

Planning Board

Bathroom #1 up Top Behind ex. Storage Building

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION		Department of Human Services Division of Health Engineering, Station 10 (207) 287-5672 FAX (207) 287-4172	
PROPERTY LOCATION		>> CAUTION : LPI APPROVAL REQUIRED <<	
City, Town or Plantation	Starks	Town/City	Permit #
Street or Road	1005 New Sharon Road	Date Permit Issued	Fee: \$ Double Fee Charged <input type="checkbox"/>
Subdivision Lot #			LPI #
OWNER/APPLICANT INFORMATION		Local Plumbing Inspector Signature	
Name(last,first, MI)	Hanna, Kendall and Marie Ring <input checked="" type="checkbox"/> Owner	The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued 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.	
Name and mailing address of:	1005 New Sharon Road		
Owner / Applicant	Starks, ME 04911		
Daytime Tel. #	207-504-0138	Municipal Tax Map #	Lot #
Owner or Applicant Statement		Caution : Inspections Required	
I state 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/ Applicant _____ Date _____		Local Plumbing Inspector Signature _____ (1st) Date Approved _____	
		Local Plumbing Inspector Signature _____ (2nd) Date Approved _____	

PERMIT INFORMATION

THIS APPLICATION IS FOR: <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"/> 4. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector approval <input type="checkbox"/> b. State & Local Plumbing Inspector approval <input type="checkbox"/> 5. Minimum Lot Size Variance <input type="checkbox"/> 6. Seasonal Conversion Approval	DISPOSAL SYSTEM COMPONENT(S) <input checked="" type="checkbox"/> 1. Complete Non-Engineered System <input type="checkbox"/> 2. Primitive System (graywater and 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 (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pretreatment: specify: <input type="checkbox"/> 12. Miscellaneous components
SIZE OF PROPERTY 40 +/- <input type="checkbox"/> sq. ft <input checked="" type="checkbox"/> acres	DISPOSAL SYSTEM TO SERVE: <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms 1 <input type="checkbox"/> 2. Multiple Family Dwelling No. of Units: <input checked="" type="checkbox"/> 3. Other <u>4 Primitive Campsites</u> SPECIFY Current use: <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	TYPE OF WATER SUPPLY <input type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input checked="" type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other: (Proposed)

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK <input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other _____ CAPACITY <u>1500</u> Gal	DISPOSAL FIELD TYPE & SIZE <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. Cluster array <input type="checkbox"/> c. Linear <input checked="" type="checkbox"/> b. Regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other _____ SIZE <u>1600</u> <input checked="" type="checkbox"/> sq.ft <input type="checkbox"/> lin.ft	GARBAGE DISPOSAL UNIT <input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, 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 <u>360</u> gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS - for other facilities - 1 BR SFD @ 120 GPD 4 campsites @ 60GPD each
SOIL DATA & DESIGN CLASS PROFILE <u>8</u> CONDITION <u>C</u> at observation hole # 1 Depth <u>15</u> Of Most Limiting Soil Factor	DISPOSAL FIELD SIZING <input type="checkbox"/> 1. Medium 2.60 sq. ft. / gpd <input type="checkbox"/> 2. Medium - Large 3.30 sq.ft. / gpd <input checked="" type="checkbox"/> 3. Large 4.10 sq. ft. / gpd <input type="checkbox"/> 4. Extra - Large 5.00 sq. ft / gpd	EFFLUENT / EJECTOR PUMP <input type="checkbox"/> 1. Not Required <input checked="" type="checkbox"/> 2. May be required <input type="checkbox"/> 3. Required Specify only for engineered systems: DOSE _____ Gallons	LATITUDE AND LONGITUDE at center of disposal field LAT: N 44d 41m 17.2s LONG: W 69d 57m 46.7s If GPS, state margin of error:

SITE EVALUATOR'S STATEMENT

I certify that on 10 / 14 / 21 (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	336 SE #	10 - 17 - 21 Date
Elizabeth A. Flynn Site Evaluator Name Printed	207-864-5161 (O) 207-670-5166 (C)	ncsoils@earthlink.net E-mail address

NOTE: Changes to or deviations from the design shall be confirmed with the Site Evaluator.

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5672 FAX (207) 287-3165

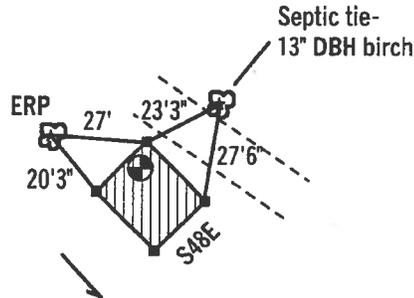
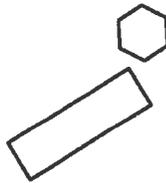
Town, City, Plantation
Starks

Street, Road, Subdivision
1005 New Sharon Road

Owner or Applicant Name
Kendall Hanna and Marie Ring

SITE PLAN

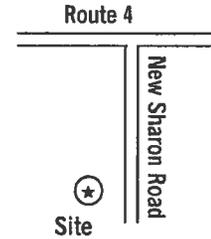
SCALE 1" = 50 FT



Owner shall ensure disposal field and fill extensions remain within property bounds

SITE LOCATION PLAN

(Attach map from Maine Atlas for First Time System Variance)



Site is located 4.8 miles from Route 2 on right.

- Elevation reference point
- Property line
- Test pit/ boring
- Flagged stake

MAP IS NOT A SURVEY

SOIL PROFILE DESCRIPTION AND CLASSIFICATION

Observation Hole #1 Test Pit Boring

1" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	Loamy Sand	Friable	10YR 3/6	None Ev
6	and LFS			
12			2.5 4/4	
20	Silt Loam	Firm	2.5 6/3	Com Faint Many Prom
30				
40				
50				

Soil Classification	Slope	Limiting Factor	<input checked="" type="checkbox"/> Ground Water
<u>8</u> <u>C</u>	<u>15-17</u>	<u>15</u> "	<input type="checkbox"/> Restrictive Layer
Profile Condition	Percent	Depth	<input type="checkbox"/> Bedrock

(Location of Observation Holes Shown Above)

Observation Hole _____ Test Pit Boring

_____ Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0				
6				
12				
20				
30				
40				
50				

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

Site Evaluator Signature

336
SE #

10 - 17 - 21
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation Starks	Street, Road, Subdivision New Sharon Road	Owners Name Kendall Hanna and Marie Ring
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SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 Ft.

System shall be constructed in accordance with current Maine Subsurface Wastewater Disposal Rules and Enviro-Septic installation manual.

Divert surface and ground water away from disposal area.

All wastewater shall be piped to new system.

Disposal area shall be a minimum of:

- 100' from all wells
- 15' from structures without basements
- 10' from property line

Septic tank shall be a minimum of:

- 50' from all wells
- 8' from structures
- 10' from property line

Water treatment units, hot tubs, sump pumps and building drains shall not be piped to system.

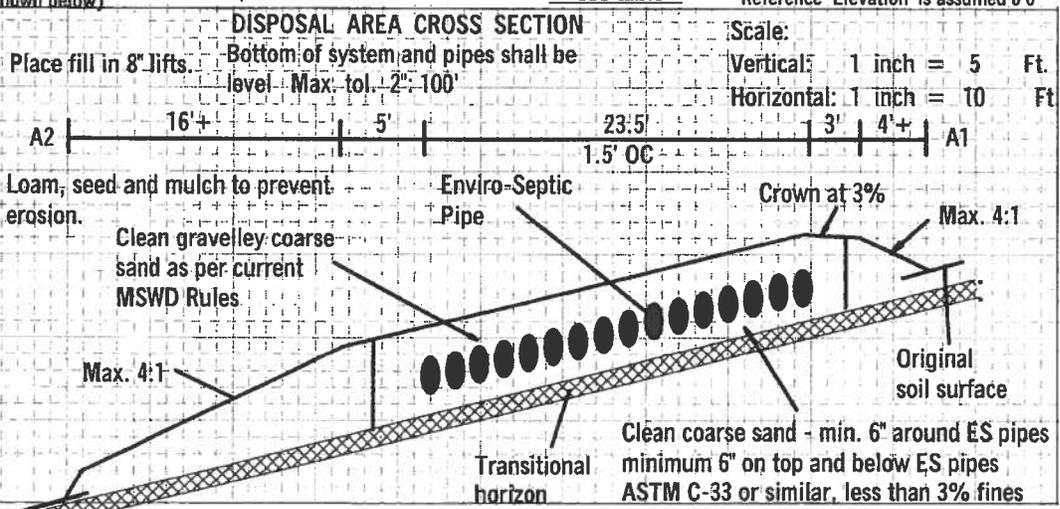
Components of system shall be protected from frost as needed; D-box shall be covered with a minimum of 2" of rigid polystyrene insulation.

20' x 23.5' Disposal Area
16 rows of 20' of Enviro-Septic Pipe
Equally Distributed

CONSTRUCTION ELEVATIONS

FILL REQUIREMENTS	Reference Elevation is Assumed 0' 0"	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of backfill (Upslope) 22"+	Finished Grade Elevation top of pipe + 12"	Flagged nail in 19" DBH oak 20" above ground surface Reference Elevation is assumed 0' 0"
Depth of backfill (Downslope) 42"+	Top of Distribution Pipe or proprietary device see table	
DEPTHS AT CROSS SECTION (shown below)	Bottom of Disposal Field see table	

	Bottom of Row	Top of Pipe
Row 1	- 72"	- 60"
Row 2	- 74"	- 62"
Row 3	- 76"	- 64"
Row 4	- 78"	- 66"
Row 5	- 80"	- 68"
Row 6	- 82"	- 70"
Row 7	- 84"	- 72"
Row 8	- 86"	- 74"
Row 9	- 88"	- 76"
Row 10	- 90"	- 78"
Row 11	- 92"	- 80"
Row 12	- 94"	- 82"
Row 13	- 96"	- 84"
Row 14	- 98"	- 86"
Row 15	- 100"	- 88"
Row 16	- 102"	- 90"



Site Evaluator Signature _____ 336 SE # _____ Date 10 - 17 - 21

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HHE-200 Rev. 04/05

Planning Board

Bathroom #2 DOWN on the Interval

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION		Department of Human Services Division of Health Engineering, Station 10 (207) 287-5672 FAX (207) 287-4172	
PROPERTY LOCATION		>> CAUTION : LPI APPROVAL REQUIRED <<	
City, Town or Plantation	Starks	Town/City	Permit #
Street or Road	1005 New Sharon Road	Date Permit Issued ___/___/___	Fee: \$ _____ Double Fee Charged <input type="checkbox"/>
Subdivision Lot #			LPI # _____
OWNER/APPLICANT INFORMATION		Local Plumbing Inspector Signature	
Name (last, first, MI)	Hanna, Kendall and Marie Ring <input checked="" type="checkbox"/> Owner	The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued 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.	
Name and mailing address of:	1005 New Sharon Road		
Owner / Applicant	Starks, ME 04911		
Daytime Tel. #	207-504-0138	Municipal Tax Map # _____	Lot # _____
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Date _____		(1st) Date Approved _____	
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SIZE OF PROPERTY		DISPOSAL SYSTEM TO SERVE:	
40 +/- <input type="checkbox"/> sq. ft <input checked="" type="checkbox"/> acres		<input type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms _____ <input type="checkbox"/> 2. Multiple Family Dwelling No. of Units: _____ <input checked="" type="checkbox"/> 3. Other <u>4 Primitive Campsites</u> SPECIFY Current use: <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped	
SHORELAND ZONING		DISPOSAL SYSTEM COMPONENT(S)	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> 1. Complete Non-Engineered System <input type="checkbox"/> 2. Primitive System (graywater and 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 (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pretreatment: specify: _____ <input type="checkbox"/> 12. Miscellaneous components	
		TYPE OF WATER SUPPLY	
		<input type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input checked="" type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other: (Proposed)	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK		DISPOSAL FIELD TYPE & SIZE	
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CAPACITY <u>1000</u> Gal		SIZE <u>1050</u> <input checked="" type="checkbox"/> sq. ft <input type="checkbox"/> lin. ft	
SOIL DATA & DESIGN CLASS		DISPOSAL FIELD SIZING	
PROFILE <u>8</u> CONDITION <u>C</u> at observation hole # 1 Depth <u>16</u> " Of Most Limiting Soil Factor		<input type="checkbox"/> 1. Medium 2.60 sq. ft. / gpd <input type="checkbox"/> 2. Medium - Large 3.30 sq. ft. / gpd <input checked="" type="checkbox"/> 3. Large 4.10 sq. ft. / gpd <input type="checkbox"/> 4. Extra - Large 5.00 sq. ft. / gpd	
		EFFLUENT / EJECTOR PUMP	
		<input type="checkbox"/> 1. Not Required <input checked="" type="checkbox"/> 2. May be required <input type="checkbox"/> 3. Required Specify only for engineered systems: DOSE _____ Gallons	
		DESIGN FLOW	
		<u>240</u> gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS - for other facilities - 4 campsites @ 60GPD each	
		LATITUDE AND LONGITUDE	
		at center of disposal field LAT: N 44d 41m 18.2s LONG: W 69d 57m 44.3s If GPS, state margin of error:	

SITE EVALUATOR'S STATEMENT

I certify that on 10 / 14 / 21 (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	336	10 - 16 - 21
Elizabeth A. Flynn	SE #	Date
Site Evaluator Name Printed	207-864-5161 (O)	ncsoils@earthlink.net
	207-670-5166 (C)	E-mail address

NOTE: Changes to or deviations from the design shall be confirmed with the Site Evaluator.

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5672 FAX (207) 287-3165

Town, City, Plantation
Starks

Street, Road, Subdivision
1005 New Sharon Road

Owner or Applicant Name
Kendall Hanna and Marie Ring

SITE PLAN

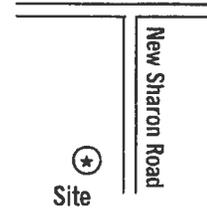
SCALE 1" = 50 FT



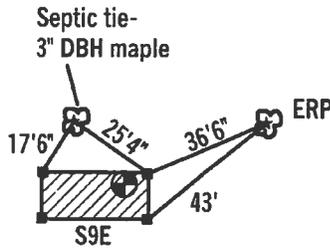
SITE LOCATION PLAN

(Attach map from Maine Atlas for First Time System Variance)

Route 4



Owner shall ensure disposal field and fill extensions remain within property bounds



Site is located 4.8 miles from Route 2 on right.



- Elevation reference point
- Property line
- Test pit/ boring
- Flagged stake

MAP IS NOT A SURVEY

SOIL PROFILE DESCRIPTION AND CLASSIFICATION

Observation Hole #1 Test Pit Boring

1" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	Loam	Friable	10YR 3/3	None Ev
6				
12			2.5 4/4	
18	Silt Loam			Com Faint
24		Firm		
30				
36				
42				
48				
54				

Soil Classification	Slope	Limiting Factor	<input checked="" type="checkbox"/> Ground Water
<u>8</u> <u>C</u>	<u>19</u>	<u>16</u>	<input type="checkbox"/> Restrictive Layer
Profile Condition	Percent	Depth	<input type="checkbox"/> Bedrock

(Location of Observation Holes Shown Above)

Observation Hole _____ Test Pit Boring

_____ Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0				
6				
12				
18				
24				
30				
36				
42				
48				
54				

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

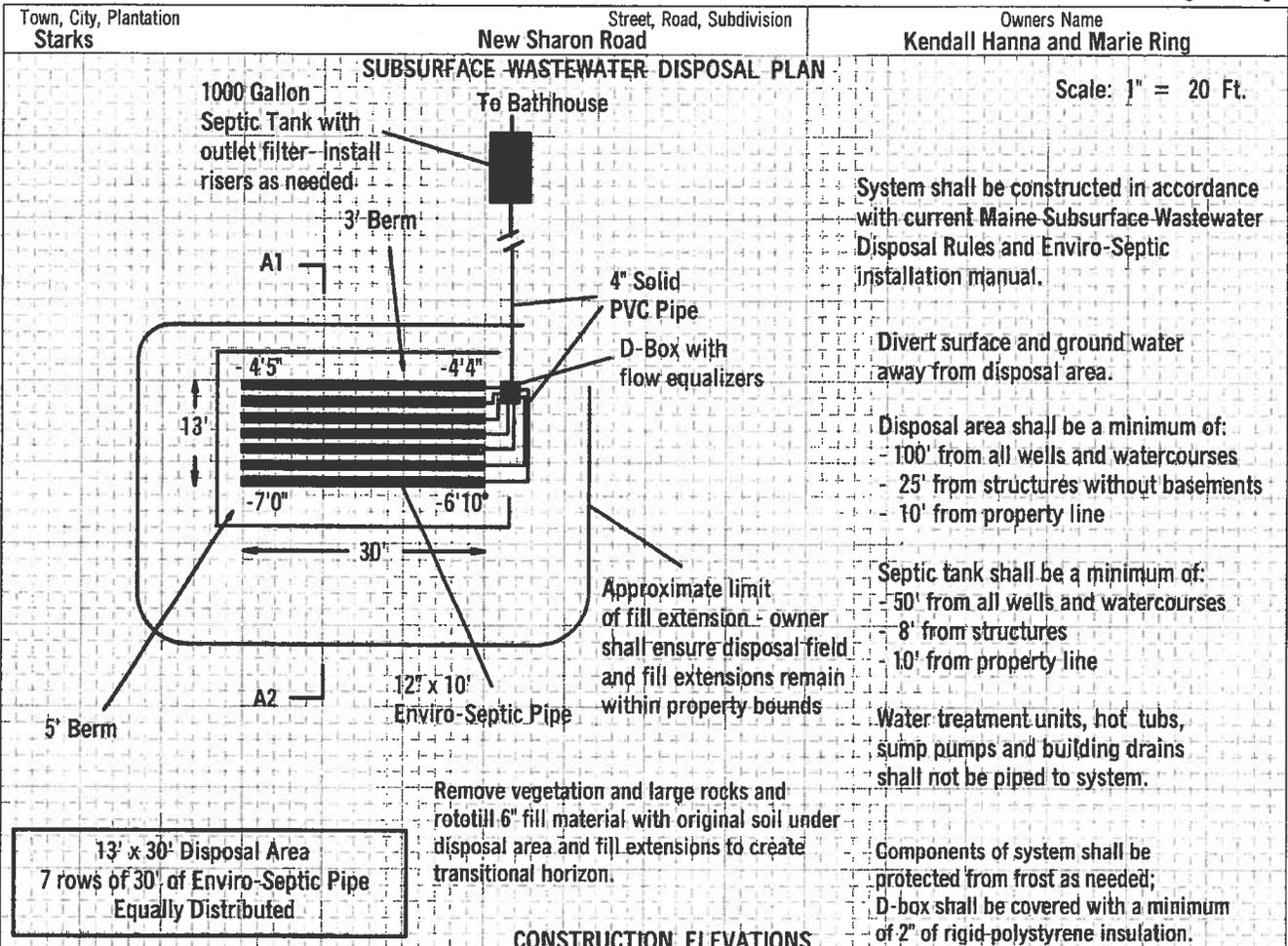
Site Evaluator Signature

336
SE #

10 - 16 - 21
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

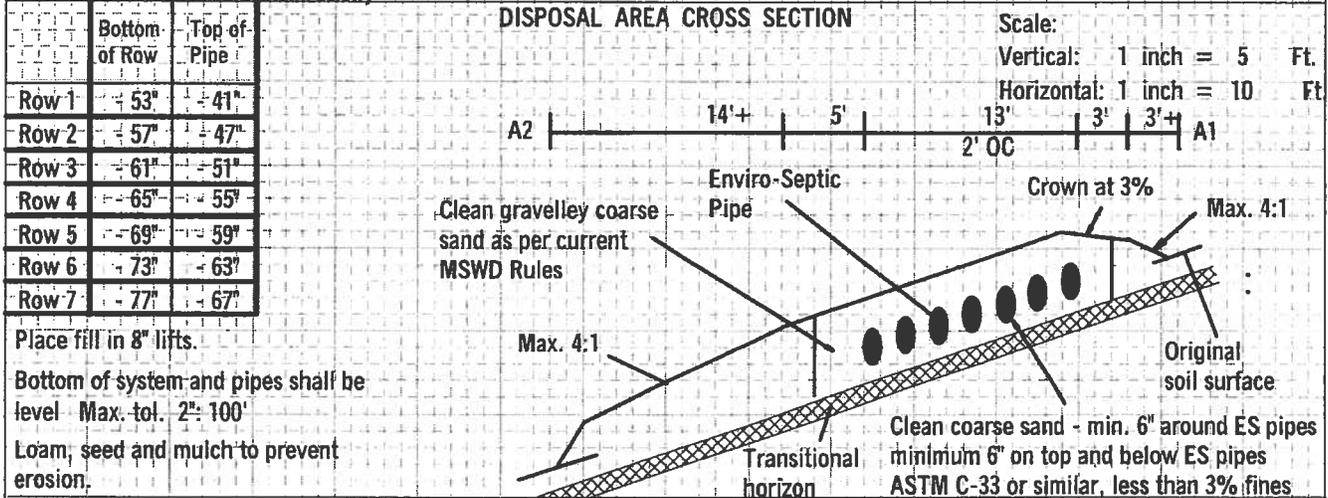
Department of Human Services
Division of Health Engineering



CONSTRUCTION ELEVATIONS

FILL REQUIREMENTS	Reference Elevation is	Assumed	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of backfill (Upslope) <u>23"+</u>	Finished Grade Elevation	<u>0' 0"</u>	Flagged nail in 28" DBH pine
Depth of backfill (Downslope) <u>29"+</u>	Top of Distribution Pipe or proprietary device	<u>top of pipe + 12"</u>	40" above ground surface
DEPTHS AT CROSS SECTION (shown below)	Bottom of Disposal Field	<u>see table</u>	Reference Elevation is assumed 0'0"

DISPOSAL AREA CROSS SECTION




Site Evaluator Signature

336
SE #

10 - 16 - 21
Date