



Preliminary Soils Evaluation Report

December 14, 2017

Top Sheet

Property Owner/Address: Jocelyn O'Rourke-Shane
18 Olde Village West
Naples, ME 04055

Subject Parcel: Intersection of Route 30r and Brook Hollow Rd.
Naples, Maine

Findings: On December 14, 2017 a soils evaluation was conducted at the above-mentioned parcel. Suitable soils were found within the property as well as adequate space to support a subsurface wastewater disposal system in accordance with the Maine State Plumbing Code.

Conclusion: Suitable conditions exist within the property to support a subsurface wastewater disposal system. It should be noted that these findings are in accordance with the current Maine State Plumbing Code guidelines. Changes in code, Town regulations, development ordinances, alterations in property and neighboring features can affect these findings. Proposed use will dictate the required sizing. Steps should be taken to complete a "Subsurface Wastewater Disposal System Design" in order to secure the build ability of the site.

Please feel free to call with any questions you may have regarding this report.

Sincerely,

Norman "Bud" Harris, LSE#348



SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

>> Caution: LPI APPROVAL REQUIRED <<

PROPERTY LOCATION

City, Town, or Plantation: NAPLES

Street or Road: INTERSECTION OF ROUTE 302

Subdivision, Lot #: ‡ BROOK HOLLOW ROAD

OWNER/APPLICANT INFORMATION

Name (last, first, MI): OROURKE-SHANE JOCELYN Owner Applicant

Mailing Address of Owner/Applicant: 18 OLDE VILLAGE WEST

Daytime Tel. #:

Town/City: _____ Permit # _____

Date Permit Issued: ____/____/____ Fee: \$ _____ Double Fee Charged ()

Local Plumbing Inspector Signature: _____ L.P.I. # _____

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 # _____ Lot # _____

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.

Local Plumbing Inspector Signature: _____ (1st) Date Approved: _____

Local Plumbing Inspector Signature: _____ (2nd) Date Approved: _____

PERMIT INFORMATION

<p>TYPE OF APPLICATION</p> <p><input checked="" type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type Replaced: _____ Year Installed: _____</p> <p><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</p>	<p>THIS APPLICATION REQUIRES</p> <p><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</p>	<p>DISPOSAL SYSTEM COMPONENTS</p> <p>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</p>
<p>SIZE OF PROPERTY</p> <p>1.0 <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres</p>	<p>DISPOSAL SYSTEM TO SERVE</p> <p>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>COMMERCIAL</u> (SPECIFY)</p> <p>Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped</p>	<p>TYPE OF WATER SUPPLY</p> <p>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:</p>
<p>SHORELAND ZONING</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p>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 <u>1000-1500</u> gallons</p>	<p>DISPOSAL FIELD TYPE & SIZE</p> <p>1. <input type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench 3. <input checked="" type="checkbox"/> Proprietary Device <input type="checkbox"/> cluster array c. <input type="checkbox"/> Linear <input type="checkbox"/> regular load d. <input type="checkbox"/> H-20 loaded 4. <input type="checkbox"/> Other: _____ SIZE: <u>1000</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.</p>	<p>GARBAGE DISPOSAL UNIT</p> <p>1. <input checked="" type="checkbox"/> No 3. <input type="checkbox"/> Maybe 2. <input type="checkbox"/> Yes >> Specify on page below <input type="checkbox"/> multi-compartment tank <input type="checkbox"/> tanks in series <input type="checkbox"/> increase in tank capacity <input type="checkbox"/> Filter on tank outlet</p>	<p>DESIGN FLOW</p> <p><u>600</u> gallons per day BASED ON: <input type="checkbox"/> Table 4A (dwelling unit(s)) <input checked="" type="checkbox"/> Table 4C (other facilities) SHOW CALCULATIONS - for other facilities -</p>
<p>SOIL DATA & DESIGN CLASS</p> <p>PROFILE CONDITION: <u>5 / C</u> at Observation Hole # <u>TP-142</u> Depth <u>22"/33"</u> of Most Limiting Soil Factor</p>	<p>DISPOSAL FIELD SIZING</p> <p>1. <input checked="" type="checkbox"/> Medium - 2.0 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</p>	<p>EFFLUENT VECTOR PUMP</p> <p>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</p>	<p>ATTACH WATER METER DATA</p> <p>LATITUDE AND LONGITUDE at center of disposal area Lat. ____ d ____ m ____ s Lon. ____ d ____ m ____ s if g.p.s, state margin of error</p>

SITE EVALUATOR STATEMENT

I certify that on 12/14/17 (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: Norman "Bud" Harris SE # 348 Date: 12/14/17
 NORMAN "BUD" HARRIS (HARRIS SEPTIC SOLUTIONS, INC.) (207) 892-2435 harrisseptic@gmail.com Page 1 of 3
 Note: Changes to or deviations from the design should be confirmed with the Site Evaluator. HHE-200 Rev. 08/2011

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
NAPLES

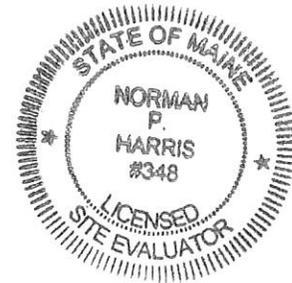
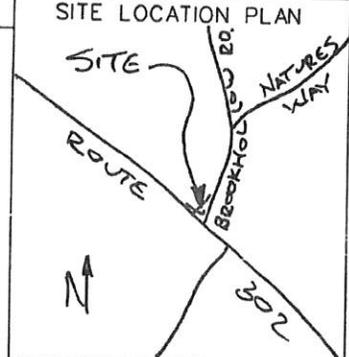
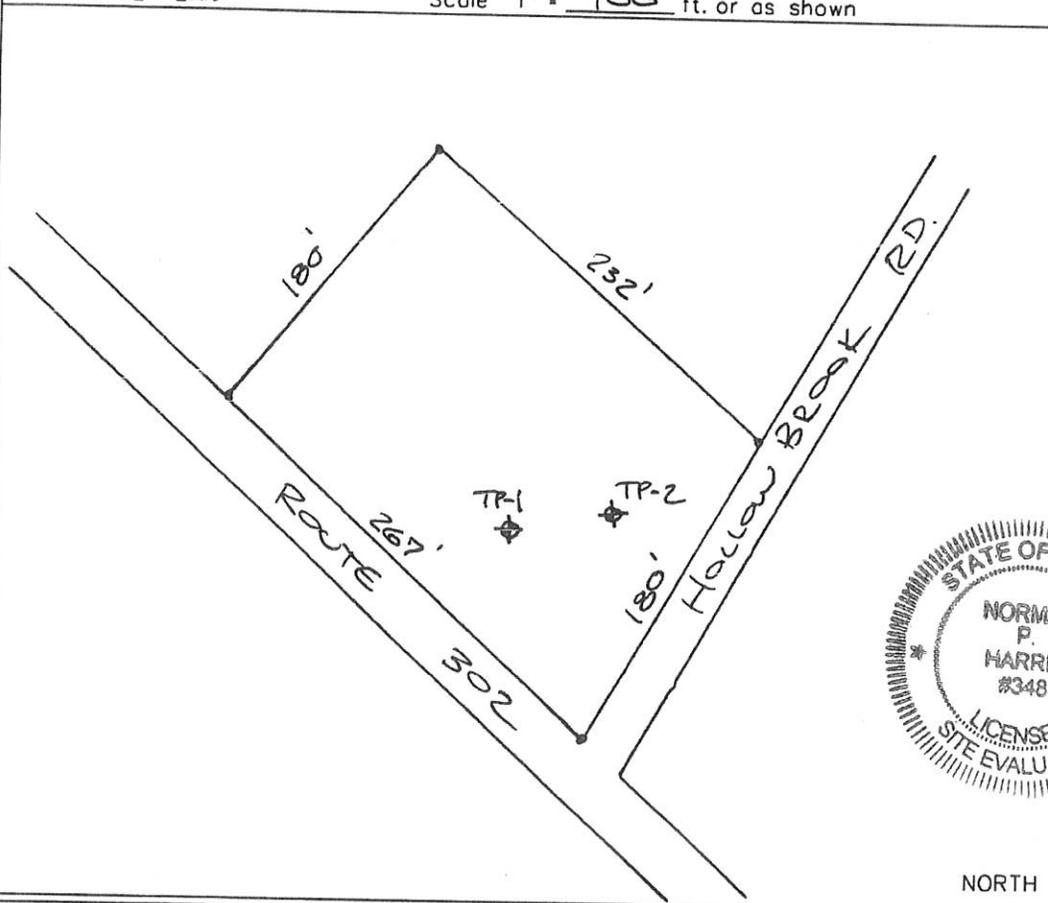
Street, Road, Subdivision
INT. RT. 302 & HOLLOW BROOK RD.

Owner's Name
JOCELYN O'ROURKE-SHANE

SITE PLAN

Scale 1" = 100 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	VERY DARK BROWN	
10	MEDIUM SAND	FRIABLE	BROWN	
20	GRAVELLY COARSE SAND	FRIABLE	DARK YELLOW BROWN	
22	REFUSAL IN STONE AT -22"			
30				
40				
50				

Soil Classification: 5 Profile, C Condition, 2-3% Slope, 22" Limiting Factor
 Ground Water
 Restrictive Layer
 Bedrock
 Pit Depth

Observation Hole TP-2 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	VERY DARK BROWN	
10	GRAVELLY SAND	FRIABLE	MEDIUM BROWN	
20				
30	GRAVELLY COARSE SAND	FRIABLE	DARK YELLOW BROWN	
33	REFUSAL IN STONE AT -33"			
40				
50				

Soil Classification: 5 Profile, C Condition, 2-5% Slope, 33" Limiting Factor
 Ground Water
 Restrictive Layer
 Bedrock
 Pit Depth

Norman P. Harris
Site Evaluator Signature

#348
SE

12/14/17
Date