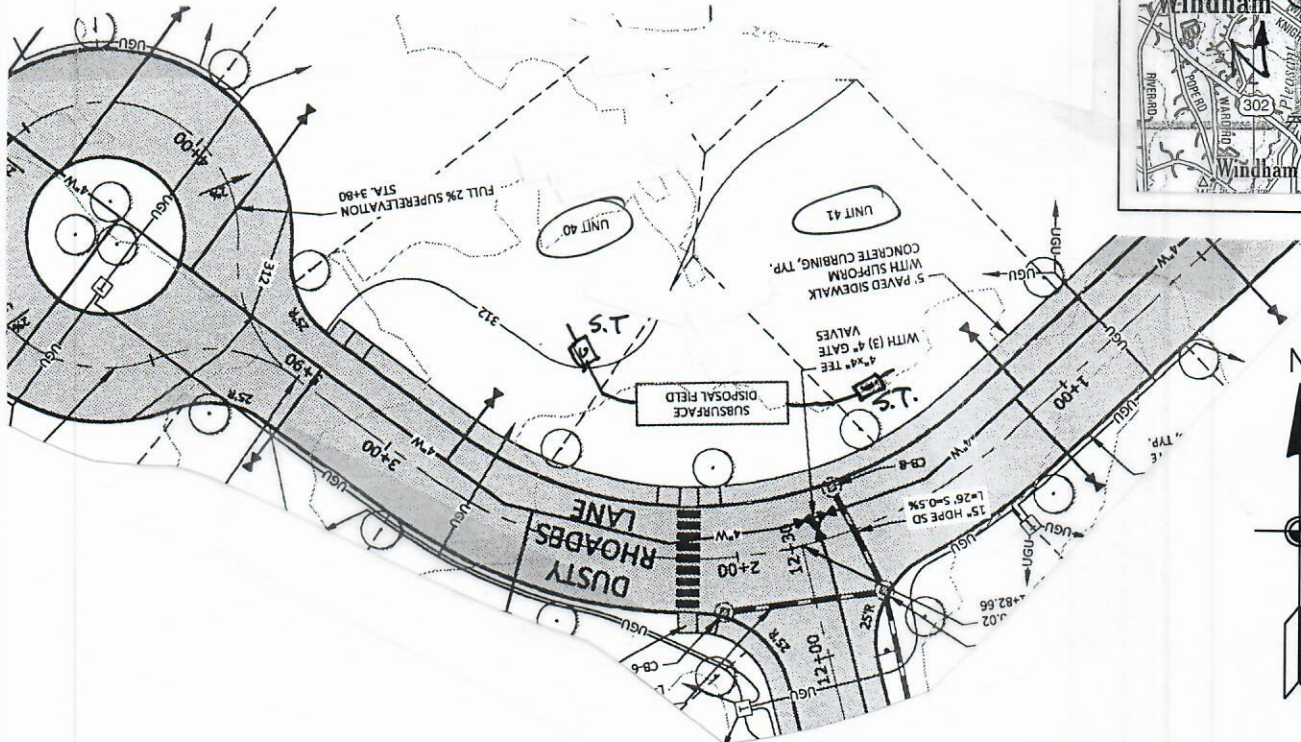
Street, Road, Subdivision
BELVEDERE COMMONS, UNITS 40 & 41

Owner's Name
ROBIE HOLDINGS, LLC

SITE PLAN

Scale 1" = ±10 ft. or as shown

SITE LOCATION PLAN



NORTH ORIENTATION APPROXIMATE

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

Observation Hole TP-HS-7 ☒ Test Pit ☐ Boring
0" Depth of Organic Horizon Above Mineral Soil

0	Texture	Consistency	Color	Mottling
10	STONY LOAMY SAND	FRIABLE	MEDIUM BROWN	
20				
30	GRAVELLY COARSE SAND	LOOSE	LIGHT BROWN	
40				
50				

Soil Classification 5 Profile B Condition 0 %
Limiting Factor N/A"
☐ Ground Water
☐ Restrictive Layer
☐ Bedrock
☒ Pit Depth

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

0	Texture	Consistency	Color	Mottling
10				
20				
30				
40				
50				

Soil Classification Profile Condition %
Limiting Factor "
☐ Ground Water
☐ Restrictive Layer
☐ Bedrock
☐ Pit Depth

Site Evaluator Signature

#348

SE •

9/10/20

Date

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

WINDHAM

Street, Road, Subdivision

BELVEDERE COMMONS, UNITS 40 & 41

Owner or Applicant Name

ROBIE HOLDINGS, LLC

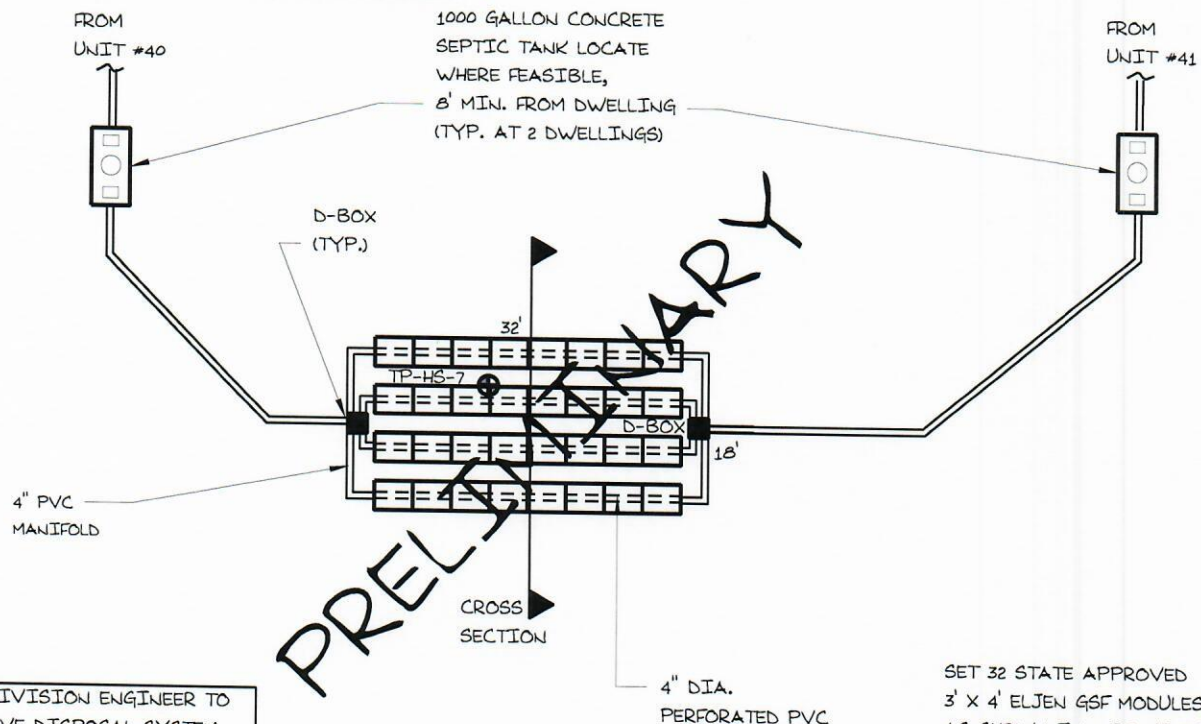
INSTALLER TO CONFIRM ELEVATIONS

NECESSARY TO OBTAIN PROPER GRAVITY

DISTRIBUTION OR PUMP STATION MAY BE REQUIRED

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT.



SUBDIVISION ENGINEER TO
APPROVE DISPOSAL SYSTEM
LOCATION PRIOR TO INSTALL

SET 32 STATE APPROVED
3' X 4' ELJEN GSF MODULES
AS SHOWN IN 4 ROWS OF
8 MODULES PER ROW

- * IT IS THE OWNER'S RESPONSIBILITY TO VERIFY THAT THERE ARE NO UNIDENTIFIED WELLS LOCATED WITHIN 100' OF DISPOSAL SYSTEM.
- * ALL INFORMATION CONTAINED WITHIN THIS APPLICATION IS AS REPRESENTED BY OWNER, APPLICANT OR OWNER'S/APPLICANT'S REPRESENTATIVE. THE SITE EVALUATOR WILL NOT BE HELD RESPONSIBLE FOR ANY PERTINENT FACTORS NOT IDENTIFIED, DISCLOSED OR INACCURATELY DISCLOSED.

FILL REQUIREMENTS

Depth of Fill (Upslope) $\pm 0"$
Depth of Fill (Downslope) $\pm 0"$

CONSTRUCTION ELEVATIONS

Finished Grade Elevation
Top of Distribution Pipe or Proprietary Device
Bottom of Disposal Area

ELEVATION REFERENCE POINT

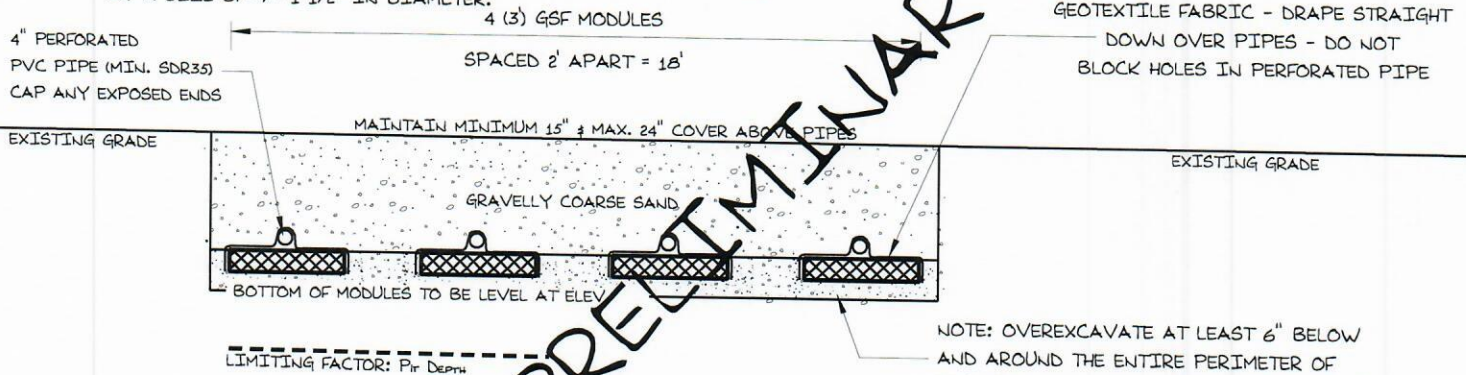
Location & Description

Reference Elevation

DISPOSAL FIELD CROSS-SECTION

- NOTES:
- * GSF MODULES TO BE INSTALLED PER MANUFACTURER'S RECOMMENDATIONS
 - * BACKFILL TO BE GRAVELLY COARSE SAND FREE OF FINES AND ORGANIC DEBRIS
 - * FINAL GRADES SHALL BE LOAMED, SEEDED AND OR MULCHED TO PREVENT EROSION
 - * ANY STONE REQUIRED TO BE FREE OF FINES AND ORGANIC DEBRIS AT A SIZE OF $\pm 1 \frac{1}{2}$ " IN DIAMETER.

SCALES:
VERTICAL: 1" = 5 FT
HORIZONTAL: 1" = 5 FT



NOTE: OVEREXCAVATE AT LEAST 6" BELOW
AND AROUND THE ENTIRE PERIMETER OF
EACH ROW AND FILL WITH MATERIALS AS
SPECIFIED BY ELJEN INDRAIN STANDARDS.

* WHERE POSSIBLE, THE AREA UNDER THE DISPOSAL FIELD AND EXTENSIONS SHALL BE SCARIFIED 6 TO 8 INCHES TO CREATE A TRANSITION ZONE

Site Evaluator Signature

NORMAN "BUD" HARRIS (HARRIS SEPTIC SOLUTIONS, INC.) (207) 892-2435

#348

SE •

9/10/20

Date

Page 3 of 3

HHE-200 Rev. 06/2020
(DIVISION APPROVED)

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div. of Environmental Health, 11 SHS
(207) 287-2070 FAX (207) 287-4172

PROPERTY LOCATION

City, Town, or Plantation	WINDHAM
Street or Road	BELVEDERE COMMONS
Subdivision, Lot *	UNITS 43 & 44
OWNER/APPLICANT INFORMATION	
Name (last, first, MI)	ROBIE HOLDINGS, LLC <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant
Mailing Address of Owner/Applicant	PO BOX 1508 WINDHAM, ME 04062
Daytime Tel. *	

>> Caution: LPI APPROVAL REQUIRED <<

Town/City	Permit #
Date Permit Issued	Fee: \$ Double Fee Charged ()
L.P.I. *	
Local Plumbing Inspector Signature <input type="checkbox"/> Owner <input type="checkbox"/> Applicant <input type="checkbox"/> State	

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.

Municipal Tax Map * 19 Lot * B-2

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 <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. <25% Expansion <input type="checkbox"/> b. ≥25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	THIS APPLICATION REQUIRES <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 Approval	DISPOSAL SYSTEM COMPONENTS 1. <input checked="" type="checkbox"/> Complete Non-engineered System 2. <input type="checkbox"/> Primitive System (graywater & alt toilet) 3. <input type="checkbox"/> Alternative Toilet, specify: _____ 4. <input type="checkbox"/> Non-engineered Treatment Tank (only) 5. <input type="checkbox"/> Holding Tank, _____ Gallons 6. <input type="checkbox"/> Non-engineered Disposal Field (only) 7. <input type="checkbox"/> Separated Laundry System 8. <input type="checkbox"/> Complete Engineered System (2000 gpd+) 9. <input type="checkbox"/> Engineered Treatment Tank (only) 10. <input type="checkbox"/> Engineered Disposal field (only) 11. <input type="checkbox"/> Pre-treatment, specify: _____ 12. <input type="checkbox"/> Miscellaneous Components
SIZE OF PROPERTY 16.89 <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres	DISPOSAL SYSTEM TO SERVE 1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: 3 2. <input type="checkbox"/> Multiple Family Dwelling, No. of Units: _____ 3. <input checked="" type="checkbox"/> Other: 2 SINGLE FAMILY DWELLINGS (SPECIFY) Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped	TYPE OF WATER SUPPLY 1. <input type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input checked="" type="checkbox"/> Public 5. <input type="checkbox"/> Other:
SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK 1. <input checked="" type="checkbox"/> Concrete a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY (2) 1000 gallons	DISPOSAL FIELD TYPE & SIZE 1. <input checked="" type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench 3. <input type="checkbox"/> Proprietary Device a. <input type="checkbox"/> cluster array c. <input type="checkbox"/> Linear b. <input type="checkbox"/> regular load d. <input type="checkbox"/> H-20 loaded 4. <input type="checkbox"/> Other: _____ SIZE: 1,400 <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT 1. <input checked="" type="checkbox"/> No 3. <input type="checkbox"/> Maybe 2. <input type="checkbox"/> Yes >> Specify one below: a. <input type="checkbox"/> multi-compartment tank b. <input type="checkbox"/> _____ tanks in series c. <input type="checkbox"/> increase in tank capacity d. <input checked="" type="checkbox"/> Filter on tank outlet	DESIGN FLOW 540 gallons per day BASED ON: 1. <input checked="" type="checkbox"/> Table 4A (dwelling unit(s)) 2. <input type="checkbox"/> Table 4C (other facilities) SHOW CALCULATIONS - for other facilities - 2 DWELLING UNITS 6 TOTAL BEDROOMS AT 90 GPD EACH 3. <input type="checkbox"/> Section 4G (meter readings) ATTACH WATER METER DATA LATITUDE AND LONGITUDE at center of disposal area Lat. 43° d 49' m 53" s Lon. 70° d 25' m 08" s if g.p.s, state margin of error 13'
SOIL DATA & DESIGN CLASS PROFILE 5 / B at Observation Hole * TP-HS-B Depth N/A" of Most Limiting Soil Factor	DISPOSAL FIELD SIZING 1. <input checked="" type="checkbox"/> Medium - 2.6 sq.ft./gpd 2. <input type="checkbox"/> Medium-Large - 3.3 sq.ft./gpd 3. <input type="checkbox"/> Large - 4.1 sq.ft./gpd 4. <input type="checkbox"/> Extra-Large - 5.0 sq.ft./gpd	EFFLUENT/EJECTOR PUMP 1. <input type="checkbox"/> Not required 2. <input checked="" type="checkbox"/> May be required 3. <input type="checkbox"/> Required Specify only for engineered systems: DOSE: _____ Gallons	

SITE EVALUATOR STATEMENT

I certify that on 9/9/20 (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

#348

SE *

9/10/20

Date

NORMAN "BUD" HARRIS (HARRIS SEPTIC SOLUTIONS, INC.)

(207) 892-2435

harrisseptic@gmail.com

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

Page 1 of 3

HHE-200 Rev. 06/2020
(DIVISION APPROVED)

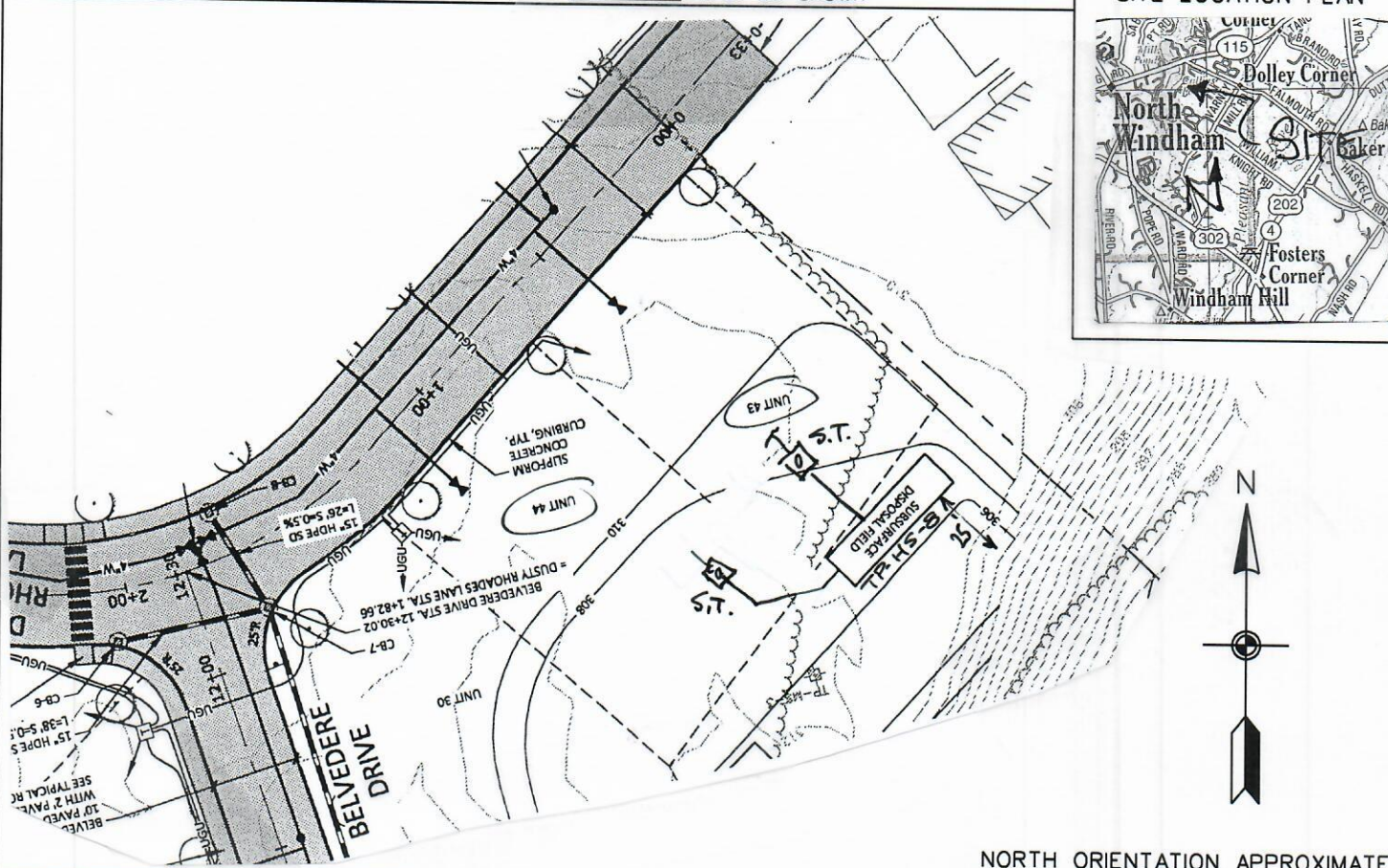
Maine Dept. Health & Human Services
Div of Environmental Health, 11 SHS
(207) 287-5672 FAX (207) 287-3165

Street, Road, Subdivision
BELVEDERE COMMONS, UNITS 43 & 44

Owner's Name
ROBIE HOLDINGS, LLC

Scale 1" = ± 40' ft. or as shown

SITE LOCATION PLAN



NORTH ORIENTATION APPROXIMATE

Observation Hole TP-HS-8 ☒ Test Pit ☐ Boring
0 " Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
STONY LOAMY SAND	FRIABLE	MEDIUM BROWN	
GRAVELLY COARSE SAND	LOOSE	LIGHT BROWN	

DEPTH BELOW MINERAL SOIL SURFACE (inches)

0

10

20

30

40

50

PRELIM

Soil Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input checked="" type="checkbox"/> Pit Depth
5 Profile	B Condition	0 %	N/A

Observation Hole _____ ☐ Test Pit ☐ Boring
_____ " Depth of Organic Horizon Above Mineral Soil

0

Texture

Consistency

Color

Mottling

10

20

30

40

50

Soil Classification

Slope

Limiting Factor

☐ Ground Water

☐ Restrictive Layer

☐ Bedrock

☐ Pit Depth

Profile

Condition

%

"

Site Evaluator Signature

#348
SE •

9/10/20
Date

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

WINDHAM

Street, Road, Subdivision

BELVEDERE COMMONS, UNITS 43 & 44

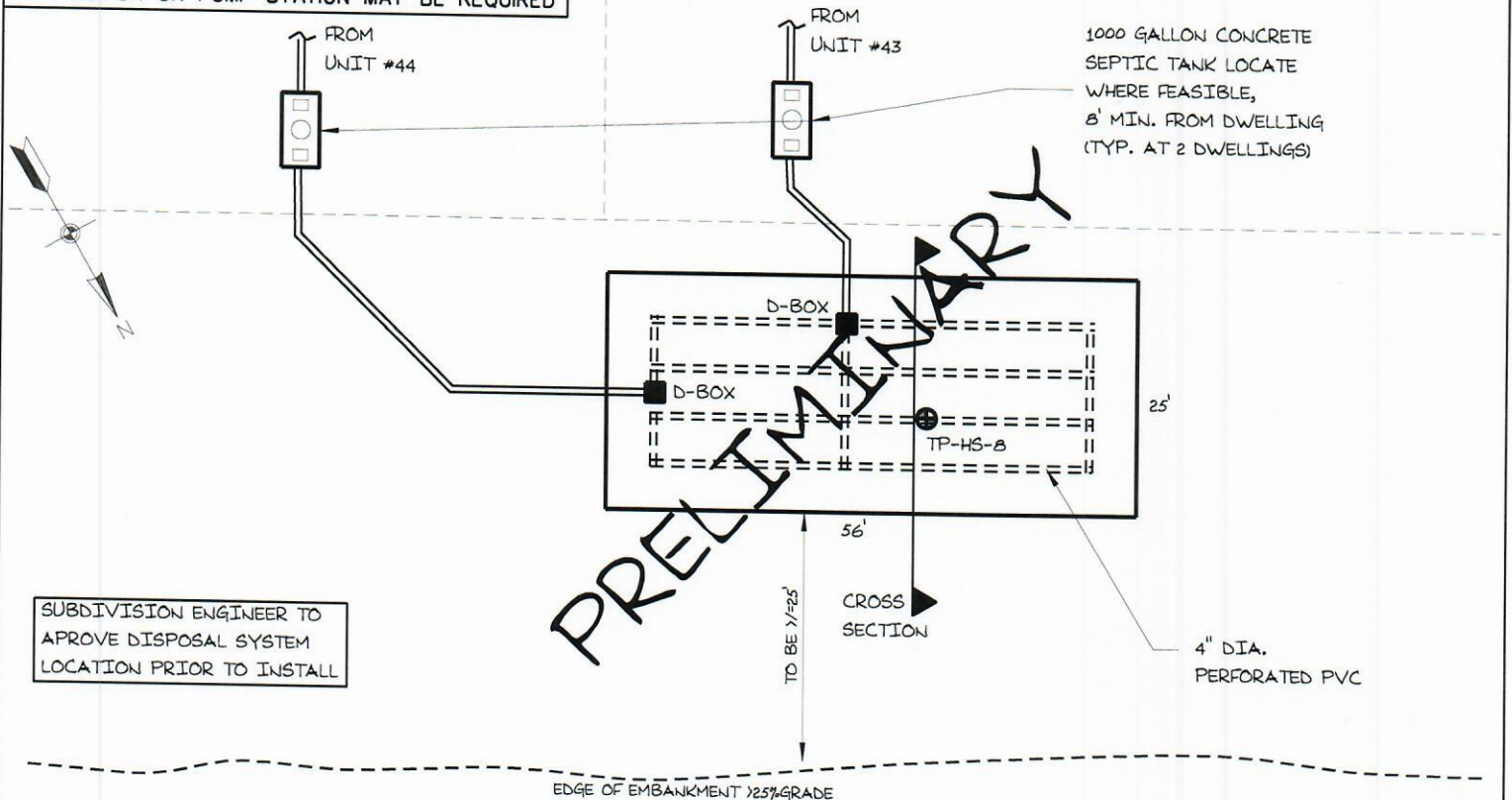
Owner or Applicant Name

ROBIE HOLDINGS, LLC

INSTALLER TO CONFIRM ELEVATIONS
NECESSARY TO OBTAIN PROPER GRAVITY
DISTRIBUTION OR PUMP STATION MAY BE REQUIRED

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT.



* IT IS THE OWNER'S RESPONSIBILITY TO VERIFY THAT THERE ARE NO UNIDENTIFIED WELLS LOCATED WITHIN 100' OF DISPOSAL SYSTEM.
* ALL INFORMATION CONTAINED WITHIN THIS APPLICATION IS AS REPRESENTED BY OWNER, APPLICANT OR OWNER'S/APPLICANT'S REPRESENTATIVE.
THE SITE EVALUATOR WILL NOT BE HELD RESPONSIBLE FOR ANY PERTINENT FACTORS NOT IDENTIFIED, DISCLOSED OR INACCURATELY DISCLOSED.

FILL REQUIREMENTS

Depth of Fill (Upslope) $\pm 0"$
Depth of Fill (Downslope) $\pm 0"$

CONSTRUCTION ELEVATIONS

Finished Grade Elevation
Top of Distribution Pipe or Proprietary Device
Bottom of Disposal Area

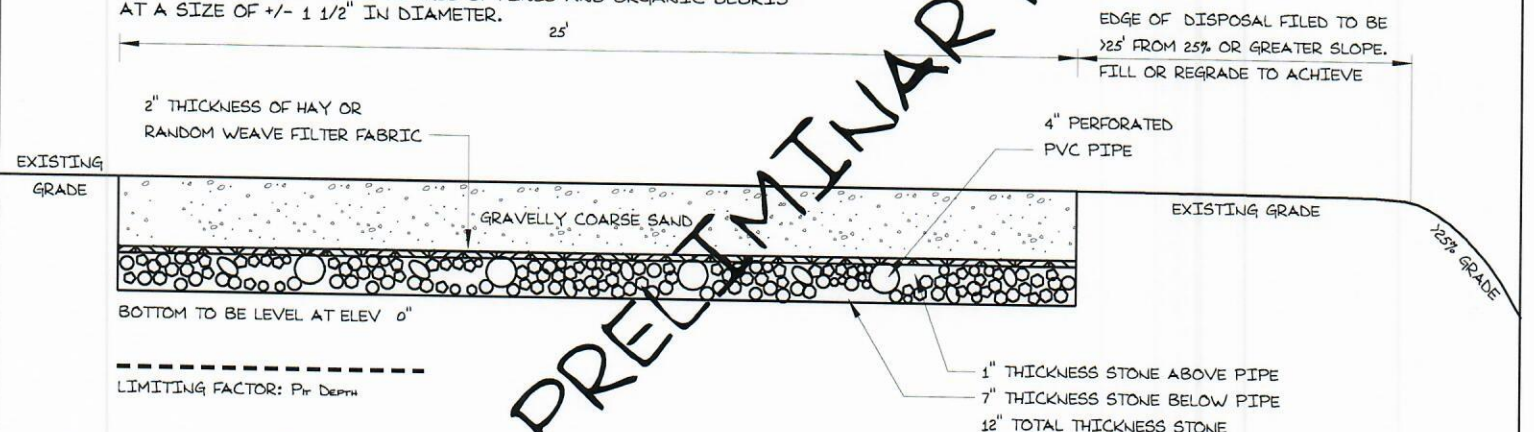
ELEVATION REFERENCE POINT

Location & Description
Reference Elevation

DISPOSAL FIELD CROSS-SECTION

- NOTES:
- * GSF MODULES TO BE INSTALLED PER MANUFACTURER'S RECOMMENDATIONS
 - * BACKFILL TO BE GRAVELLY COARSE SAND FREE OF FINES AND ORGANIC DEBRIS
 - * FINAL GRADES SHALL BE LOAMED, SEEDED AND OR MULCHED TO PREVENT EROSION
 - * ANY STONE REQUIRED TO BE FREE OF FINES AND ORGANIC DEBRIS AT A SIZE OF +/- 1 1/2" IN DIAMETER.

SCALES:
VERTICAL: 1" = 5 FT
HORIZONTAL: 1" = 5 FT



* WHERE POSSIBLE, THE AREA UNDER THE DISPOSAL FIELD AND EXTENSIONS SHALL BE SCARIFIED 6 TO 8 INCHES TO CREATE A TRANSITION ZONE

Site Evaluator Signature

NORMAN "BUD" HARRIS (HARRIS SEPTIC SOLUTIONS, INC.) (207) 892-2435

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9/10/20

Date

Page 3 of 3
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(DIVISION APPROVED)