



Invoice

Date	Invoice #
7/31/2022	5959

Bill To
Michael Robillard 26 Quarry Cove Road Raymond, ME 04071

		Terms	Due Date
		Due on receipt	7/31/2022
Item	Description	Serviced	Amount
Septic System Design	Services rendered at 26 Quarry Cove Road (Cottage #1) - Raymond, Maine	7/29/2022	600.00
Septic System Design	Services rendered at 26 Quarry Cove Road (Cottage #2) - Raymond, Maine	7/29/2022	600.00
Septic System Design	Services rendered at 26 Quarry Cove Road (Cottage #3) - Raymond, Maine	7/29/2022	600.00
discount	Multi design discount	7/29/2022	-200.00
Late Fee: a \$10 surcharge will be applied after 30 days and will accrue monthly		Total	\$1,600.00
Email: harrisptic@gmail.com Web: harrispticolutions.com		Balance Due	\$1,600.00

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 SPS
 (207) 287-2070 FAX (207) 287-4172

PROPERTY LOCATION

>> Caution: LPI APPROVAL REQUIRED <<

City, Town, or Plantation	RAYMOND
Street or Road	26 QUARRY COVE ROAD
Subdivision, Lot #	COTTAGE #1
OWNER/APPLICANT INFORMATION	
Name (last, first, MI)	ROBILLARD MICHAEL <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant
Mailing Address of Owner/Applicant	26 QUARRY COVE ROAD RAYMOND, ME 04071
Daytime Tel. #	857-204-5103

Town/City _____ Permit # _____
 Date Permit Issued ____/____/____ Fee: \$ _____ Double Fee Charged ()
 _____ L.P.I.# _____
 Local Plumbing Inspector Signature Owner Applicant 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 # 2 Lot # 22

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

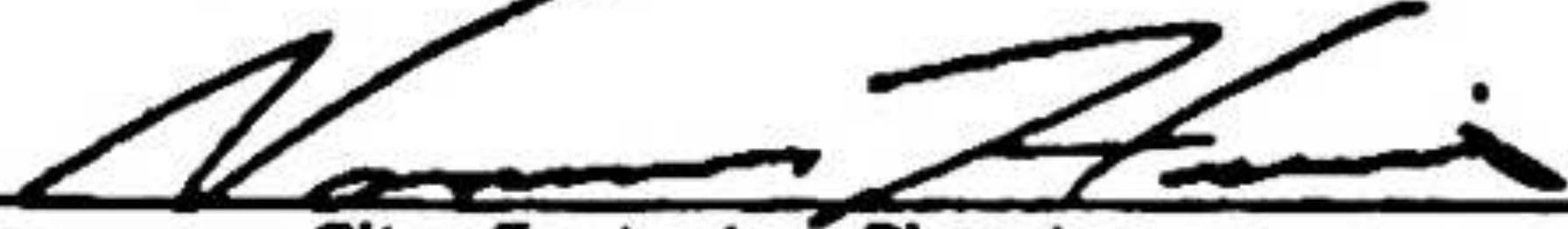
TYPE OF APPLICATION <input checked="" type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type Replaced: _____ Year Installed: _____ <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. <25% Expansion <input type="checkbox"/> b. >25% Expansion <input 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 <input checked="" type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: _____ <input type="checkbox"/> 4. Non-engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ Gallons <input type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000gpd+) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal field (only) <input type="checkbox"/> 11. Pre-treatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous Components
SIZE OF PROPERTY 11.4 <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres	DISPOSAL SYSTEM TO SERVE 1. <input type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: _____ 2. <input type="checkbox"/> Multiple Family Dwelling, No. of Units: _____ 3. <input checked="" type="checkbox"/> Other: <u>1 BED GUEST COTTAGE</u> (SPECIFY) Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped	TYPE OF WATER SUPPLY 1. <input checked="" type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input type="checkbox"/> Public 5. <input type="checkbox"/> Other: _____
SHORELAND ZONING <input checked="" type="checkbox"/> Yes <input 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>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>720</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 type="checkbox"/> Filter on tank outlet	DESIGN FLOW <u>180</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 - 1 BEDROOM GUEST COTTAGE AT 180 GALLONS PER DAY 3. <input type="checkbox"/> Section 4C (meter readings) ATTACH WATER METER DATA LATITUDE AND LONGITUDE at center of disposal area Lat. <u>43</u> d <u>51</u> m <u>08</u> s Lon. <u>70</u> d <u>30</u> m <u>13</u> s if g.p.s., state margin of error <u>20'</u>
SOIL DATA & DESIGN CLASS PROFILE CONDITION <u>2 / C</u> at Observation Hole # <u>TP-1</u> Depth <u>28</u> " of Most Limiting Soil Factor	DISPOSAL FIELD SIZING 1. <input type="checkbox"/> Medium - 2.6 sq.ft./gpd 2. <input checked="" 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 7/29/22 (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 # _____ Date 7/31/22
 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) 287-3185

Town, City, Plantation
RAYMOND

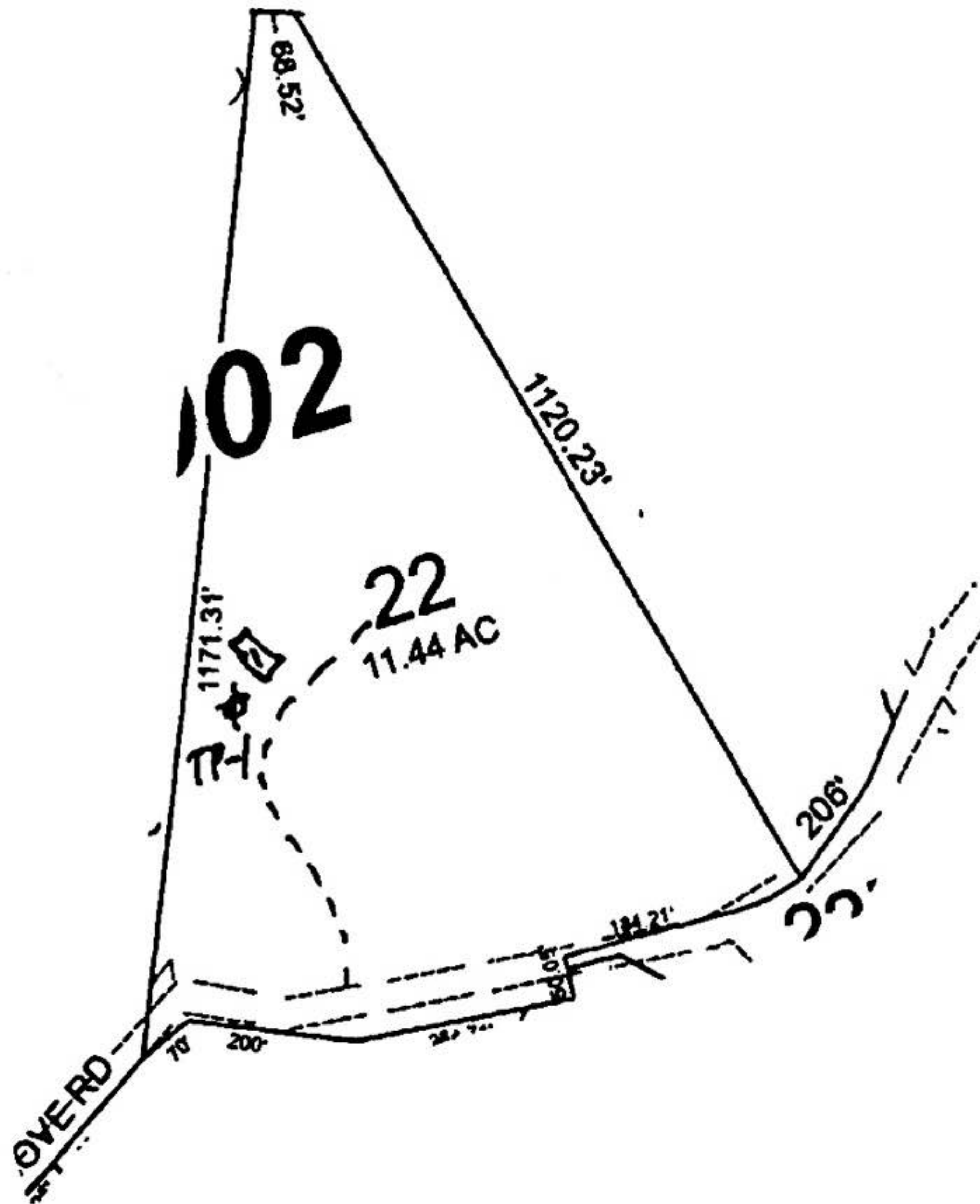
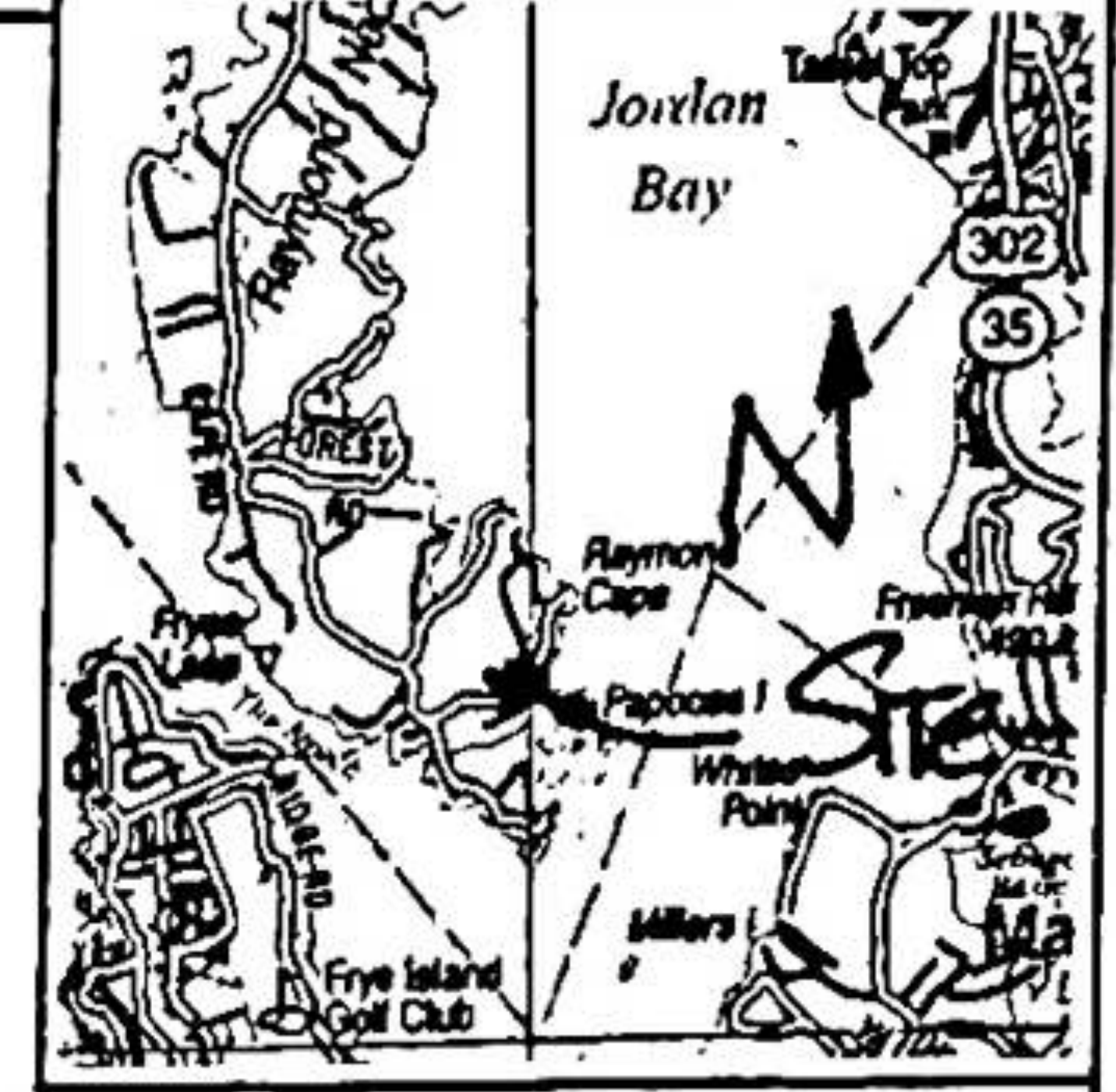
Street, Road, Subdivision
26 QUARRY COVE ROAD, COTTAGE #1

Owner's Name
MICHAEL ROBILLARD

SITE PLAN

Scale 1" = NTS ft. or as shown

SITE LOCATION PLAN



NORTH ORIENTATION APPROXIMATE

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

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

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	SANDY LOAM	FRIABLE	STRONG BROWN	
10				
20	STONY LOAMY SAND	FRIABLE	DARK YELLOW BROWN	
30	REFUSAL IN STONE AT 28"			
40				
50				

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: 2 Profile, C Condition, Slope: 2-4 %, Limiting Factor: 28"
 Ground Water
 Restrictive Layer
 Bedrock
 Pit Depth

Soil Classification: _____ Profile, _____ Condition, Slope: _____ %
 Ground Water
 Restrictive Layer
 Bedrock
 Pit Depth

Norman Bud Harris
Site Evaluator Signature

#348
SE

7/31/22
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
RAYMOND

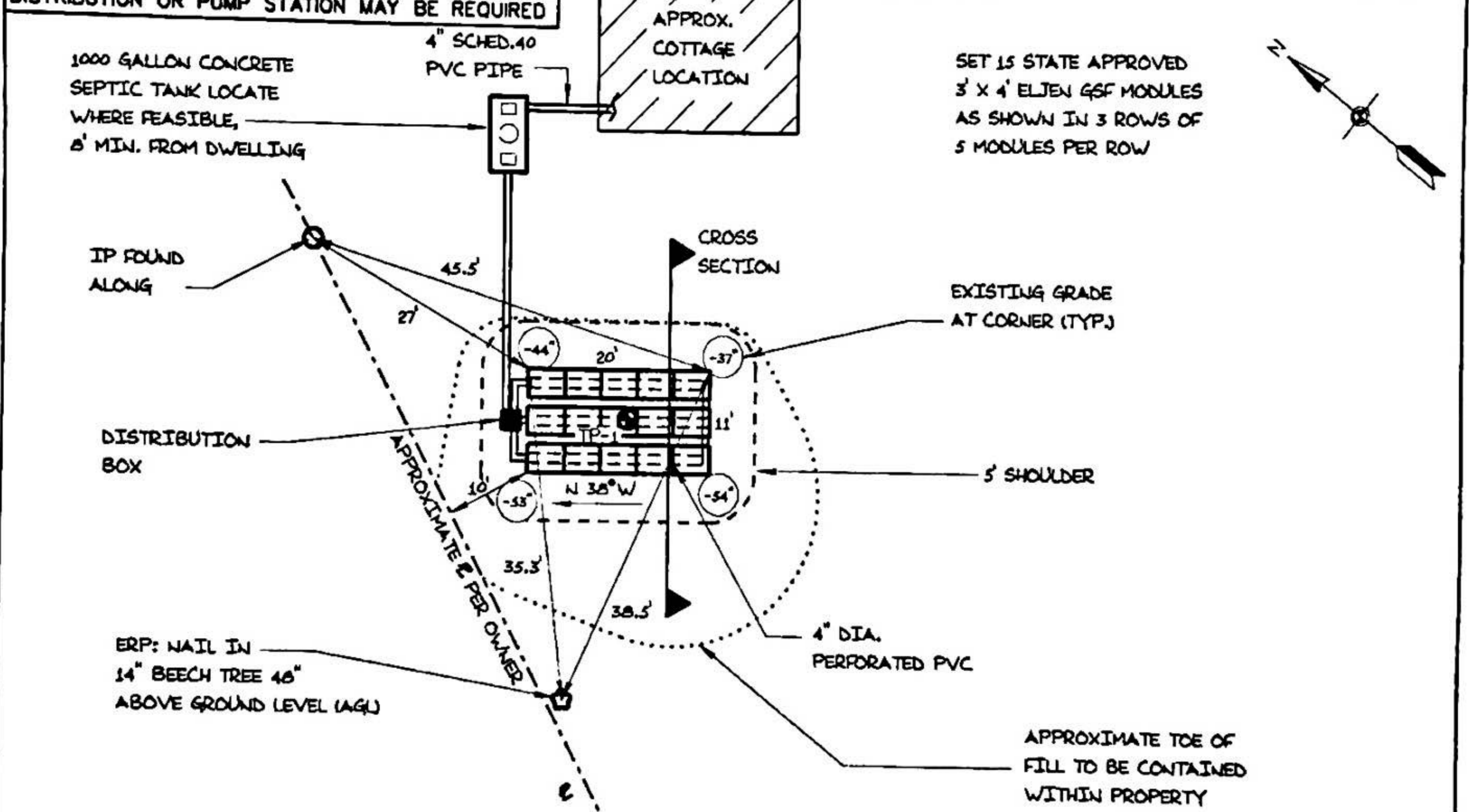
Street, Road, Subdivision
26 QUARRY COVE ROAD, COTTAGE #1

Owner or Applicant Name
MICHAEL ROBILLARD

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" - 7"
Depth of Fill (Downslope)	± 16" - 17"

CONSTRUCTION ELEVATIONS

Finished Grade Elevation	-37"
Top of Distribution Pipe or Proprietary Device	-49"
Bottom of Disposal Area	-60"

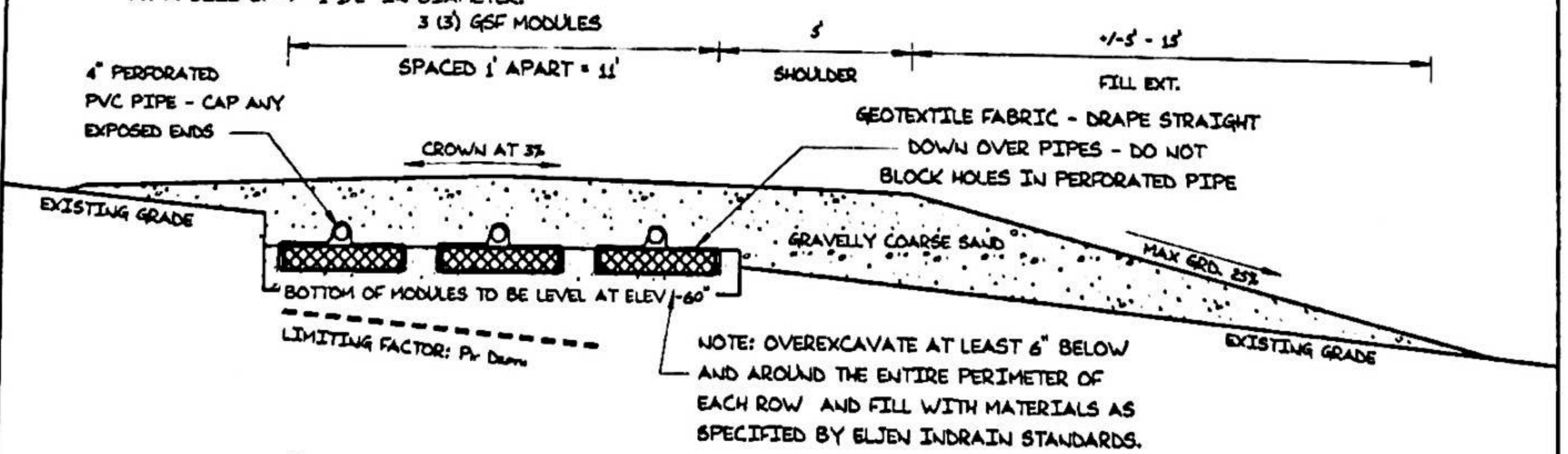
ELEVATION REFERENCE POINT

Location & Description NAIL IN 14" BEECH TREE 48" AGL
Reference Elevation -0"

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 • harrisseptic@gmail.com

7/31/22
Date

Page 3 of 3
HME-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	RAYMOND	Town/City _____	Permit # _____
Street or Road	26 QUARRY COVE ROAD	Date Permit Issued ____/____/____ Fee: \$ _____ Double Fee Charged ()	
Subdivision, Lot #	COTTAGE #2	_____ L.P.I. # _____	
OWNER/APPLICANT INFORMATION		Local Plumbing Inspector Signature _____	
Name (last, first, MI)	ROBILLARD MICHAEL	<input type="checkbox"/> Owner <input type="checkbox"/> Applicant <input type="checkbox"/> State	
Mailing Address of Owner/Applicant	26 QUARRY COVE ROAD RAYMOND, ME 04071	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. #	857-204-5103		
Owner or Applicant Statement		Municipal Tax Map # 2 Lot # 22	
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.	
_____ Signature of Owner or Applicant		_____ Local Plumbing Inspector Signature	
_____ Date		_____ (1st) Date Approved	
_____ Date		_____ (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 & old 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 11.4 <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres	DISPOSAL SYSTEM TO SERVE 1. <input type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: _____ 2. <input type="checkbox"/> Multiple Family Dwelling, No. of Units: _____ 3. <input checked="" type="checkbox"/> Other: <u>1 BED GUEST COTTAGE</u> (SPECIFY) Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped	TYPE OF WATER SUPPLY 1. <input checked="" type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input 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>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>720</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 type="checkbox"/> Filter on tank outlet	DESIGN FLOW <u>180</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 - 1 BEDROOM GUEST COTTAGE AT 180 GALLONS PER DAY 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>51</u> m <u>08</u> s Lon. <u>70</u> d <u>30</u> m <u>13</u> s if g.p.s. state margin of error <u>20'</u>
SOIL DATA & DESIGN CLASS PROFILE CONDITION <u>3 / C</u> at Observation Hole # <u>TP-1</u> Depth <u>26</u> " of Most Limiting Soil Factor	DISPOSAL FIELD SIZING 1. <input type="checkbox"/> Medium - 2.6 sq.ft./gpd 2. <input checked="" 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>7/29/22</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>7/31/22</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) 287-3185

Town, City, Plantation
RAYMOND

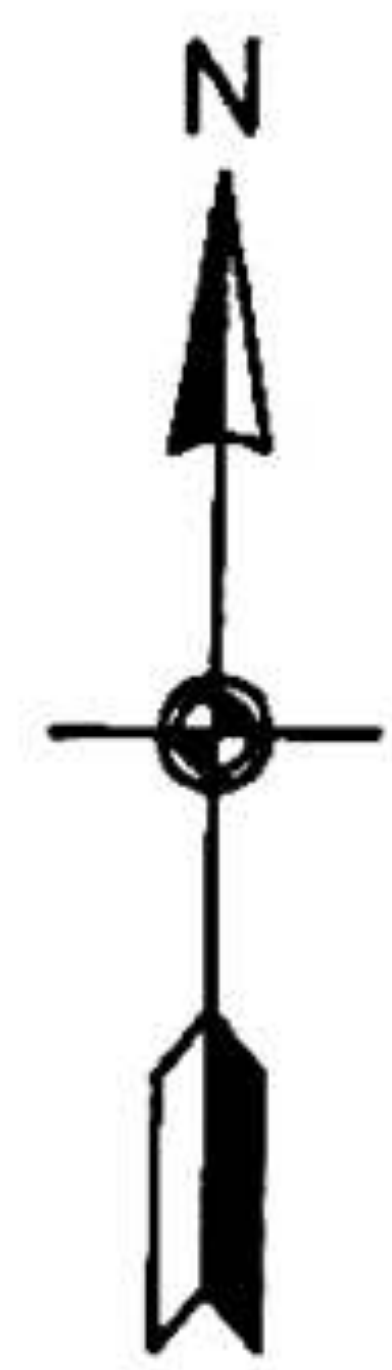
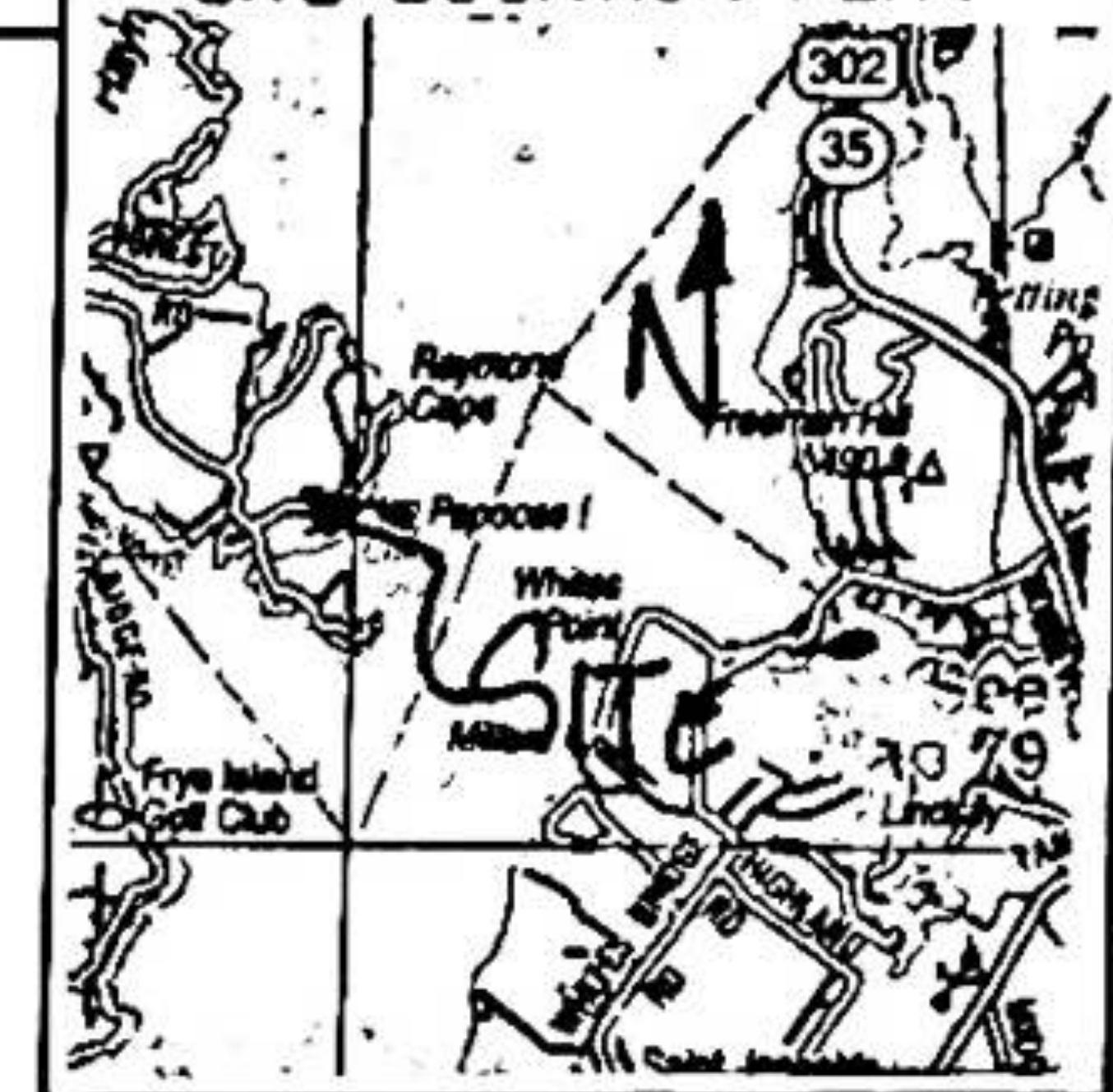
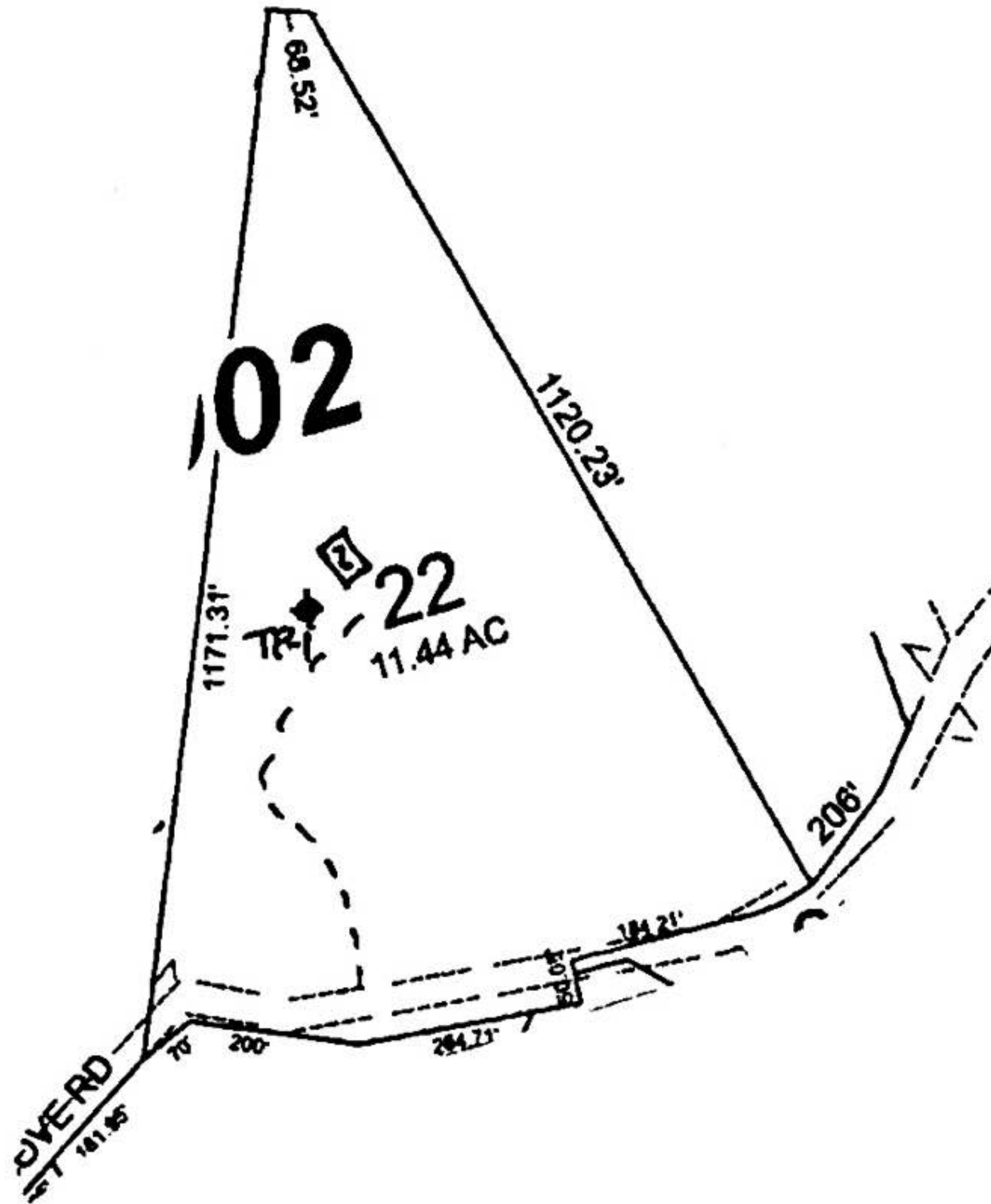
Street, Road, Subdivision
26 QUARRY COVE ROAD, COTTAGE #2

Owner's Name
MICHAEL ROBILLARD

SITE PLAN

Scale 1" = NTS ft. or as shown

SITE LOCATION PLAN



NORTH ORIENTATION APPROXIMATE

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

Observation Hole TP-1 Test Pit Boring
_____ " Depth of Organic Horizon Above Mineral Soil

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

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	SANDY LOAM	FRIABLE	STRONG BROWN	
10	.....	.....	.....	.....
20	STONY LOAMY SAND	FRIABLE	DARK YELLOW BROWN	
30	STONY FINE SAND	SOMEWHAT FIRM	PALE YELLOW BROWN	RESTRICTIVE
40	.....	.....	.....	.....
50	.....	.....	.....	.....

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

Soil Classification: 3 Profile, C Condition
Slope: 0 %
Limiting Factor: 26 "
 Ground Water
 Restrictive Layer
 Bedrock
 Pit Depth

Soil Classification: _____ Profile, _____ Condition
Slope: _____ %
Limiting Factor: _____ "
 Ground Water
 Restrictive Layer
 Bedrock
 Pit Depth

Norman Bud Harris
Site Evaluator Signature

#348
SE

7/31/22
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5872 FAX (207) 287-4172

Town, City, Plantation
RAYMOND

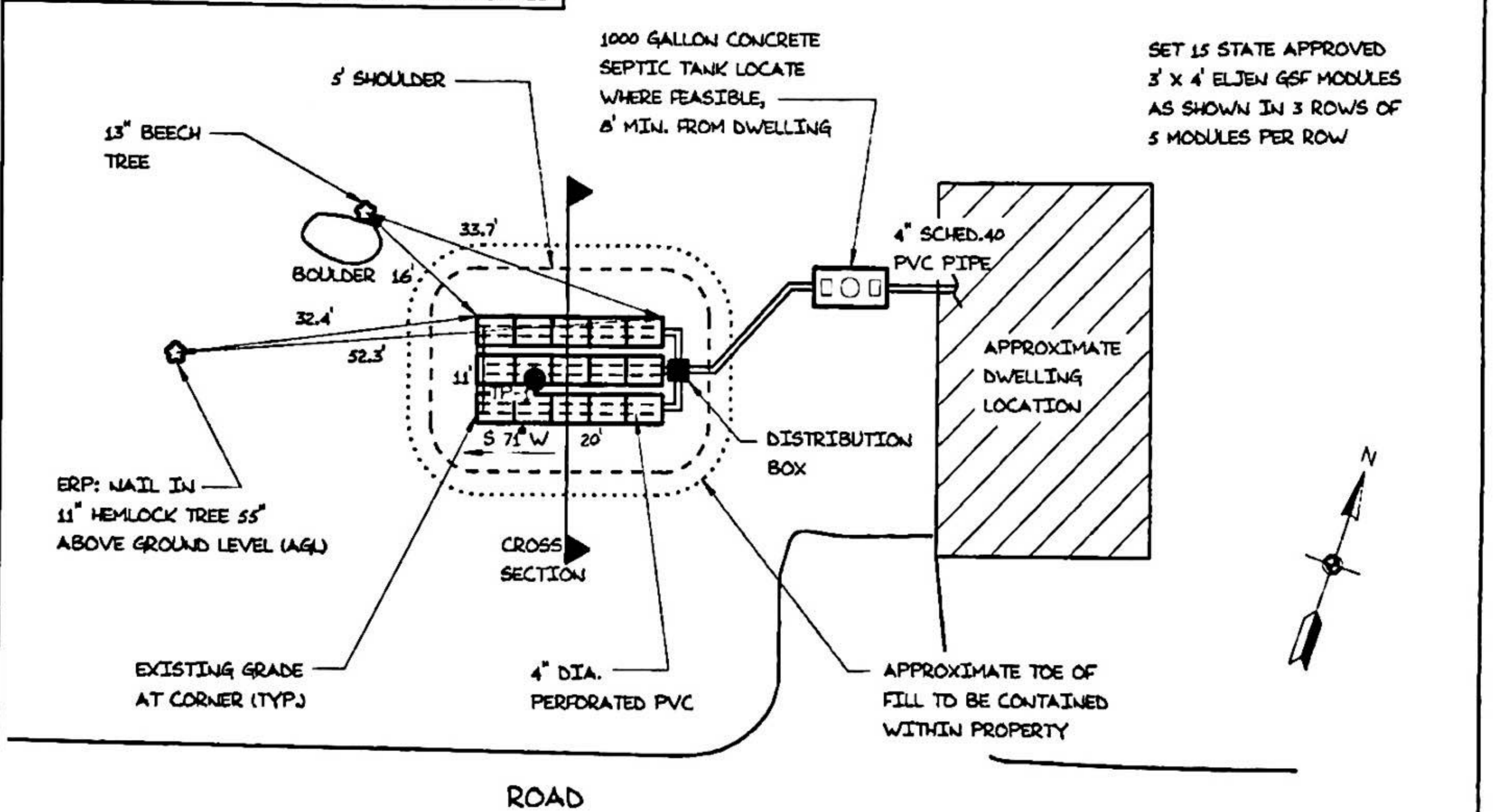
Street, Road, Subdivision
26 QUARRY COVE ROAD, COTTAGE #2

Owner or Applicant Name
MICHAEL ROBILLARD

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

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20' FT.



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FILL REQUIREMENTS

Depth of Fill (Upslope)	± 9"
Depth of Fill (Downslope)	± 9"

CONSTRUCTION ELEVATIONS

Finished Grade Elevation	-41"
Top of Distribution Pipe or Proprietary Device	-53"
Bottom of Disposal Area	-64"

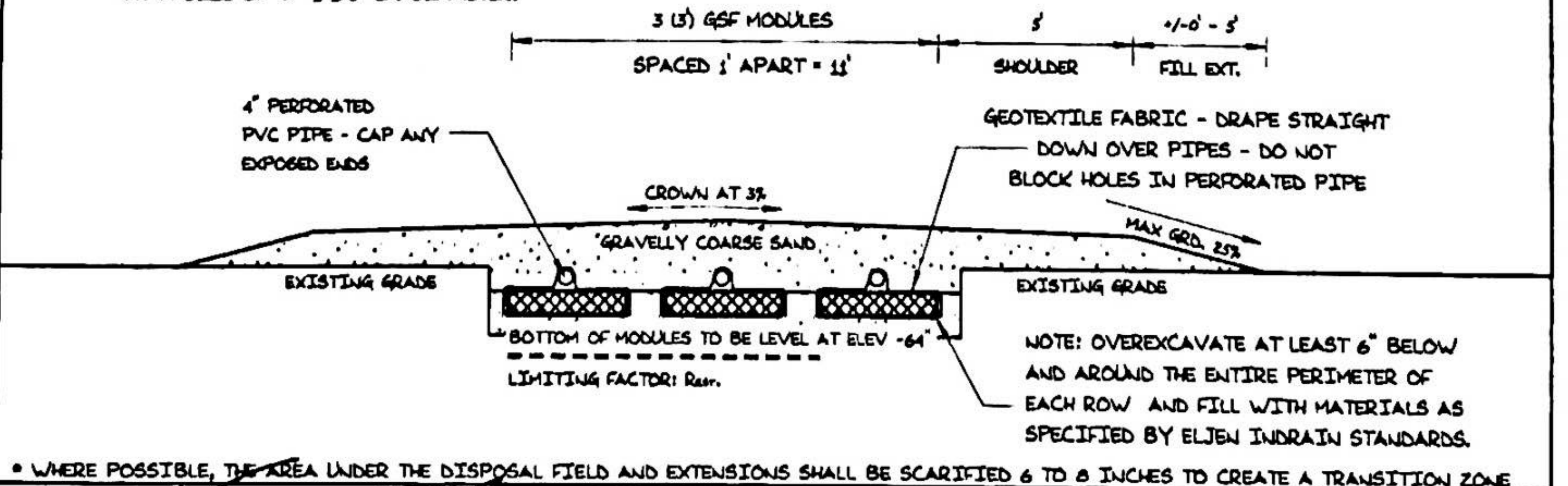
ELEVATION REFERENCE POINT

Location & Description NAIL IN 11" HEMLOCK TREE 55" AGL
Reference Elevation -0

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:
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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 • harrisseptic@gmail.com

7/31/22
Date

Page 3 of 3
HME-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
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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 SPS
(207) 287-2070 FAX (207) 287-4172

PROPERTY LOCATION		>> Caution: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation	RAYMOND	Town/City _____	Permit # _____
Street or Road	26 QUARRY COVE ROAD	Date Permit Issued ____/____/____ Fee: \$ _____ Double Fee Charged ()	
Subdivision, Lot #	COTTAGE #3	L.P.I.# _____	
OWNER/APPLICANT INFORMATION		Local Plumbing Inspector Signature _____	
Name (last, first, MI)	ROBILLARD MICHAEL	<input type="checkbox"/> Owner <input type="checkbox"/> Applicant <input type="checkbox"/> State	
Mailing Address of Owner/Applicant	26 QUARRY COVE ROAD RAYMOND, ME 04071	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. #	857-204-5103	Municipal Tax Map #	2 Lot # 22
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	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 11.4 <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres	DISPOSAL SYSTEM TO SERVE 1. <input type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: _____ 2. <input type="checkbox"/> Multiple Family Dwelling, No. of Units: _____ 3. <input checked="" type="checkbox"/> Other: <u>1 BED GUEST COTTAGE</u> (SPECIFY) Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped	TYPE OF WATER SUPPLY 1. <input checked="" type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input type="checkbox"/> Public 5. <input type="checkbox"/> Other: _____
SHORELAND ZONING <input checked="" type="checkbox"/> Yes <input 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>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>720</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"/> _____ tons in series c. <input type="checkbox"/> increase in tank capacity d. <input type="checkbox"/> Filter on tank outlet	DESIGN FLOW <u>180</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 - 1 BEDROOM GUEST COTTAGE AT 180 GALLONS PER DAY 3. <input type="checkbox"/> Section 4G (meter readings) ATTACH WATER METER DATA
SOIL DATA & DESIGN CLASS PROFILE CONDITION <u>3 / C</u> at Observation Hole # <u>TP-1</u> Depth <u>23</u> " of Most Limiting Soil Factor	DISPOSAL FIELD SIZING 1. <input type="checkbox"/> Medium - 2.6 sq.ft./gpd 2. <input checked="" 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. <u>43</u> d <u>51</u> m <u>07</u> s Lon. <u>70</u> d <u>30</u> m <u>11</u> s if g.p.s, state margin of error <u>17'</u>

SITE EVALUATOR STATEMENT		
I certify that on <u>7/29/22</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>7/31/22</u> Date
NORMAN "BUD" HARRIS (HARRIS SEPTIC SOLUTIONS, INC.) (207) 892-2435 Note: Changes to or deviations from the design should be confirmed with the Site Evaluator. harrisseptic@gmail.com		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) 287-5872 FAX (207) 287-3185

Town, City, Plantation
RAYMOND

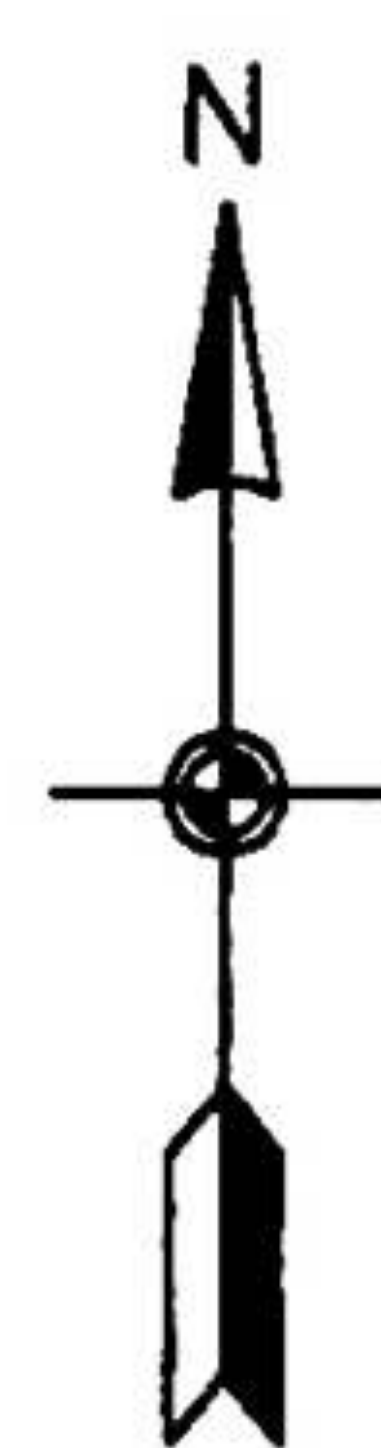
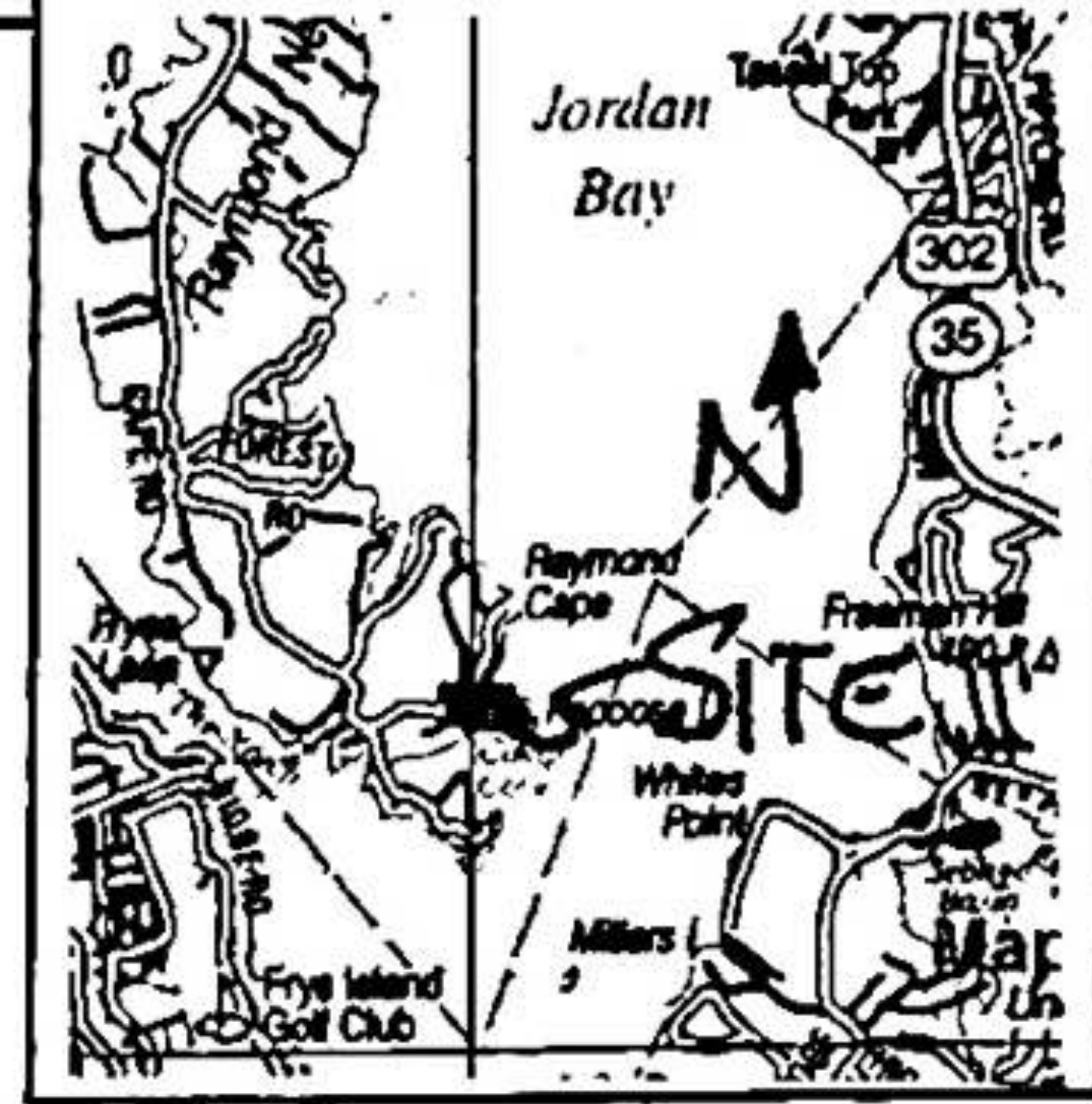
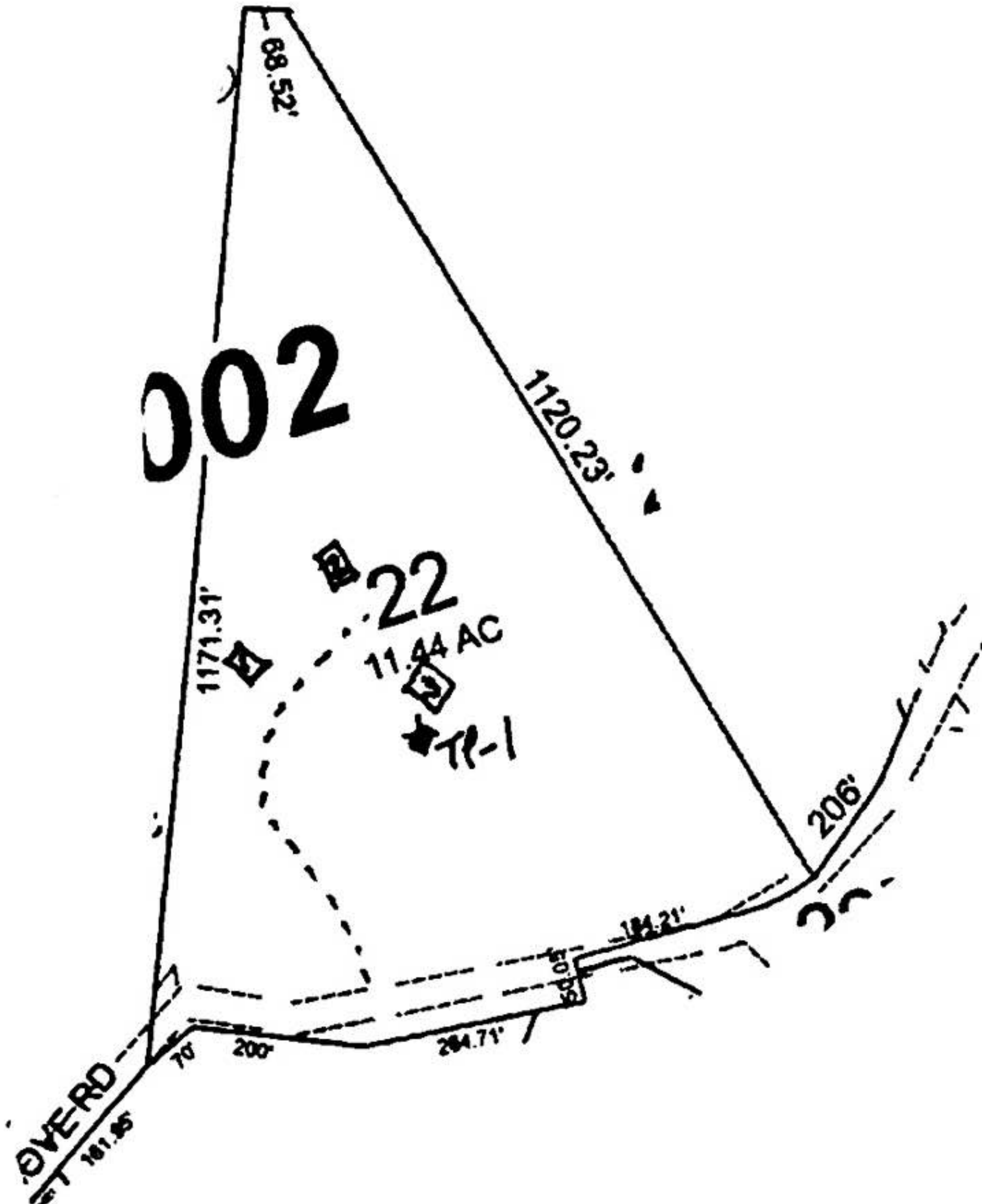
Street, Road, Subdivision
26 QUARRY COVE ROAD, COTTAGE #3

Owner's Name
MICHAEL ROBILLARD

SITE PLAN

Scale 1" = NTS ft. or as shown

SITE LOCATION PLAN



NORTH ORIENTATION APPROXIMATE

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

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

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

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	SANDY LOAM	FRIABLE	STRONG BROWN	
10				
20	STONY LOAMY SAND	FRIABLE	DARK YELLOW BROWN	
30	STONY FINE SAND	SOMEWHAT FIRM	PALE YELLOW BROWN	Faint & Few
40				
50				

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

Soil Classification <u>3</u> Profile <u>C</u> Condition	Slope <u>0</u> x	Limiting Factor <u>23</u> "	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
--	---------------------	--------------------------------	--

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

Site Evaluator Signature

#348

7/31/22

SE •

Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Plantation
RAYMOND

Street, Road, Subdivision
26 QUARRY COVE ROAD, COTTAGE #3

Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5872 FAX (207) 287-4172
Owner or Applicant Name
MICHAEL ROBILLARD

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

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20' FT.

APPROXIMATE TDE OF
FILL TO BE CONTAINED
WITHIN PROPERTY

5' SHOULDER

ERP: NAIL IN
15" BEECH TREE 35"
ABOVE GROUND LEVEL (AGL)

SET 15 STATE APPROVED
3' X 4' ELJEN GSF MODULES
AS SHOWN IN 3 ROWS OF
5 MODULES PER ROW

GROUND NEARLY
LEVEL AT 64"
BELOW ERP

4" DIA.
PERFORATED PVC

CROSS
SECTION

DISTRIBUTION
BOX

1000 GALLON CONCRETE
SEPTIC TANK LOCATE
WHERE FEASIBLE,
8' MIN. FROM DWELLING

4" SCHED. 40
PVC PIPE

APPROX.
COTTAGE
LOCATION

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) : 12"
Depth of Fill (Downslope) : 12"

CONSTRUCTION ELEVATIONS

Finished Grade Elevation -52"
Top of Distribution Pipe or Proprietary Device -64"
Bottom of Disposal Area -75"

ELEVATION REFERENCE POINT

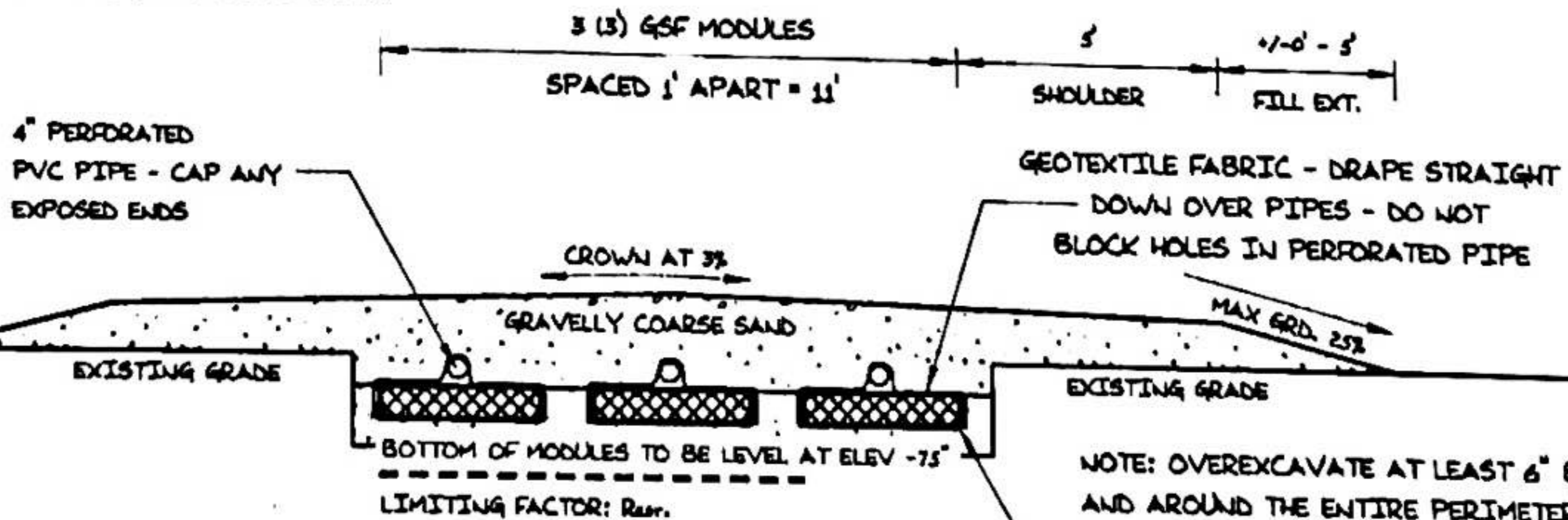
Location & Description NAIL IN 15"
BEECH TREE 35" AGL
Reference Elevation -0"

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



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 • harrisseptic@gmail.com

7/31/22
Date

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

STATEMENT TO OWNER/APPLICANT

(Attachment to HHE-200)

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