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SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5672 FAX (207) 287-4172

PROPERTY LOCATION

>> Caution: Permit Required -- Attach in Space Below <<

City, Town, or Plantation: Portland

Street or Road: 13 Blueberry Road

Subdivision, Lot #: _____

PORTLAND PERMIT # 7418 APPLICANTS COPY

Date Permit Issued: 5/16/00 11/01/00 If Double Fee Charged

Proctor Local Plumbing Inspector Signature L.P.I. # 0111214

OWNER/APPLICANT INFORMATION

Name (last, first, MI): Mason Veterinary Center Owner

Mailing Address of: 257 Bath Road Applicant

Owner Applicant

Brunswick 04611

Daytime Tel. #: 729-4164

THE WORK SPECIFIED IN THIS APPLICATION IS HEREBY AUTHORIZED TO BE INSTALLED IN ACCORDANCE WITH THE RULES. THIS PERMIT EXPIRES AFTER TWO YEARS FROM DATE ISSUED UNLESS WORK HAS COMMENCED.

8/29/2001

Municipal Tax Map # _____ Lot # _____

Owner or Applicant Statement

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.

Caution: Inspections Required

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.

11/19/99 (1st) Date Approved
8/29/00 (2nd) Date Approved

Signature of Owner or Applicant _____ Date _____

Local Plumbing Inspector Signature _____

PERMIT INFORMATION

TYPE OF APPLICATION 1. <input type="checkbox"/> First Time System 2. <input checked="" type="checkbox"/> Replacement System Type Replaced: <u>Unit</u> Year Installed: <u>Unit</u> <input type="checkbox"/> Expanded System a. <input type="checkbox"/> One-time exempted b. <input type="checkbox"/> Non-exempted 4. <input type="checkbox"/> Experimental System 5. <input type="checkbox"/> Seasonal Conversion	THIS APPLICATION REQUIRES 1. <input checked="" type="checkbox"/> No Rule Variance 2. <input type="checkbox"/> First Time System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 3. Replacement System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 4. <input type="checkbox"/> Minimum Lot Size Variance 5. <input type="checkbox"/> Seasonal Conversion Approval	DISPOSAL SYSTEM COMPONENT(S) 1. <input type="checkbox"/> Complete Non-engineered System 2. <input type="checkbox"/> Primitive System (graywater & alt toilet) 3. <input type="checkbox"/> Alternative Toilet, specify: _____ 4. <input checked="" 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 or more) 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 <input type="checkbox"/> sq. ft. <u>1.52 ac</u> <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>Veterinary Hospital</u> SPECIFY _____	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 <u>Existing Tank</u> 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 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 load 4. <input type="checkbox"/> Other: _____ SIZE _____ <input 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>200</u> gallons per day BASED ON: 1. <input type="checkbox"/> Table 501.1 (dwelling unit(s)) 2. <input checked="" type="checkbox"/> Table 501.2 (other facilities) SHOW CALCULATIONS -- for other facilities -- <u>6 employees @ 15 gpd</u> <u>90 gpd for wash</u>
SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN <u>2 1 A 1 III</u> at Observation Hole # <u>TP</u> Depth <u>24</u> " Elevation _____ OF MOST LIMITING SOIL FACTOR	DISPOSAL FIELD SIZING 1. <input type="checkbox"/> Small -- 2.0 sq. ft./gpd 2. <input type="checkbox"/> Medium -- 2.6 sq. ft./gpd 3. <input checked="" type="checkbox"/> Medium-Large -- 3.3 sq. ft./gpd 4. <input type="checkbox"/> Large -- 4.1 sq. ft./gpd 5. <input type="checkbox"/> Extra Large -- 5.0 sq. ft./gpd	PUMPING 1. <input type="checkbox"/> Not Required 2. <input type="checkbox"/> May Be Required 3. <input checked="" type="checkbox"/> Required >> Specify only for engineered or experimental systems: DOSE: _____ gallons	3. <input type="checkbox"/> Section 503.0 (meter readings) ATTACH WATER-METER DATA

SITE EVALUATOR STATEMENT

Certify that on 5/26/00 (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).

Mark Hampton
Site Evaluator Signature

SE # 763

Date 5/29/00

Mark Hampton
Site Evaluator Name Printed

Telephone # 773-8650

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX (207) 287-4172

Town, City, Plantation
Portland

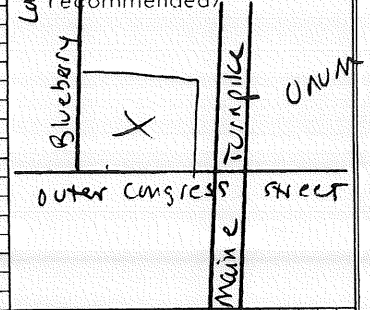
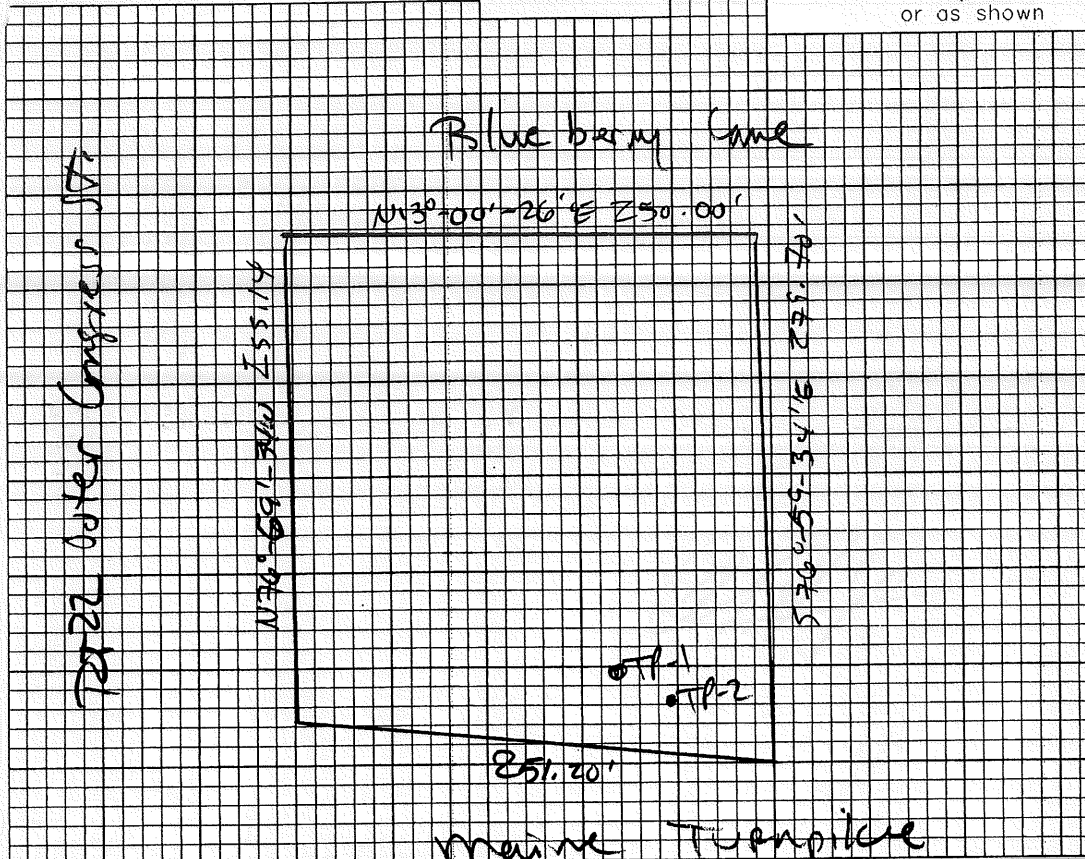
Street, Road, Subdivision
13 Blueberry Road

Owner's Name
M. S. M. Veterinary Realty

SITE PLAN

Scale 1" = 100 Ft.
or as shown

SITE LOCATION PLAN
Map from Maine Atlas
recommended)



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

Observation Hole TP1 Test Pit Boring
" Depth of Organic Horizon Above Mineral Soil

Observation Hole TP2 Test Pit Boring
" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	Sandy loam	Friable	Pale Brown	
10	Sandy loam	Friable	Brown	None noted
30	Soil description			
40	ledge			
50				

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	Sandy loam	Friable	Pale Brown	
10	Sandy loam	Friable	Brown	None noted
30	Soil description			
40	ledge			
50				

Soil Classification 2 A III Slope 0 % Limiting Factor 24 " Ground Water Restrictive Layer Bedrock Pit Depth

Soil Classification 2 A III Slope 0 % Limiting Factor 24 " Ground Water Restrictive Layer Bedrock Pit Depth

Walter J. Hampton
Site Evaluator Signature

263
SE *

5/29/00
Date

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Division of Health Engineering
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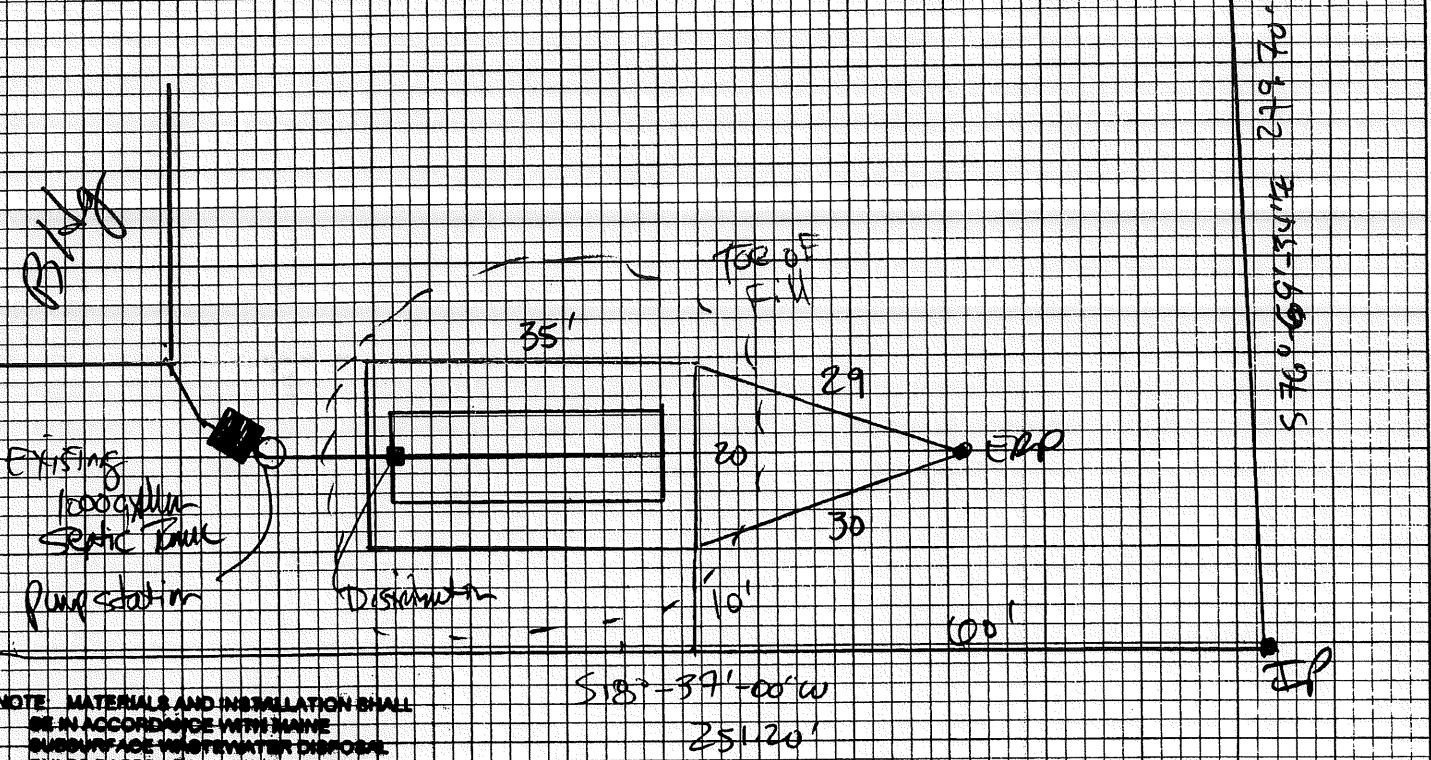
Town, City, Plantation
Portland

Street, Road, Subdivision
13 Blueberry Road

Owner's Name
Mason Veterinary Healthy

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT.



NOTE: MATERIALS AND INSTALLATION SHALL BE IN ACCORDANCE WITH MAINE SUBSURFACE WASTEWATER DISPOSAL RULES DATED 1985, AS AMENDED, AND SUPPLEMENTED BY THE ATTACHED GENERAL NOTES WHICH BECOME A PART OF THIS DESIGN.

Machine Turbopipe

FILL REQUIREMENTS

Depth of Fill (Upslope)	<u>24</u>
Depth of Fill (Downslope)	<u>24</u>

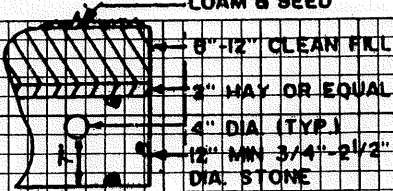
CONSTRUCTION ELEVATIONS

Finished Grade Elevation	<u>-20</u>
Top of Distribution Pipe or Proprietary Device	<u>-30</u>
Bottom of Disposal Area	<u>-41</u>

ELEVATION REFERENCE POINT

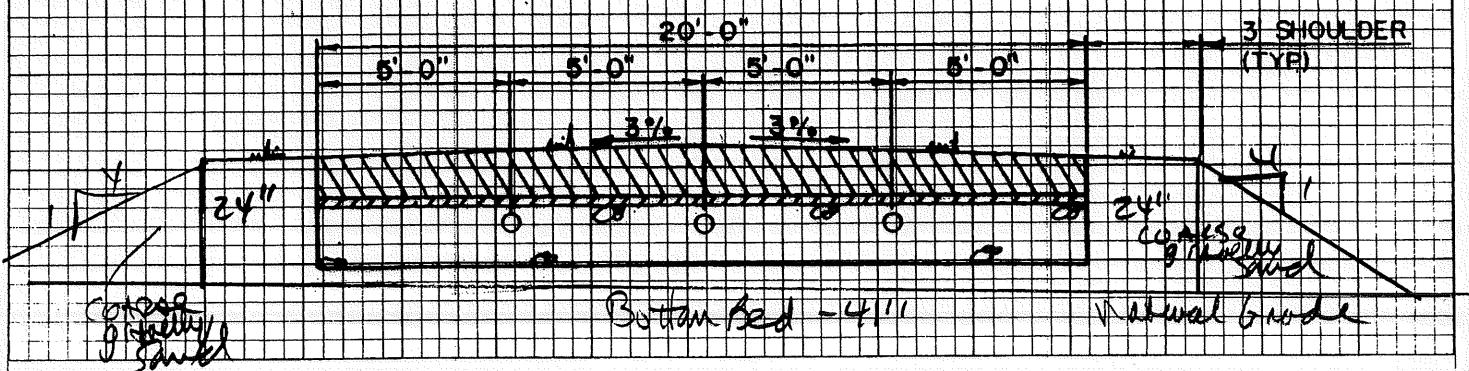
Location & Description	<u>Mail 42"</u>
Reference Elevation	<u>0"</u>

LOAM & SEED



DISPOSAL AREA CROSS SECTION

SCALE:
VERTICAL: 1" = 3'
HORIZONTAL: 1" = 5'



Mason Hampton
Site Evaluator Signature

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SE #

5/29/00
Date