

2011 6772

237-B011

377

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services  
Dw of Environmental Health, 11 SHS  
(207) 287-5672 Fax (207) 287-4172

|  |  |  |          |
|--|--|--|----------|
| <b>PROPERTY LOCATION</b>   |  | <b>&gt;&gt; CAUTION: LPI APPROVAL REQUIRED &lt;&lt;</b>  |          |
| City, Town, or Plantation  | Portland                                       | Town/City  | Permit # |
| Street or Road   | 2355 Congress Street                           |  |          |
| Subdivision, Lot #   |  |  |          |
| <b>OWNER/APPLICANT INFORMATION</b>   |  | PORTLAND PERMIT # 11765 STATE COPY<br>Permit Issued: 9/22/11 \$ 11510.00 FEE Charged<br>L.P.I. # 0.7.3.2   |          |
| Name (last, first, MI)   | Portland Sewerage Authority<br>Owner Applicant | Local Plumbing Inspector Signature<br>authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules |          |
| Mailing Address of Owner/Applicant   | 2355 Congress Street<br>Portland, ME           | Municipal Tax Map # 237 B Lot # 011  |          |
| Daytime Tel. #   | 837-0937                                       |  |          |
| <b>OWNER OR APPLICANT STATEMENT</b>  |  | <b>CAUTION: INSPECTION REQUIRED</b>  |          |
| 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: <u>[Signature]</u><br>Date: 9-21-11   |  | Local Plumbing Inspector Signature: <u>[Signature]</u><br>(1st) date approved: _____<br>(2nd) date approved: _____   |          |

|  |   |  |  |
|--|---|--|--|
| <b>PERMIT INFORMATION</b>  |   |  |  |
| <b>TYPE OF APPLICATION</b>   | <b>THIS APPLICATION REQUIRES</b>  | <b>DISPOSAL SYSTEM COMPONENTS</b>  |  |
| 1. First Time System<br>2. Replacement System<br>Type replaced: <u>Concrete</u><br>Year installed: <u>2011</u><br>3. Expanded System<br>a. <25% Expansion<br>b. >25% Expansion<br>4. Experimental System<br>5. Seasonal Conversion | 1. No Rule Variance<br>2. First Time System Variance<br>a. Local Plumbing Inspector Approval<br>b. State & Local Plumbing Inspector Approval<br>3. Replacement System Variance<br>a. Local Plumbing Inspector Approval<br>b. State & Local Plumbing Inspector Approval<br>4. Minimum Lot Size Variance<br>5. Seasonal Conversion Permit | 1. Complete Non-engineered System<br>2. Primitive System (graywater & alt. toilet)<br>3. Alternative Toilet, specify: _____<br>4. Non-engineered Treatment Tank (only)<br>5. Holding Tank, _____ gallons<br>6. Non-engineered Disposal Field (only)<br>7. Separated Laundry System<br>8. Complete Engineered System (2000 gpd or more)<br>9. Engineered Treatment Tank (only)<br>10. Engineered Disposal Field (only)<br>11. Pre-treatment, specify: _____<br>12. Miscellaneous Components |  |
| <b>SIZE OF PROPERTY</b>  | <b>DISPOSAL SYSTEM TO SERVE</b>   | <b>TYPE OF WATER SUPPLY</b>  |  |
| SQ. FT. _____<br>ACRES _____   | 1. Single Family Dwelling Unit, No. of Bedrooms: _____<br>2. Multiple Family Dwelling, No. of Units: _____<br>3. Other: <u>Commercial/Industrial</u><br>(specify)<br>Current Use _____ Seasonal _____ Year Round _____ Undeveloped _____  | 1. Drilled Well 2. Dug Well 3. Private<br>4. Public 5. Other   |  |
| <b>SHORELAND ZONING</b>  | <b>DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)</b>   |  |  |
| Yes _____ No <u>2</u>  | <b>TREATMENT TANK</b>   | <b>DISPOSAL FIELD TYPE &amp; SIZE</b>  | <b>GARBAGE DISPOSAL UNIT</b>   |
|  | 1. Concrete<br>a. Regular <u>2000</u><br>b. Low Profile<br>2. Plastic<br>3. Other _____<br>CAPACITY _____ GAL   | 1. Stone Bed 2. Stone Trench<br>3. Proprietary Device<br>a. cluster array b. c. Linear<br>d. regular load e. H-20 load<br>4. Other: _____<br>SIZE: <u>1250</u> sq. ft. lin. ft.  | 1. No 2. Yes 3. Maybe<br>If Yes or Maybe, specify one below:<br>a. multi-compartment tank<br>b. _____ tanks in series<br>c. increase in tank capacity<br>d. Filter on Tank Outlet  |
|  | <b>SOIL DATA &amp; DESIGN CLASS</b>   | <b>DISPOSAL FIELD SIZING</b>   | <b>EFFLUENT/EJECTOR PUMP</b>   |
|  | PROFILE CONDITION: <u>3.1.4</u><br>at Observation Hole # <u>1</u><br>Depth: <u>20"</u><br>of Most Limiting Soil Factor: _____   | 1. Medium---2.6 sq. ft. / gpd<br>2. Medium---Large 3.3 sq. ft. / gpd<br>3. Large---4.1 sq. ft. / gpd<br>4. Extra Large---5.0 sq. ft. / gpd   | 1. Not Required<br>2. May Be Required<br>3. Required<br>Specify only for engineered systems<br>DOSE _____ gallons  |
|  |   |  | <b>DESIGN FLOW</b>   |
|  |   |  | 375 gallons per day<br>BASED ON:<br>1. Table 4A (dwelling unit(s))<br>2. Table 4C (other facilities)<br>SHOW CALCULATIONS for other facilities<br><u>Water use levels</u><br>3. Section 4G (meter readings)<br>ATTACH WATER METER DATA |
|  |   |  | <b>LATITUDE AND LONGITUDE</b>  |
|  |   |  | at center of disposal area<br>Lat. <u>43</u> d <u>50</u> m <u>00</u> s<br>Lon. <u>70</u> d <u>30</u> m <u>00</u> s<br>if g.p.s. state margin of error: _____   |

|  |  |  |   |
|--|--|--|---|
| <b>SITE EVALUATOR STATEMENT</b>  |  |  |   |
| I certify that on <u>9/20/11</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>[Signature]</u><br>Site Evaluator Name Printed: <u>Mark J. Houghton</u>   |  | SE #: <u>756-2900</u><br>Telephone Number: _____ | Date: <u>9/20/11</u><br>E-mail Address: _____ |

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator

Page 1 of 3  
HHE-200, Rev. 08/2011

|         |           |         |       |          |         |           |         |       |          |
|---------|-----------|---------|-------|----------|---------|-----------|---------|-------|----------|
| Profile | Condition | Percent | Depth | Location | Profile | Condition | Percent | Depth | Location |
|---------|-----------|---------|-------|----------|---------|-----------|---------|-------|----------|

Town, City, Plantation  
Portland

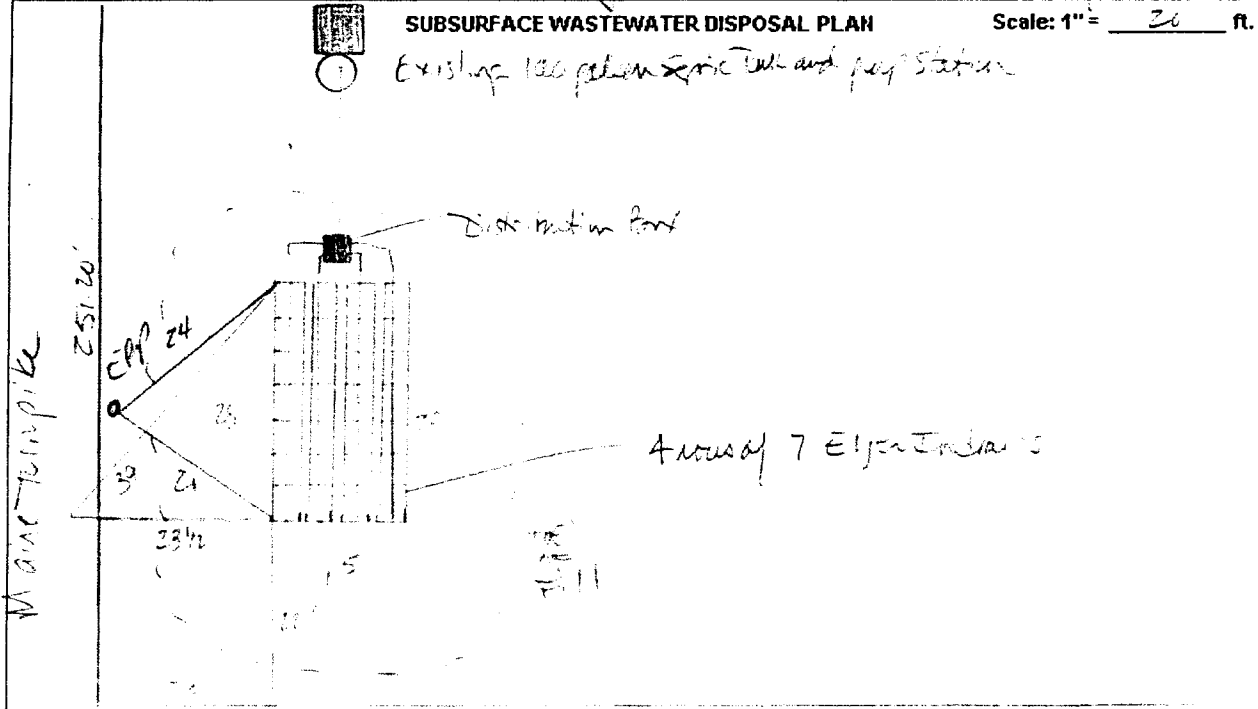
Street, Road, Subdivision  
2255 Congress Street

Owner or Applicant Name  
Portland Veterinary Services

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 ft.

Existing 100 gallon septic tank and pump station



Note: Materials and installation shall be in accordance with Maine Subsurface Wastewater Disposal Rules dated 01/11 as amended.

BACKFILL REQUIREMENTS

|                                       |            |
|---------------------------------------|------------|
| Depth of Backfill (upslope)           | <u>24"</u> |
| Depth of Backfill (downslope)         | <u>21"</u> |
| DEPTHS AT CROSS-SECTION (shown below) |            |

CONSTRUCTION ELEVATIONS

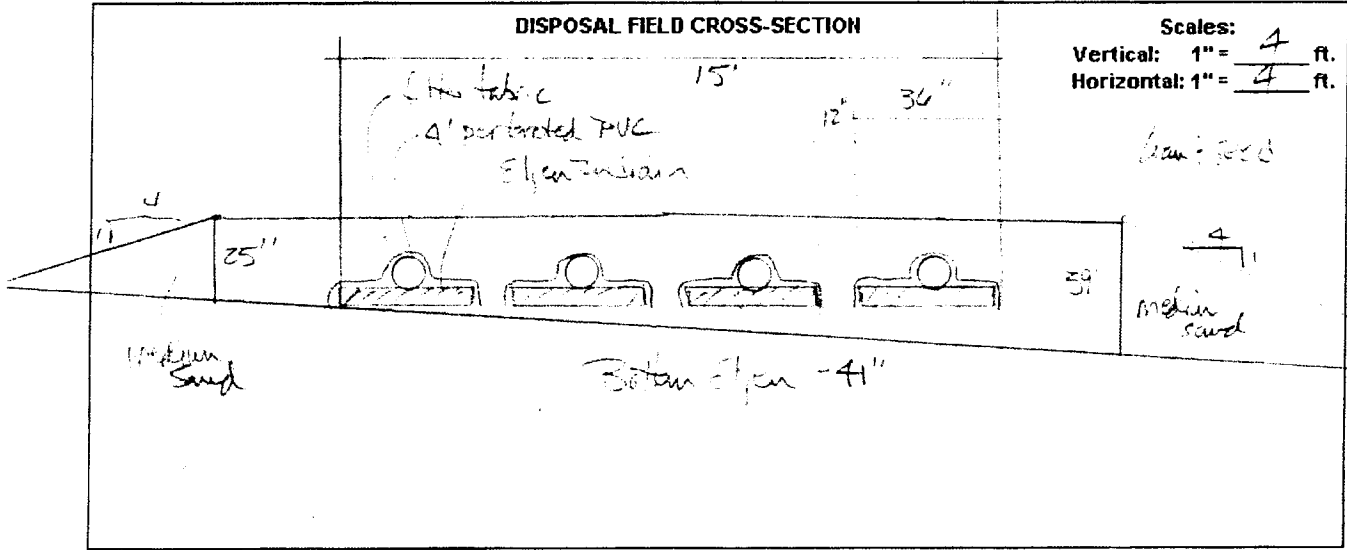
|  |             |
|--|-------------|
| Finished Grade Elevation                       | <u>-26"</u> |
| Top of Distribution Pipe or Proprietary Device | <u>-30"</u> |
| Bottom of Disposal Field                       | <u>-41"</u> |

ELEVATION REFERENCE POINT

|                         |                       |
|-------------------------|-----------------------|
| Location & Description: | <u>10' above pipe</u> |
| Reference Elevation is: | <u>0.0"</u> or _____  |

DISPOSAL FIELD CROSS-SECTION

Scales:  
Vertical: 1" = 4 ft.  
Horizontal: 1" = 4 ft.



[Signature]  
Site Evaluator Signature

303  
SE #

2/20/11  
Date

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Maine Dept. Health & Human Services  
Div of Environmental Health, 11 SHS  
(207) 287-5872 Fax: (207) 287-4172

|  |                       |   |                                      |  |
|--|-----------------------|---|--------------------------------------|--|
| <b>PROPERTY LOCATION</b>   |                       | <b>&gt;&gt; CAUTION: LPI APPROVAL REQUIRED &lt;&lt;</b>   |                                      |  |
| City, Town, or Plantation  | Portland              | Town/City _____   | Permit # _____                       |  |
| Street or Road   | 2255 Congress Street  | Date Permit Issued <u>1/1</u>   | Fee: \$ _____ Double Fee Charged [ ] |  |
| Subdivision, Lot #   |                       | L.P.I. # _____  |                                      |  |
| <b>OWNER/APPLICANT INFORMATION</b>   |                       | Local Plumbing Inspector Signature _____  |                                      |  |
| Name (last, first, MI)<br>Portland Veterinary Specialist <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant  |                       | 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. |                                      |  |
| Mailing Address of Owner/Applicant   | 2255 Congress Street  |   |                                      |  |
| Daytime Tel. #   | Portland, ME 837-0937 |   |                                      |  |
| <b>OWNER OR APPLICANT STATEMENT</b>  |                       | <b>CAUTION: INSPECTION REQUIRED</b>   |                                      |  |
| 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 _____ Date _____   |                       | (1st) date approved _____<br>Local Plumbing Inspector Signature _____ (2nd) date approved _____   |                                      |  |

| PERMIT INFORMATION  |   |  |
|---|---|--|
| <b>TYPE OF APPLICATION</b><br><input type="checkbox"/> 1. First Time System<br><input checked="" type="checkbox"/> 2. Replacement System<br>Type replaced: <u>Concrete</u><br>Year installed: <u>W/C</u><br><input type="checkbox"/> 3. Expanded System<br><input type="checkbox"/> a. <u>55%</u> Expansion<br><input type="checkbox"/> b. <u>25%</u> Expansion<br><input type="checkbox"/> 4. Experimental System<br><input type="checkbox"/> 5. Seasonal Conversion | <b>THIS APPLICATION REQUIRES</b><br><input checked="" type="checkbox"/> 1. No Rule Variance<br><input type="checkbox"/> 2. First Time System Variance<br><input type="checkbox"/> a. Local Plumbing Inspector Approval<br><input type="checkbox"/> b. State & Local Plumbing Inspector Approval<br><input type="checkbox"/> 3. Replacement System Variance<br><input type="checkbox"/> a. Local Plumbing Inspector Approval<br><input type="checkbox"/> b. State & Local Plumbing Inspector Approval<br><input type="checkbox"/> 4. Minimum Lot Size Variance<br><input type="checkbox"/> 5. Seasonal Conversion Permit | <b>DISPOSAL SYSTEM COMPONENTS</b><br><input type="checkbox"/> 1. Complete Non-engineered System<br><input type="checkbox"/> 2. Primitive System (graywater & alt. toilet)<br><input type="checkbox"/> 3. Alternative Toilet, specify: _____<br><input type="checkbox"/> 4. Non-engineered Treatment Tank (only)<br><input type="checkbox"/> 5. Holding Tank, _____ gallons<br><input checked="" type="checkbox"/> 6. Non-engineered Disposal Field (only)<br><input type="checkbox"/> 7. Separated Laundry System<br><input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more)<br><input type="checkbox"/> 9. Engineered Treatment Tank (only)<br><input type="checkbox"/> 10. Engineered Disposal Field (only)<br><input type="checkbox"/> 11. Pre-treatment, specify: _____<br><input type="checkbox"/> 12. Miscellaneous Components |
| <b>SIZE OF PROPERTY</b><br><u>1.52A</u> <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES  | <b>DISPOSAL SYSTEM TO SERVE</b><br><input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: _____<br><input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____<br><input checked="" type="checkbox"/> 3. Other: <u>Veterinary Hospital</u><br>(specify)<br>Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped   | <b>TYPE OF WATER SUPPLY</b><br><input type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private<br><input checked="" type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other  |

| DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)  |   |   |   |
|---|---|---|---|
| <b>TREATMENT TANK</b><br><input checked="" type="checkbox"/> 1. Concrete<br><input type="checkbox"/> a. Regular <u>Existing</u><br><input type="checkbox"/> b. Low Profile<br><input type="checkbox"/> 2. Plastic<br><input type="checkbox"/> 3. Other: _____<br>CAPACITY: <u>1880</u> GAL. | <b>DISPOSAL FIELD TYPE &amp; SIZE</b><br><input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench<br><input checked="" type="checkbox"/> 3. Proprietary Device<br><input type="checkbox"/> a. cluster array <input checked="" type="checkbox"/> c. Linear<br><input checked="" type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load<br><input type="checkbox"/> 4. Other: _____<br>SIZE: <u>1250</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft. | <b>GARBAGE DISPOSAL UNIT</b><br><input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe<br>If Yes or Maybe, specify one below:<br><input type="checkbox"/> a. multi-compartment tank<br><input type="checkbox"/> b. _____ tanks in series<br><input type="checkbox"/> c. increase in tank capacity<br><input type="checkbox"/> d. Filter on Tank Outlet | <b>DESIGN FLOW</b><br><u>375</u> gallons per day<br>BASED ON:<br><input type="checkbox"/> 1. Table 4A (dwelling unit(s))<br><input type="checkbox"/> 2. Table 4C (other facilities)<br>SHOW CALCULATIONS for other facilities<br><u>Water Use Records</u><br><input type="checkbox"/> 3. Section 4G (meter readings)<br>ATTACH WATER METER DATA |
| <b>SOIL DATA &amp; DESIGN CLASS</b><br>PROFILE CONDITION<br><u>Z1-II</u><br>at Observation Hole # <u>Y1</u><br>Depth <u>20"</u><br>of Most Limiting Soil Factor   | <b>DISPOSAL FIELD SIZING</b><br><input type="checkbox"/> 1. Medium---2.6 sq. ft. / gpd<br><input checked="" type="checkbox"/> 2. Medium---Large 3.3 sq. ft. / gpd<br><input type="checkbox"/> 3. Large---4.1 sq. ft. / gpd<br><input type="checkbox"/> 4. Extra Large---5.0 sq. ft. / gpd   | <b>EFFLUENT/EJECTOR PUMP</b><br><input type="checkbox"/> 1. Not Required<br><input type="checkbox"/> 2. May Be Required<br><input checked="" type="checkbox"/> 3. Required<br>Specify only for engineered systems:<br>DOSE: _____ gallons   | <b>LATITUDE AND LONGITUDE</b><br>at center of disposal area<br>Lat. <u>43</u> d <u>39</u> m <u>02</u> s<br>Lon. <u>70</u> d <u>20</u> m <u>01</u> s<br>if g.p.s, state margin of error: _____   |

| SITE EVALUATOR STATEMENT   |                                     |                         |                                      |
|--|-------------------------------------|-------------------------|--------------------------------------|
| I certify that on <u>4/17/08</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). |                                     |                         |                                      |
| _____<br>Site Evaluator Signature  | <u>263</u><br>SE #                  | <u>9/20/11</u><br>Date  | _____<br>Site Evaluator Name Printed |
| _____<br>Site Evaluator Name Printed   | <u>756-2900</u><br>Telephone Number | _____<br>E-mail Address |                                      |

Town, City, Plantation  
Portland

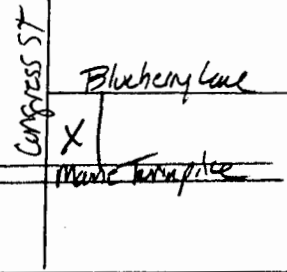
Street, Road, Subdivision  
2255 Congress Street

Owner or Applicant Name  
Portland Veterinary Specialists

**SITE PLAN**

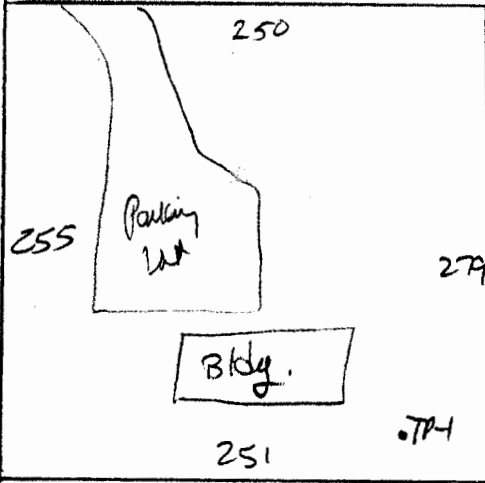
Scale: 1" = 100 ft.

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



Congress Street

Blueberry Lane



Maine Turnpike

**SOIL PROFILE DESCRIPTION AND CLASSIFICATION**

(Location of Observation Holes Shown Above)

Observation Hole # TP1  Test Pit  Boring

\_\_\_\_\_ " Depth of organic horizon above mineral soil

| Texture | Consistency | Color   | Mottling   |
|---------|-------------|---------|------------|
| 0       | Sandy loam  | Friable | Dark Brown |
| 6       | Sandy loam  | Friable | Dark Brown |
| 12      | Sandy loam  | Friable | Red Brown  |
| 18      |             |         | None Noted |
| 24      |             |         | None Noted |
| 30      |             |         | Ledge      |
| 36      |             |         |            |
| 42      |             |         |            |
| 48      |             |         |            |

Soil Profile: Z Classification: AH Slope: 2 Percent Limiting Factor: 20 " Depth

Groundwater  Restrictive Layer  Bedrock

Observation Hole # TP2  Test Pit  Boring

\_\_\_\_\_ " Depth of organic horizon above mineral soil

| Texture | Consistency | Color   | Mottling   |
|---------|-------------|---------|------------|
| 0       | Sandy loam  | Friable | Dark Brown |
| 6       | Sandy loam  | Friable | Dark Brown |
| 12      | Sandy loam  | Friable | Brown      |
| 18      |             |         | None Noted |
| 24      |             |         | None Noted |
| 30      |             |         | Ledge      |
| 36      |             |         |            |
| 42      |             |         |            |
| 48      |             |         |            |

Soil Profile: Z Classification: AH Slope: 2 Percent Limiting Factor: 20 " Depth

Groundwater  Restrictive Layer  Bedrock

Mauro Hampton  
 Site Evaluator Signature

263  
 SE #

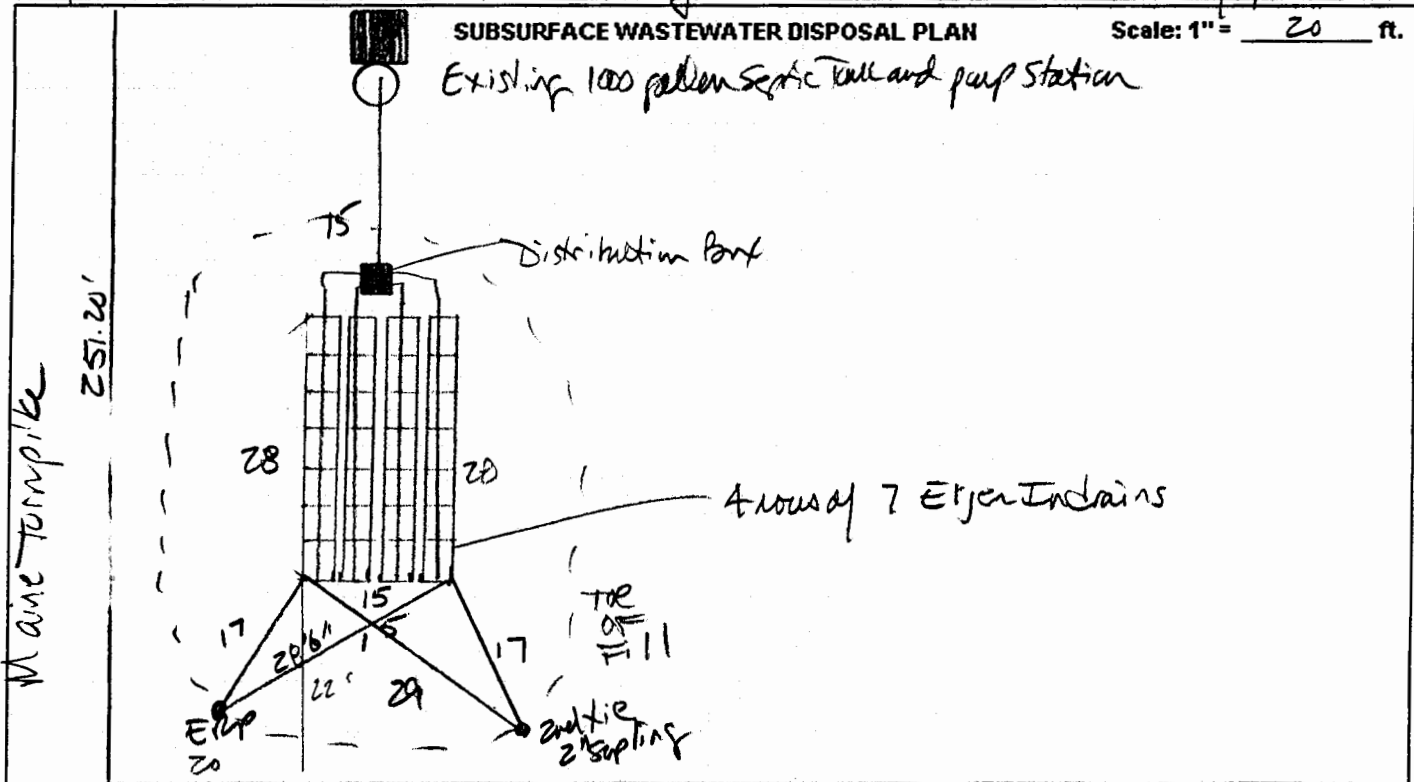
9/20/11  
 Date

Pw 12/12/11  
MMH

Town, City, Plantation: Portland Street, Road, Subdivision: 2255 Congress Street Owner or Applicant Name: Portland Veterinary Specialists

**SUBSURFACE WASTEWATER DISPOSAL PLAN**

Scale: 1" = 20 ft.



Note: Materials and installation shall be in accordance with Maine Subsurface Wastewater Disposal Rules dated 01/11 as amended.

**BACKFILL REQUIREMENTS**

Depth of Backfill (upslope) 25"  
 Depth of Backfill (downslope) 39"  
 DEPTHS AT CROSS-SECTION (shown below)

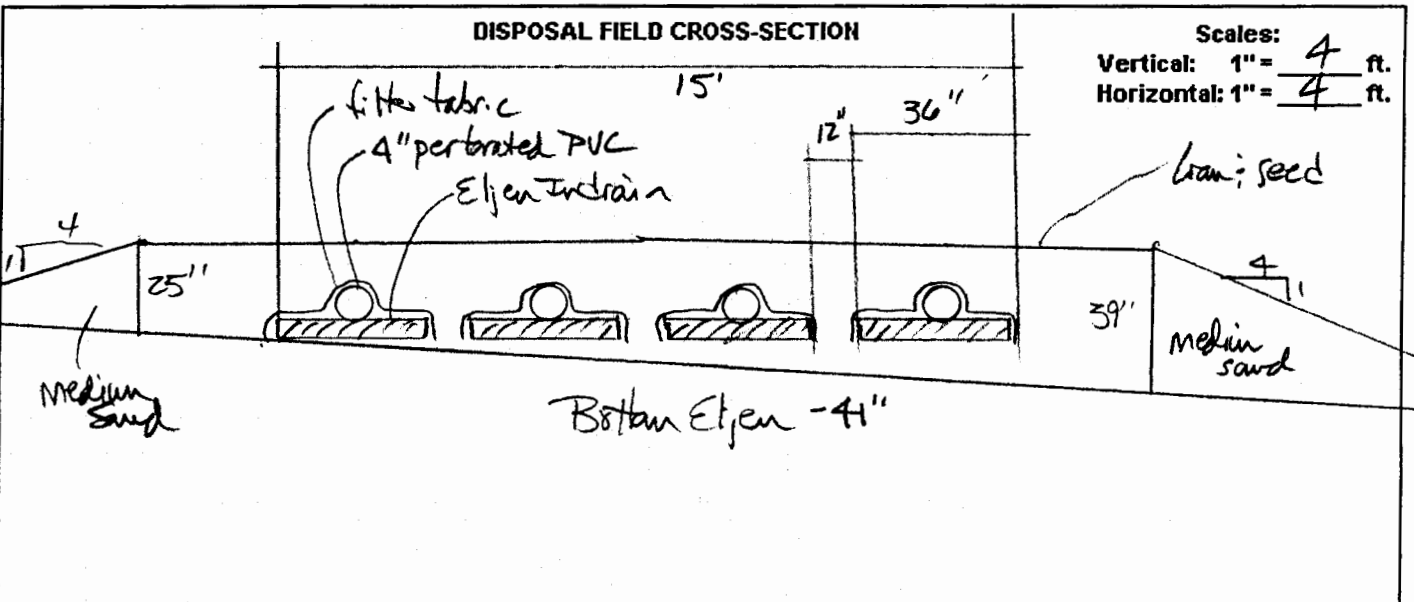
**CONSTRUCTION ELEVATIONS**

Finished Grade Elevation -20"  
 Top of Distribution Pipe or Proprietary Device -30"  
 Bottom of Disposal Field -41"

**ELEVATION REFERENCE POINT**

Location & Description: NAM 68/2  
up 11" white pipe  
 Reference Elevation is: 0.0" or:

**DISPOSAL FIELD CROSS-SECTION**



Maury Hampton  
 Site Evaluator Signature

203  
 SE #

9/20/11 12/2/11  
 Date