M13/28

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept.Health & Human Services
Div of Environmental Health 11 SHS
4172

PROPERTY LOCATION

City, Town, or Plantation	AUGUSTA
Street or Road	235 HOSPITAL STREET
Subdivision, Lot #	

AUGUSTA PERMIT #6678 TOWN COPY
Date Permit Issued: 6/11/12 $ 150.00 fee
Mary R. Fuller LPI # 850

OWNER/APPLICANT INFORMATION

Name (last, first, MI)	COMPANION ANIMAL CLINIC ☒ Owner ☐ Applicant
Mailing Address of Owner/Applicant	235 HOSPITAL STREET AUGUSTA, ME 04330
Daytime Tel. #	622-2737

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 — Date 6/11/12

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 6/16/12 — (2nd) date approved 6/21/12

PERMIT INFORMATION

TYPE OF APPLICATION
- ☐ 1. First Time System
- ☒ 2. Replacement System
  - Type replaced: BED
  - Year installed: 1982?
- ☐ 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 REPLACE PUMP CHAMBER

SIZE OF PROPERTY
± 1 ☐ 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: VET CLINIC (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: 1000 GAL. EXISTING

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 QUICK-4 INFILTRATORS
- SIZE: _____ ☐ 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
120 gallons per day
BASED ON:
- ☐ 1. Table 4A (dwelling unit(s))
- ☐ 2. Table 4C(other facilities)

SHOW CALCULATIONS for other facilites
SEE ATTACHED LETTER
- ☒ 3. Section 4G (meter readings)

ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS
PROFILE CONDITION
8 / C
at Observation Hole # 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
- ☐ Not Required
- ☐ May Be Required
- ☒ Required

Specify only for engineered systems:
DOSE: _____ gallons

LATITUDE AND LONGITUDE
at center of disposal area
Lat. 44 d 17 m 40 s
Lon. 69 d 46 m 00 s
if g.p.s, state margin of error: _____

SITE EVALUATOR STATEMENT

I certify that on 5/16/12 (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).

Vaughn L. Smith	226	5/23/12
Site Evaluator Signature	SE #	Date
VAUGHN L. SMITH	441-3887	SOILTESTMAN@AOL.COM
Site Evaluator Name Printed	Telephone Number	E-mail Address

STATE OF MAINE VAUGHN L. SMITH LICENSED SITE EVALUATOR

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

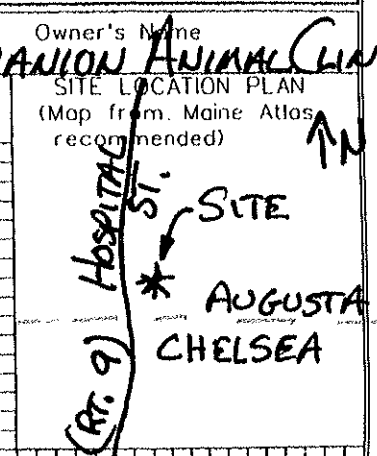
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation: AUGUSTA
Street, ~~Road~~ Subdivision: 235 HOSPITAL STREET
Owner's Name: COMPANION ANIMAL CLINIC

SITE PLAN
Scale 1" = _____ Ft. or as shown

SITE LOCATION PLAN
(Map from Maine Atlas recommended)



SEE NEXT PAGE

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

Observation Hole #1 ☒ Test Pit ☐ Boring
1" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)

Depth	Texture	Consistency	Color	Mottling
0–10	SILT	FRIABLE	BROWN / YELLOWISH BROWN	NONE
10–20	LOAM			
20–50	↓	FIRM	OLIVE	FEW DISTINCT

Soil Classification		Slope	Limiting Factor	
8 Profile	C Condition	3 %	16"	☒ Ground Water ☒ Restrictive Layer ☐ Bedrock ☐ Pit Depth

Observation Hole #2 ☒ Test Pit ☐ Boring
1" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)

Depth	Texture	Consistency	Color	Mottling
0–10	GRAVELLY (FILL) SANDY LOAM	FRIABLE	OLIVE BROWN	NONE
10–20				
20–30				
30–50	SILT LOAM	FIRM	OLIVE	COMMON DISTINCT

Soil Classification		Slope	Limiting Factor	
7 Profile	C Condition	3 %	30	☒ Ground Water ☒ Restrictive Layer ☐ Bedrock ☐ Pit Depth

Vaughn L. Smith
Site Evaluator Signature

STATE OF MAINE VAUGHN L. SMITH 226 LICENSED SITE EVALUATOR

226
SE #

5/23/12
Date

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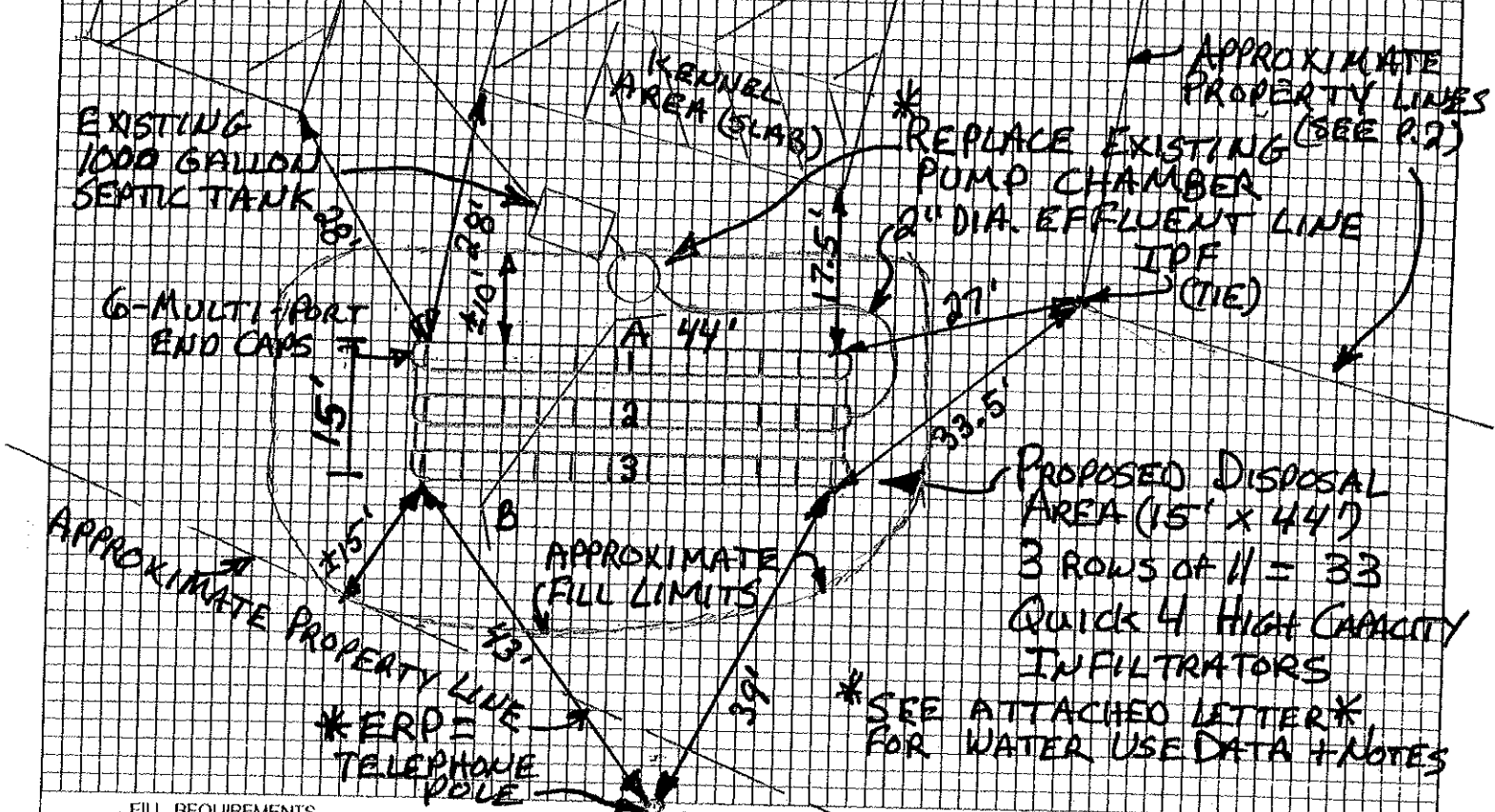
Street, Road, Subdivision: 235 HOSPITAL STREET

Owner's Name: COMPANION ANIMAL CLINIC

SUBSURFACE WASTEWATER DISPOSAL PLAN

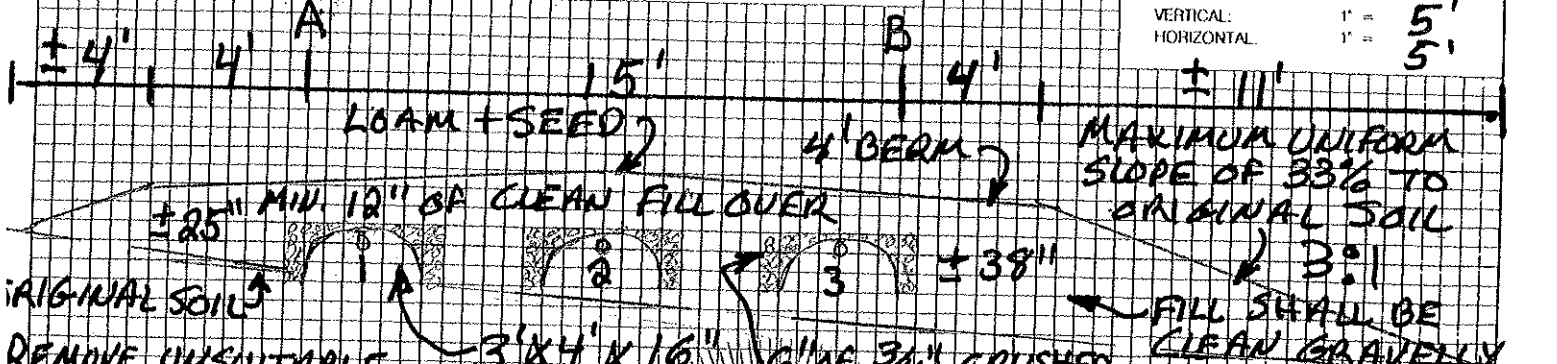
SCALE 1" = 20 FT.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT	
Depth of Fill (Upslope)	±26"	Finished Grade Elevation	-30"	Location & Description	TELEPHONE POLE W/NAIL 64" ABOVE GROUND
Depth of Fill (Downslope)	±38"	Top of Distribution Pipe or Proprietory Device	-42"		
FILL DEPTHS WILL VARY		Bottom of Disposal Area	-58"	Reference Elevation	0"

DISPOSAL AREA CROSS SECTION

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



Vaughn L. Smith

Site Evaluator Signature

VAUGHN L. SMITH 226 LICENSED SITE EVALUATOR

5/23/12

Date