

2011 6772

377

PROPERTY LOCATION >> CAUTION: LPI APPROVAL REQUIRED <<

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

City, Town, or Plantation: Portland
Street or Road: 2255 Congress Street
Subdivision, Lot #: _____
Date Permit issued: 9-22-11 PERMIT # 11765 TOWN COPY
L.P.I. # 0732 Double Fee Charged

Joanna [Signature]
Local Plumbing Inspector Signature

OWNER/APPLICANT INFORMATION
Name (last, first, MI): Portland Veterinary Specialist * Owner Applicant
Mailing Address of: 2255 Congress Street
Owner/Applicant: Portland, ME
Daytime Tel. #: 837-0937
Municipal Tax Map #: 237B Lot #: 011

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.

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: [Signature] Date: 9-21-11
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: _____
_____ (2nd) date approved: _____

PERMIT INFORMATION

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

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK
 1. Concrete
a. Regular 2x4x4
b. Low Profile
2. Plastic
3. Other _____
CAPACITY 1200 GAL.
DISPOSAL FIELD TYPE & SIZE
1. Stone Bed 2. Stone Trench
 3. Proprietary Device
a. cluster array b. c. Linear
b. regular load d. H-20 load
4. Other: _____
SIZE: 1250 sq. ft. lin. ft.
GARBAGE DISPOSAL UNIT
 1. No 2. Yes 3. Maybe
If Yes or Maybe, specify one below:
a. multi-compartment tank
b. _____ tanks in series
c. increase in tank capacity
d. Filter on Tank Outlet
DESIGN FLOW
375 gallons per day
BASED ON:
1. Table 4A (dwelling unit(s))
2. Table 4C (other facilities)
SHOW CALCULATIONS for other facilities
Water use in units
3. Section 4G (meter readings)
ATTACH WATER METER DATA
SOIL DATA & DESIGN CLASS
PROFILE CONDITION: 21 A II
at Observation Hole # 1
Depth 20"
of Most Limiting Soil Factor
DISPOSAL FIELD SIZING
1. Medium--2.6 sq. ft. / gpd
 2. Medium--Large 3.3 sq. ft. / gpd
3. Large--4.1 sq. ft. / gpd
4. Extra Large--5.0 sq. ft. / gpd
EFFLUENT/EJECTOR PUMP
1. Not Required
2. May Be Required
 3. Required
Specify only for engineered systems
DOSE: _____ gallons
LATITUDE AND LONGITUDE
at center of disposal area
Lat. 43 d 39 m 02 s
Lon. 70 d 20 m 01 s
if g.p.s. state margin of error: _____

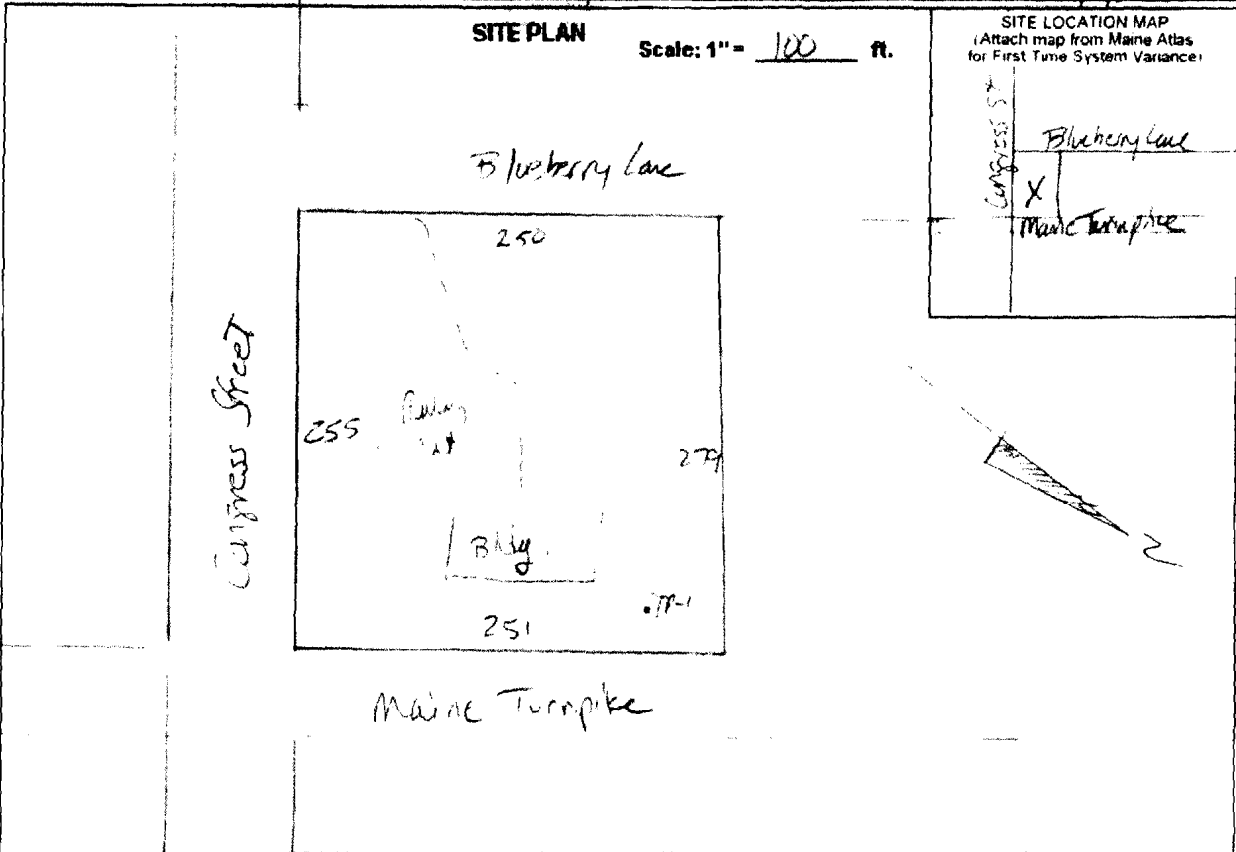
SITE EVALUATOR STATEMENT

I certify that on 9/17/11 (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: [Signature] SE #: 263 Date: 9/16/11
Site Evaluator Name Printed: MARK J. HANPTON Telephone Number: 756-2900 E-mail Address: _____

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Maine Dept. of Health & Human Services
Division of Environmental Health, STS 11
(207) 287-6689 FAX (207) 287-3165

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



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

Observation Hole # 101 Test Pit Boring

Depth of organic horizon above mineral soil: _____

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0	Sandy loam	Friable	Tan Brown	
6	Sandy loam	Friable	Red Brown	None
12	Sandy loam	Friable	Red Brown	Axial
18				
24	XXX		XXX	
30			Ledge	
36				
42				
48				

Soil Profile: <u>Z</u>	Classification: <u>AH</u>	Slope: <u>2</u> Percent	Limiting Factor: <u>Zc</u> Depth	<input type="checkbox"/> Groundwater
	Condition: <u>AH</u>			<input type="checkbox"/> Restrictive Layer
				<input checked="" type="checkbox"/> Bedrock

Observation Hole # 102 Test Pit Boring

Depth of organic horizon above mineral soil: _____

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0	Sandy loam	Friable	Tan Brown	
6	Sandy loam	Friable	Brown	None
12	Sandy loam	Friable	Brown	Axial
18				
24	XXX		XXX	
30			Ledge	
36				
42				
48				

Soil Profile: <u>Z</u>	Classification: <u>AH</u>	Slope: <u>2</u> Percent	Limiting Factor: <u>Zc</u> Depth	<input type="checkbox"/> Groundwater
	Condition: <u>AH</u>			<input type="checkbox"/> Restrictive Layer
				<input checked="" type="checkbox"/> Bedrock

Manly Hampton
Site Evaluator Signature

2013
SE #

9/20/11
Date

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Maine Dept. of Health & Human Services
Division of Environmental Health, STS 11
(207) 287-5489 FAX (207) 287-3165

Town, City, Plantation

Portland

Street, Road, Subdivision

2255 Congress Street

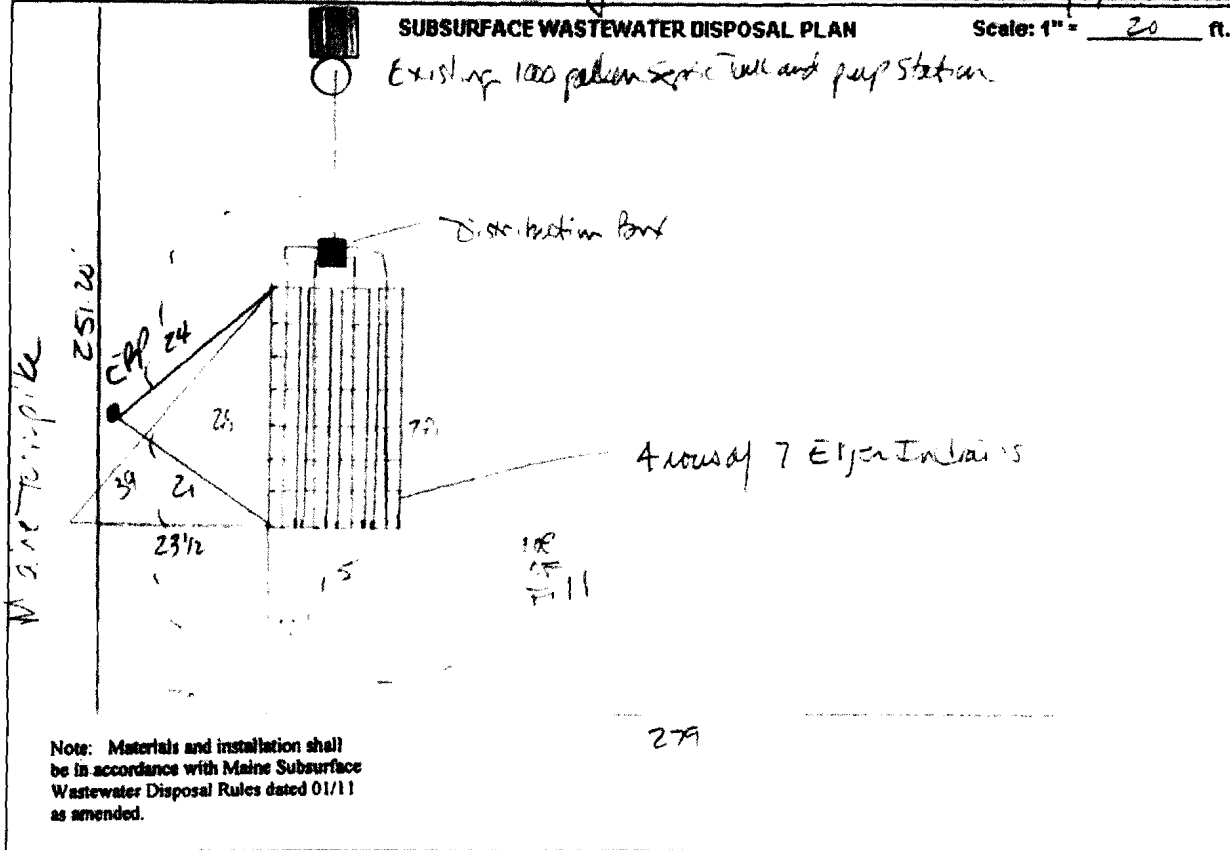
Owner or Applicant Name

Portland Veterinary Specialists

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 ft.

Existing 1000 gallon Sani-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)	25'
Depth of Backfill (downslope)	39'
DEPTHS AT CROSS-SECTION (shown below)	

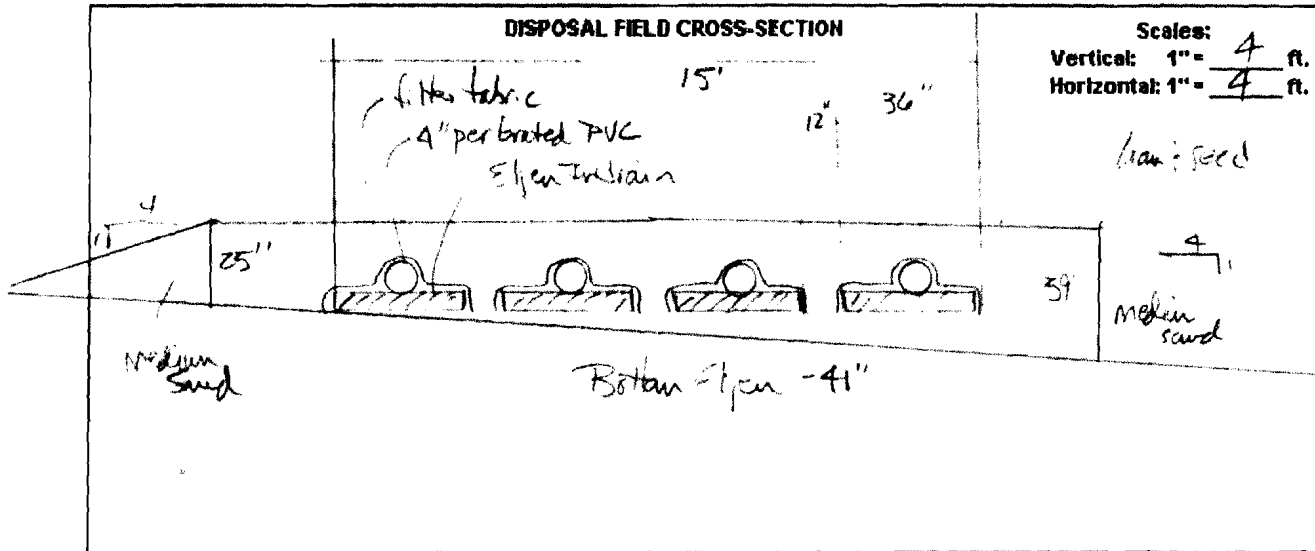
CONSTRUCTION ELEVATIONS

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

ELEVATION REFERENCE POINT

Location & Description:	fall 48' 4"
	18' Sankin Pipe
Reference Elevation is:	0.0" or

DISPOSAL FIELD CROSS-SECTION



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

M. Hampton
Site Evaluator Signature

263
SE #

9/20/11
Date

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months. If the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.**
 1. Septic field and extension inspection for bottom preparation/ scarification to verify removal of vegetation, established transitional horizon and erosion and sedimentation control measures.
 2. Exposed septic field installation and tank location inspection to check elevations, dimensions, piping, plumbing station and system design prior to covering.
 3. Backfill inspection of septic field for approved materials, stabilization, slopes and extensions.

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.



CITY OF PORTLAND, MAINE

Department of Building Inspections

Original Receipt

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Received from Morgan Construction Co.

Location of Work 1000 Commercial St

Cost of Construction \$ _____ Building Fee: _____

Permit Fee \$ _____ Site Fee: _____

Certificate of Occupancy Fee: _____

Total: 1100.00

Building (I1) _____ Plumbing (I5) Electrical (I2) _____ Site Plan (U2) _____

Other _____

CBL: 2278011

Check #: 138 Total Collected \$ 1100.00

**No work is to be started until permit issued.
Please keep original receipt for your records.**

Taken by: [Signature]