

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY LOCATION >> CAUTION: LPI APPROVAL REQUIRED <<

City, Town, or Plantation: **PORTLAND**

Street or Road: **739 WARREN AVENUE (741)**

Subdivision, Lot #: **CHL 316 ACOS 00B**

Town/City: Portland Permit #: 2017-07378

Date Permit Issued: 11 Fee: \$ _____ Double Fee Charged []

Local Plumbing Inspector Signature: [Signature] L.P.I. #: 1188

OWNER/APPLICANT INFORMATION

Name (last, first, MI): **DOWNEAST VETERINARY EMERGENCY CLINIC** Owner Applicant

Mailing Address of Owner/Applicant: **739 WARREN AVENUE
PORTLAND, ME 04103**

Daytime Tel. #: **(207) 831-4422**

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.

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: Burling Warrington 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: _____
_____ (2nd) date approved: _____

PERMIT INFORMATION

TYPE OF APPLICATION

1. First Time System

2. Replacement System
Type replaced: _____
Year installed: _____

3. Expanded System
 a. <25% Expansion
 b. >25% Expansion

4. Experimental System

5. Seasonal Conversion

SIZE OF PROPERTY

5.27 SQ. FT. ACRES

SHORELAND ZONING

Yes No

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
 b. Low Profile

2. Plastic

3. Other: _____

CAPACITY: 3,000 GAL.

SOIL DATA & DESIGN CLASS

PROFILE: 8 CONDITION: C

at Observation Hole # TP-1

Depth 16 "

of Most Limiting Soil Factor

DISPOSAL FIELD TYPE & SIZE

1. Stone Bed 2. Stone Trench

3. Proprietary Device
 a. Cluster array c. Linear
 b. Regular load d. H-20 load

4. Other: _____

SIZE: 7,488 sq. ft. lin. ft.

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

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

EFFLUENT/EJECTOR PUMP

1. Not Required

2. May Be Required

3. Required

Specify only for engineered systems:
DOSE: _____ gallons

DESIGN FLOW

1,655 gallons per day

BASED ON:

1. Table 4A (dwelling unit(s))

2. Table 4C (other facilities)

SHOW CALCULATIONS for other facilities

3. Section 4G (meter readings)

ATTACH WATER METER DATA

LATITUDE AND LONGITUDE
at center of disposal area

Lat. 43 d 41 m 16.2 s

Lon. -70 d 19 m 52.2 s

SITE EVALUATOR STATEMENT

I certify that on 9/14/17 (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: [Signature] SE #: 355 Date: 9/18/17

Site Evaluator Name Printed: Gary M. Fullerton Telephone Number: (207) 200-2063 E-mail Address: gfullerton@sebagotechnics.com



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

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OCT 03 2017

Permitting & Inspections
City of Portland Maine