

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Actual Date 12/19/05
 Maine Department of Human Services
 Division of Health Engineering, 10SHS
 (207)287-5672 FAX (207)287-3165

>> CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW <<

PROPERTY LOCATION

City, Town, or Plantation: **AUGUSTA**

Street or Road: **569 RIVERSIDE DRIVE**

Subdivision, Lot #

OWNER/APPLICANT INFORMATION

Name (last, first, MI): **KARAGIANNES, CHRISTOS**

Owner Applicant

Mailing Address of Owner/Applicant: **813 RIVERSIDE DRIVE
AUGUSTA, ME 04330**

Daytime Tel. #: **622-0027**

Municipal Tax Map # **51** Lot # **19**

OWNER OR APPLICANT STATEMENT

I state 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/Applicant: *Christos Karagiannes* 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: *[Signature]* (1st) Date Approved: **5/19/06**
 (2nd) Date Approved: _____

PERMIT INFORMATION

Date Permit Issued: **5/19/06** PERMIT # **5776** TOWN COPY \$ **100.00** Double Fee Charged

Local Plumbing Inspector Signature: *[Signature]* L.P.I. # **1024**

TYPE OF APPLICATION

1. First Time System
 2. Replacement System
 Type replaced **TRENCH**
 Year installed **1950'S**

3. Expanded System
 a. Minor Expansion
 b. Major 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. Pretreatment, specify: _____
 12. Miscellaneous Components

SIZE OF PROPERTY
+4 sq. ft. acres

SHORELAND ZONING
 Yes No

DISPOSAL SYSTEM TO SERVE:

1. Single Family Dwelling Unit, No. of Bedrooms: _____
 2. Multiple Family Dwelling Unit, No. of Units: **2-2BDRM**
 3. Other _____ (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 (IF NEEDED)
 2. Plastic
 3. Other _____

CAPACITY **1500** 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 **1500** sq. ft. lin. ft.

GARBAGE DISPOSAL UNIT

1. No Maybe
 2. Yes >> Specify one below:
 a. multi-compartment tank
 b. _____ tanks in series
 c. increase in tank capacity
 d. Filter on Tank Outlet

DESIGN FLOW

360 gallons per day
 BASED ON:
 1. Table 501.1 (dwelling unit(s))
 2. Table 501.2 (other facilities)

SHOW CALCULATIONS -for other facilities-

SOIL DATA & DESIGN CLASS

PROFILE **8** / CONDITION **D** / DESIGN **3**

at Observation Hole # **TP-1**
 Depth **10** of Most Limiting Soil Factor

DISPOSAL FIELD SIZING

1. Small - 2.0 sq. ft./gpd
 2. Medium - 2.6 sq. ft./gpd
 3. Medium-Large - 3.3 sq. ft./gpd
 4. Large - 4.1 sq. ft./gpd
 5. Extra-Large - 5.0 sq. ft./gpd

EFFLUENT/EJECTOR PUMP

1. Not Required
 2. May Be Required
 3. Required >> Specify only for engineered or experimental systems

DOSE _____ gallons

TWO 2 BEDROOM MOBILE HOMES @ 180 GPD EACH

3. Section 503.0 (meter readings)
 ATTACH WATER METER DATA

SITE EVALUATOR'S STATEMENT

I certify that on **6/16/05** (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).

Signature: *William P Brown*
 Site Evaluator Signature

WILLIAM P BROWN
 Site Evaluator Name Printed

SE# **188**
 Telephone Number **293-2110**

Date **6/17/2005**
 E-mail Address _____

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation

Street, Road, Subdivision

Owners Name

AUGUSTA

569 RIVERSIDE DRIVE

CHRISTOS KARAGIANNES

SITE PLAN

Scale 1" = 100 Ft.

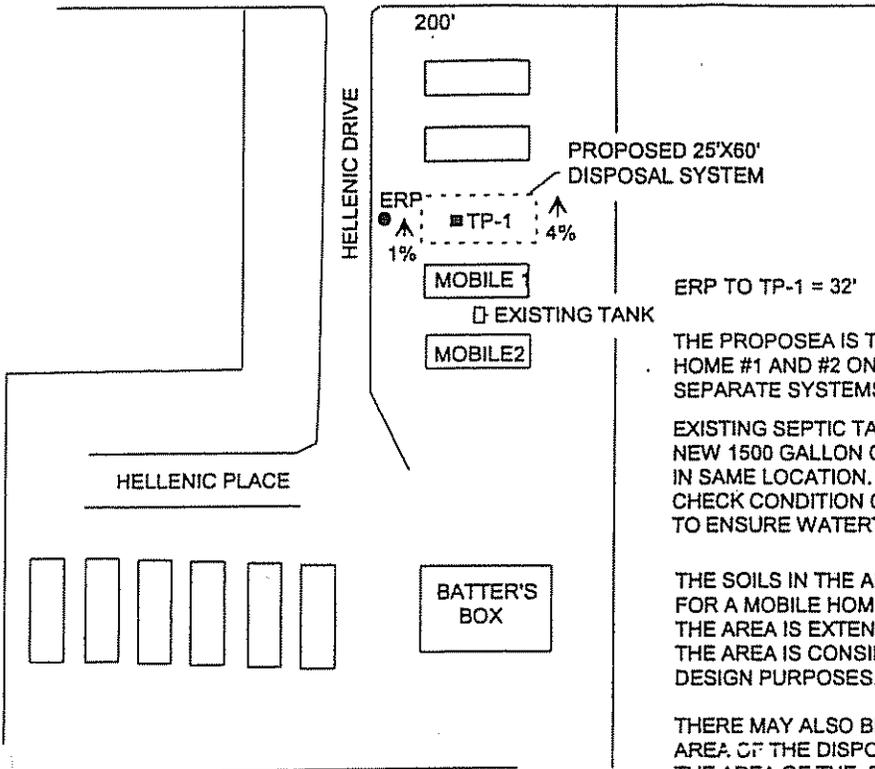
SITE LOCATION PLAN

(Map from Maine Atlas recommended)



RIVERSIDE DRIVE

→ NORTH



ERP TO TP-1 = 32'

THE PROPOSED IS TO CONSTRUCT A SEPTIC SYSTEM TO SERVE MOBILE HOME #1 AND #2 ONLY. THE REMAINING MOBILE HOMES ARE ON SEPARATE SYSTEMS

EXISTING SEPTIC TANK WILL BE PUMPED OUT AND REPLACED WITH NEW 1500 GALLON COMBINATION ONE-PIECE SEPTIC TANK / LIFT STATION IN SAME LOCATION. (OR USE SEPARATE TANK AND PUMP CHAMBER) CHECK CONDITION OF SEWER LINES FROM THE TWO MOBILE HOMES TO ENSURE WATERTIGHTNESS.

THE SOILS IN THE AREA OF TP-1 ARE FILLED SOIL PLACED PRIOR TO 1974 FOR A MOBILE HOME PAD. THE SOILS ARE SAND AND CRUSHED STONE. THE AREA IS EXTENSIVE AND FREE OF FOREIGN MATERIALS. THE AREA IS CONSIDERED EQUIVALENT TO ORIGINAL SOIL FOR DESIGN PURPOSES.

THERE MAY ALSO BE PIPING FROM A PREVIOUS SEPTIC SYSTEM IN THE AREA OF THE DISPOSAL SYSTEM. REMOVE ALL PIPING FOUND IN THE AREA OF THE DISPOSAL SYSTEM.

SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole TP-1 Test Pit Boring
1 * Depth of Organic Horizon Above Mineral Soil

Observation Hole _____ Test Pit Boring
* Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	SANDY FILL	FRIABLE	MEDIUM BROWN	NONE
10				COMMON
20	SILT LOAM	FIRM	OLIVE BRN	
30				
40				
50				

Soil Classification 8 Profile	Slope D Condition	Limiting Factor 2-3 %	10"	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
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DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0				
10				
20				
30				
40				
50				

Soil Classification Profile	Slope Condition	Limiting Factor %	*	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
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WILLIAM P BROWN

William P Brown
Site Evaluator Signature

188

SE #

6/17/2005

Date

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SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10

Town, City, Plantation

AUGUSTA

Street, Road, Subdivision

569 RIVERSIDE DRIVE

Owner or Applicant Name

CHRISTOS KARAGIANNES

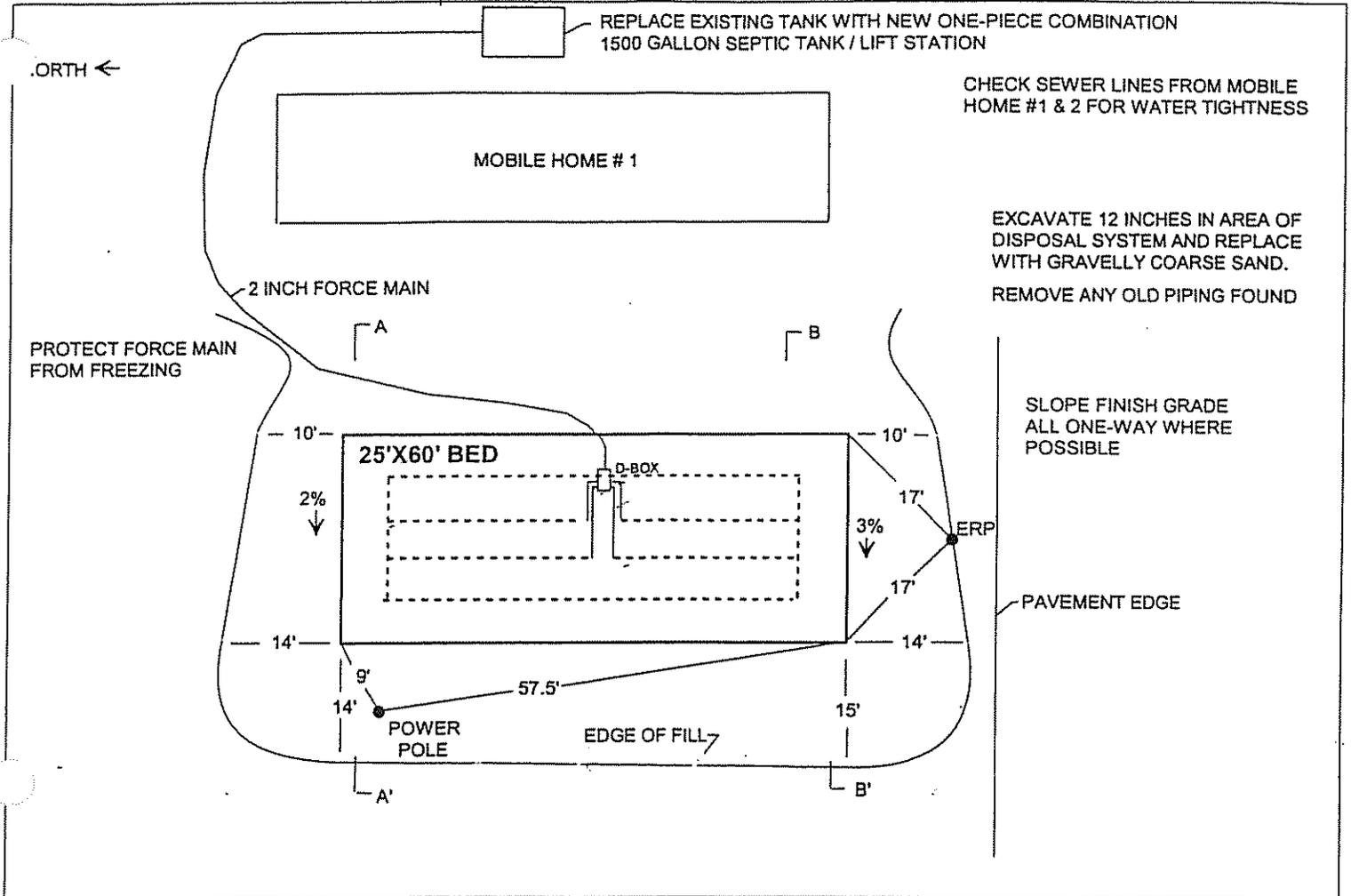
REPLACE EXISTING TANK WITH NEW ONE-PIECE COMBINATION
1500 GALLON SEPTIC TANK / LIFT STATION

CHECK SEWER LINES FROM MOBILE HOME #1 & 2 FOR WATER TIGHTNESS

EXCAVATE 12 INCHES IN AREA OF DISPOSAL SYSTEM AND REPLACE WITH GRAVELLY COARSE SAND.
REMOVE ANY OLD PIPING FOUND

PROTECT FORCE MAIN FROM FREEZING

SLOPE FINISH GRADE ALL ONE-WAY WHERE POSSIBLE



BACKFILL REQUIREMENTS

Depth of Fill (Upslope) 26-29"
Depth of Fill (Downslope) 35"
DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

Finished Grade Elevation VARIES
Top of Distribution Pipe or Proprietary device -25"
Bottom of Disposal Area -36"

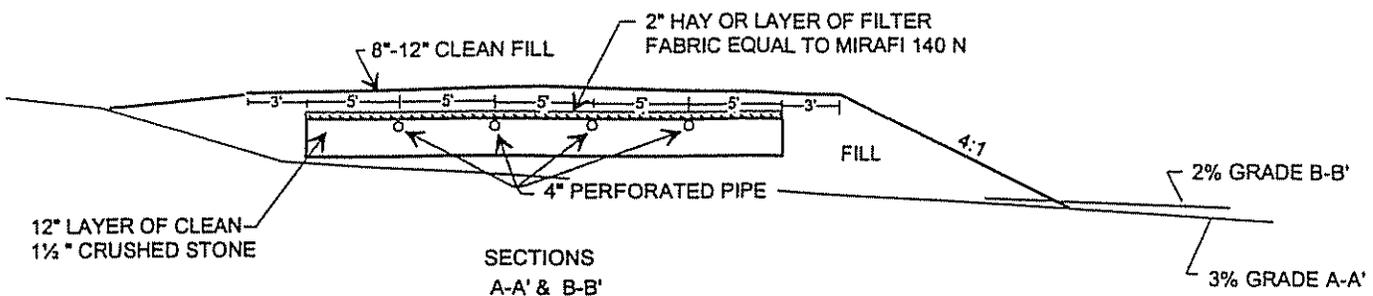
ELEVATION REFERENCE POINT

Location and Description:
FLAGGED NAIL IN POWER POLE
NEAR ROADWAY, 3 FT ABOVE GROUND
Reference Elevation is: 00.0"

DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = 5 FT.
Horizontal: 1 inch = 10 FT.



REMOVE VEGETATION IN DISPOSAL AREA
REMOVE 12 INCHES OF MATERIAL IN DISPOSAL SYSTEM AREA
SCARIFY ENTIRE AREA
REPLACE WITH GRAVELLY COARSE SAND
MIX 4 INCHES OF FILL MATERIAL THOROUGHLY WITH EXISTING SOIL TO FORM A TRANSITION ZONE (ACCORDING TO CHAPTER 8, PLUMBING CODE)
ALL FILL SHALL BE GRAVELLY COARSE SAND
SLOPE FINISH GRADE ALL ONE WAY WHERE POSSIBLE
LOAM, SEED, MULCH DISTURBED AREAS

WILLIAM P BROWN *William P Brown*
Site Evaluator Signature

188
SE #

6/17/2005
Date

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HHE-200 Rev. 10/02

REPLACEMENT SYSTEM VARIANCE REQUEST

THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

This form shall be attached to an application (HHE-200) for the proposed replacement system which requires a variance to the Rules. The LPI shall review the Replacement System Variance Request and HHE-200 and may approve the Request if all of the following requirements can be met, and the variance(s) requested fall within the limits of the LPI's authority.

1. The proposed design meets the definition of a Replacement System as defined in the Rules (Sec. 2006)
2. There will be no change in use of the structure except as authorized for one-time exempted expansions outside the shoreland zone of major waterbodies/courses.
3. The replacement system is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.
4. The BOD₅ plus S. S. content of the wastewater is no greater than that of normal domestic effluent.

GENERAL INFORMATION	Town of <u>AUGUSTA</u>
Permit No. _____	Date Permit Issued <u>May 9, 2016</u>
Property Owner's Name: <u>CHRISTOS KARAGIANNES</u>	Tel. No.: <u>622-0027</u>
System's Location: <u>569 RIVERSIDE DRIVE AUGUSTA</u>	
Property Owner's Address: <u>813 RIVERSIDE DRIVE</u>	
(if different from above) <u>AUGUSTA, ME 04330</u>	

SPECIFIC INSTRUCTIONS TO THE: LOCAL PLUMBING INSPECTOR (LPI):

If any of the variances exceed your approval authority and/or do not meet all the requirements listed under the Limitations Section above, then you are to send this Replacement System Variance Request, along with the Application, to the Department for review and approval consideration before issuing a Permit. (See reverse side for Comments Section and your signature.)

SITE EVALUATOR:

If after completing the Application, you find that a variance for the proposed replacement system is needed, complete the Replacement System Variance Request with your signature on reverse side of form.

PROPERTY OWNER:

It has been determined by the Site Evaluator that a variance to the Rules is required for the proposed replacement system. This variance request is due to physical limitations of the site and/or soil conditions. Both the Site Evaluator and the LPI have considered the site/soil restrictions and have concluded that a replacement system in total compliance with the Rules is not possible.

PROPERTY OWNER:

I understand that the proposed system requires a variance to the Rules. Should the proposed system malfunction, I release all concerned provided they have performed their duties in a reasonable and proper manner, and I will promptly notify the Local Plumbing Inspector and make any corrections required by the Rules. By signing the variance request form, I acknowledge permission for representatives of the Department to enter onto the property to perform such duties as may be necessary to evaluate the variance request.

SIGNATURE OF OWNER

DATE

LOCAL PLUMBING INSPECTOR:

I, George A. Sargent Jr., the undersigned, have visited the above property and have determined to the best of my knowledge that it cannot be installed in compliance with the Rules. As a result of my review of the Replacement Variance Request, the Application, and my on-site investigation, I (check and complete either a or b):

- a. (approve, disapprove) the variance request based on my authority to grant this variance. Note: If the LPI does not give his approval, he shall list his reasons for denial in Comments Section below and return to the Applicant. --OR--
- b. find that one or more of the requested Variances exceeds my approval authority as LPI. I (recommend, do not recommend) the Department's approval of the variances. Note: If the LPI does not recommend the Department's approval, he/she shall state his/her reasons in Comments Section below as to why the proposed replacement system is not being recommended.

Comments _____

George A. Sargent Jr.
LPI SIGNATURE

5/9/2016
DATE

Replacement System Variance Request

VARIANCE CATEGORY	LIMIT OF LPI'S APPROVAL AUTHORITY						VARIANCE REQUESTED TO:	
	SOILS							
Soil Profile	Ground Water Table			to 7"			10 inches	
Soil Condition	Restrictive Layer			to 7"			inches	
from HHE-200	Bedrock			to 12"			inches	
SETBACK DISTANCES (In feet)	Disposal Fields (total design flow)			Septic Tanks (total design flow)			Disposal Fields	Septic Tanks
	Less than 1000 gpd	1000 to 2000 gpd	Over 2000 gpd	Less than 1000 gpd	1000 to 2000 gpd	Over 2000 gpd	To	To
from Wells with water usage of 2000 or more gpd or public water supply wells	300 ft	300 ft	300 ft	100 ft	100 ft	100 ft		
Owner's wells	100 down to 60 ft[a]	200 down to 100 ft	300 down to 150 ft	100 down to 50 ft[b]	100 down to 50 ft	100 down to 50 ft		
Neighbor's wells	100 down to 60 ft [f]	200 down to 120 ft [f]	300 down to 180 ft [f]	100 down to 50 ft [f]	100 down to 75 ft [f]	100 down to 75 ft [f]		
Water supply line	10 ft [h]	20 ft [h]	25 ft [h]	10 ft [h]	10 ft [h]	10 ft [h]		
Water course, major - for replacements only, see Table 400.4 for major expansions	100 down to 60 ft[d]	200 down to 120 ft[d]	100 down to 180 ft[d]	100 down to 50 ft[b]	100 down to 50 ft	100 down to 50 ft		
Water course, minor	50 down to 25 ft [e]	100 down to 50 ft [e]	150 down to 75 ft [e]	50 down to 25 ft [e]	50 down to 25 ft [e]	50 down to 25 ft [e]		
Drainage ditches	25 down to 12 ft	50 down to 25 ft	75 down to 35 ft	25 down to 12 ft	25 down to 12 ft	25 down to 12 ft		
Edge of fill extension -- Coastal wetlands, special freshwater wetlands, great ponds, rivers, streams	25 ft [e]	25 ft [e]	25 ft [e]	25 ft [e]	25 ft [e]	25 ft [e]		
Slopes greater than 3:1	10 ft [g]	18 ft [g]	25 ft [g]	N/A	N/A	N/A		
No full basement (e.g. slab, frost wall, columns)	15 down to 7 ft	30 down to 15 ft	40 down to 20 ft	8 down to 5 ft	14 down to 7 ft	20 down to 10 ft		
Full basement (below grade foundation)	20 down to 10 ft	30 down to 15 ft	40 down to 20 ft	8 down to 5 ft	14 down to 7 ft	20 down to 10 ft		
Property lines	10 down to 5 ft[c]	18 down to 9 ft[c]	20 down to 10 ft[c]	10 down to 4 ft[c]	15 down to 7 ft[c]	20 down to 10 ft[c]		
Burial sites or graveyards, measured from the downhill toe of the fill extension	25 ft	25 ft	25 ft	25 ft	25 ft	25 ft		

OTHER

1. REDUCE SEPARATION DISTANCE FROM 18 INCHES TO 12 INCHES TO MAINTAIN FILL ON PROPERTY AND OUT OF ROADWAY

2.

3.

- Footnotes: [a] Single-family well setbacks may be reduced as prescribed in Section 701.2
 [b] This distance may be reduced to 25 feet, if the septic tank or holding tank is tested in the plumbing inspector's presence and shown to be watertight or of monolithic construction.
 [c] Additional setbacks may be needed to prevent fill material extensions from encroaching on abutting property.
 [d] Additional setbacks may be required by local Shoreland zoning.
 [e] Natural Resources Protection Act requires a 25 foot setback on slopes of less than 20%, from the edge of soil disturbance and 100 feet on slopes greater than 20%. See Chapter 15.
 [f] May not be any closer to neighbor's well than the existing disposal field or septic tank unless written permission is granted by the neighbor. This setback may be reduced for single family houses with Department approval. See Section 702.3.
 [g] The fill extension shall reach the existing ground before the 3:1 slope or within 100 feet of the disposal field.
 [h] See Section 1402.10 for special procedures when these minimum setbacks cannot be achieved.

WILLIAM P BROWN

William P Brown

SITE EVALUATOR'S SIGNATURE

6/17/2005

DATE

FOR USE BY THE DEPARTMENT ONLY

The Department has reviewed the variance(s) and (does does not) give its approval. Any additional requirements, recommendations, or reasons for the Variance denial, are given in the attached letter.

SIGNATURE OF THE DEPARTMENT

DATE

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Christos Karagiannas
SIGNATURE OF OWNER

12-22-05
DATE

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Comments _____

LPI SIGNATURE

DATE