SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & I
Division of Environmental
(207) 287-5672 Fax: (

Reviewed for Code Compliance
Inspections Division
Approved with Conditions
Date: 10/12/17

PROPERTY LOCATION

City, Town, or Plantation	PORTLAND
Street or Road	739 WARREN AVENUE (741)
Subdivision, Lot #	CBL 316 A005 002B

>> CAUTION: LPI APPROVAL REQUIRED <<

Town/City Portland Permit # 2017-07378

Date Permit Issued / / Fee: $ Double Fee Charged [ ]

Local Plumbing Inspector Signature L.P.I. # 1188

☐Owner ☐Town ☐State

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/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

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 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.

(1st) date approved

Local Plumbing Inspector Signature (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

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 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

SIZE OF PROPERTY
5.27 ☐ SQ. FT. ■ ACRES

SHORELAND ZONING
☐Yes ■No

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

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.

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.

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
1,655 gallons per day
BASED ON:
- ☐1. Table 4A (dwelling unit(s))
- ☐2. Table 4C (other facilities)
  SHOW CALCULATIONS for other facilites
- ■3. Section 4G (meter readings)
  ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS
PROFILE 8 CONDITION C
at Observation Hole #TP-1
Depth 16 "
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 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	355 SE #	9/18/17 Date
Gary M. Fullerton Site Evaluator Name Printed	(207) 200-2063 Telephone Number	gfullerton@sebagotechnics.com E-mail Address

SEBAGO TECHNICS WWW.SEBAGOTECHNICS.COM

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

RECEIVED

OCT 03 2017
Permitting & Inspections
City of Portland Maine