# CITY OF PORTLAND WASTEWATER CAPACITY APPLICATION

Department of Public Services,
55 Portland Street,
Portland, Maine 04101-2991

Date: April 4, 2016

Mr. Frank J. Brancely,
Senior Engineering Technician,
Phone #: (207) 874-8832,
Fax #: (207) 874-8852,
E-mail:fjb@portlandmaine.gov

**1. Please, Submit Utility, Site, and Locus Plans.**

Site Address: 1945 Congress Street

Chart Block Lot Number: _____

Proposed Use: Office, Medical

Previous Use: Assembly

Existing Sanitary Flows: 500 GPD

Existing Process Flows: 0 GPD

Description and location of City sewer that is to receive the proposed building sewer lateral.

Same location as currently exists.

| Site Category | | |
|---|---|---|
| | Commercial *(see part 4 below)* | ☐ |
| | Industrial *(complete part 5 below)* | ☐ |
| | Governmental | ☐ |
| | Residential | ☐ |
| | Other *(specify)* | ☐ |

***(Clearly, indicate the proposed connections, on the submitted plans)***

**2. Please, Submit Contact Information.**

City Planner's Name: Helen Donaldson Phone: 207.874.8723

Owner/Developer Name: Northland Enterprises, LLC

Owner/Developer Address: 17 South St. Portland, ME 04101

Phone: 207.780.0223 Fax: _____ E-mail: josh@northlandus.com

Engineering Consultant Name: Pinkham & Greer, Civil Engineers

Engineering Consultant Address: 28 Vannah Ave., Portland, ME 04103

Phone: 207.781.5242 Fax: 207.781.4245 E-mail: tgreer@pinkhamandgreer.com

***(Note: Consultants and Developers should allow +/- 15 days, for capacity status, prior to Planning Board Review)***

**3. Please, Submit Domestic Wastewater Design Flow Calculations.**

Estimated Domestic Wastewater Flow Generated: 500 existing 3,735 new GPD

Peaking Factor/ Peak Times: 7:30-8:30, Lunch, & 4:30-5:30

Specify the source of design guidelines: *(i.e.__"Handbook of Subsurface Wastewater Disposal in Maine," __ "Plumbers and Pipe Fitters Calculation Manual," __ Portland Water District Records, _ Other (specify)*

**See Attached based on Plumbing Code**

***(Note: Please submit calculations showing the derivation of your design flows, either on the following page, in the space provided, or attached, as a separate sheet)***

**4. Please, Submit External Grease Interceptor Calculations.**

Total Drainage Fixture Unit (DFU) Values: _____

Size of External Grease Interceptor: _____

Retention Time: _____

Peaking Factor/ Peak Times: _____

***(Note: In determining your restaurant process water flows, and the size of your external grease interceptor, please use The Uniform Plumbing Code. Note: In determining the retention time, sixty (60) minutes is the minimum retention time. Note: Please submit detailed calculations showing the derivation of your restaurant process water design flows, and please submit detailed calculations showing the derivation of the size of your external grease interceptor, either in the space provided below, or attached, as a separate sheet)***

**5. Please, Submit Industrial Process Wastewater Flow Calculations**

Estimated Industrial Process Wastewater Flows Generated: _____ GPD

Do you currently hold Federal or State discharge permits? Yes ____ No ____

Is the process wastewater termed categorical under CFR 40? Yes ____ No ____

OSHA Standard Industrial Code (SIC): *http://www.osha.gov/oshstats/sicser.html*

Peaking Factor/Peak Process Times: _____

***(Note: On the submitted plans, please show where the building's domestic sanitary sewer laterals, as well as the building's industrial-commercial process wastewater sewer laterals exits the facility. Also, show where these building sewer laterals enter the city's sewer. Finally, show the location of the wet wells, control manholes, or other access points; and, the locations of filters, strainers, or grease traps)***

***(Note: Please submit detailed calculations showing the derivation of your design flows, either in the space provided below, or attached, as a separate sheet)***

Notes, Comments or Calculation

**PINKHAM & GREER**
**CIVIL ENGINEERS**

28 VANNAH AVE. PORTLAND, ME. 04103
Tel: 207.781.5242 Fax: 207.781.4245

JOB 1945 Gottaless

SHEET NO. _____ OF _____

CALCULATED BY TSC DATE 4/4/16

CHECKED BY _____ DATE _____

SCALE _____

# FLOW ESTIMATE
## PLUMBING CODE.

MEDICAL OFFICE

| | | | |
|---|---|---|---|
| 80 gpd/dr. | 7 | = | 560 |
| 5/ PATIENT | 200 | = | 1000 |
| 15/ EMPLOYEE | 5 | = | 75 |
| | TOTAL | | 1,635 |

OFFICE

35,000 SQFT/200 = 175 x 12 gpd = 2,100 gpd

NEW- 3,735

ELKS @ 500 gpd EX 500

TOTAL 4,235 gpd