

Town Copy

REPLACEMENT SYSTEM VARIANCE REQUEST

THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

This form shall be attached to an application for the proposed replacement system which does not comply with the Rules. The LPI shall review the Replacement System Variance Request and Application and may approve the Request if all of the following requirements can be met, and the variance(s) requested fall within the limits of LPI's authority.

1. The proposed design meets the definition of a Replacement System from the rules.
2. A system cannot be designed and installed in total compliance with the Rules.
3. The design flow is less than 500 GPD.
4. There will be no change in use of the structure.
5. The replacement system is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.

54-15

GENERAL INFORMATION

Town of Augusta

Permit No. 1464 E

Date Permit Issued _____
MONTH/DAY/YEAR

Property Owner's Name: Christos Karagiannos Tel. No. _____

System's Location: 813 Riverside Dr
STREET

Augusta TOWN Maine 04330 ZIP

Property Owner's Address: _____
(if different from above) STREET

_____ TOWN STATE ZIP

SPECIFIC INSTRUCTIONS TO THE:

LPI:

If any of the variances exceed your approval authority and/or do not meet all of the requirements listed under the Limitations Section above, they 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, then complete the Replacement 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.

The OWNER shall sign this statement. Therefore, having read both this Replacement Variance Request and the attached Application, I understand that the proposed system is not in total compliance with the Rules and hereby release all those concerned with this Variance, provided they have performed their duties in a reasonable and proper manner.

Christos Karagiannos
PROPERTY OWNER'S SIGNATURE

10-12-1988
DATE

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207)289-3826

PROPERTY ADDRESS

Town Or Plantation: Augusta

Street Division Lot #: Riverside Dr.

PROPERTY OWNERS NAME

Last: Karagiannes First: Christos

Applicant Name: _____

Mailing Address of Owner/Applicant (if Different): 813 Riverside Dr
Augusta ME 04330

AUGUSTA PERMIT # 1,464 TOWN COPY

Date Permit Issued: 10/28/88 \$ 40.00 FEE if Double Fee Charged

Harry R. Fuller
Local Plumbing Inspector Signature L.P.I. # 1850

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

Christos Karagiannes 10-12-88
Signature of Owner/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.

[Signature]
Local Plumbing Inspector Signature

10/28/88
Date Approved

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <p>1. <input type="checkbox"/> NEW SYSTEM</p> <p>2. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3. <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p>THIS APPLICATION REQUIRES:</p> <p>1. <input type="checkbox"/> NO RULE VARIANCE</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p>3. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>a. <input type="checkbox"/> Requiring Local Plumbing Inspector Approval</p> <p>b. <input checked="" type="checkbox"/> Requires State and Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE</p>	<p>INSTALLATION IS:</p> <p>COMPLETE SYSTEM</p> <p>1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd)</p> <p>INDIVIDUALLY INSTALLED COMPONENTS:</p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK _____ GAL</p> <p>6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</p> <p>8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</p> <p>9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p>SEASONAL CONVERSION</p> <p>to be completed by the LPI</p> <p>5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES</p> <p>6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER</p> <p>7. <input type="checkbox"/> SYSTEM INSTALLED - P# _____</p> <p>8. <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED</p>	<p>IF REPLACEMENT SYSTEM:</p> <p>YEAR FAILING SYSTEM INSTALLED <u>1958</u></p> <p>THE EXISTING SYSTEM IS: <u>No + failing</u></p> <p>1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH</p> <p>2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER: _____</p>	<p>DISPOSAL SYSTEM TO SERVE:</p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER _____ SPECIFY _____</p>
<p>SIZE OF PROPERTY: <u>36</u></p> <p>ZONING: <u>Commercial</u></p>	<p>TYPE OF WATER SUPPLY</p> <p><u>Public</u></p>	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: <u>1000</u> GALS.</p>	<p>WATER CONSERVATION</p> <p>1. <input checked="" type="checkbox"/> NONE</p> <p>2. <input type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY: _____</p>	<p>PUMPING</p> <p>1. <input checked="" type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED</p> <p>DOSE: _____ GALS.</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p><u>3 Bedroom minimum</u></p> <p>DESIGN FLOW: <u>270</u> (GALLONS/DAY)</p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: <u>9</u> CONDITION: <u>IE</u></p> <p>DEPTH TO LIMITING FACTOR: <u>0</u></p>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input type="checkbox"/> MEDIUM</p> <p>3. <input type="checkbox"/> MEDIUM-LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input checked="" type="checkbox"/> EXTRA LARGE</p>	<p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft.</p> <p>2. <input checked="" type="checkbox"/> CHAMBER <u>675</u> Sq. Ft. <input type="checkbox"/> REGULAR <input type="checkbox"/> H-20 <u>45 ft</u></p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER: _____</p>	

SITE EVALUATOR STATEMENT

On 9/29/88 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

Harmon Bertha 201
Site Evaluator Signature SE#

7/28/88
Date

(Local Plumbing Inspector's Signature
If permit is for Seasonal Conversion.)

Town, City, Plantation

Street, Road, Subdivision

Owners Name

Augusta

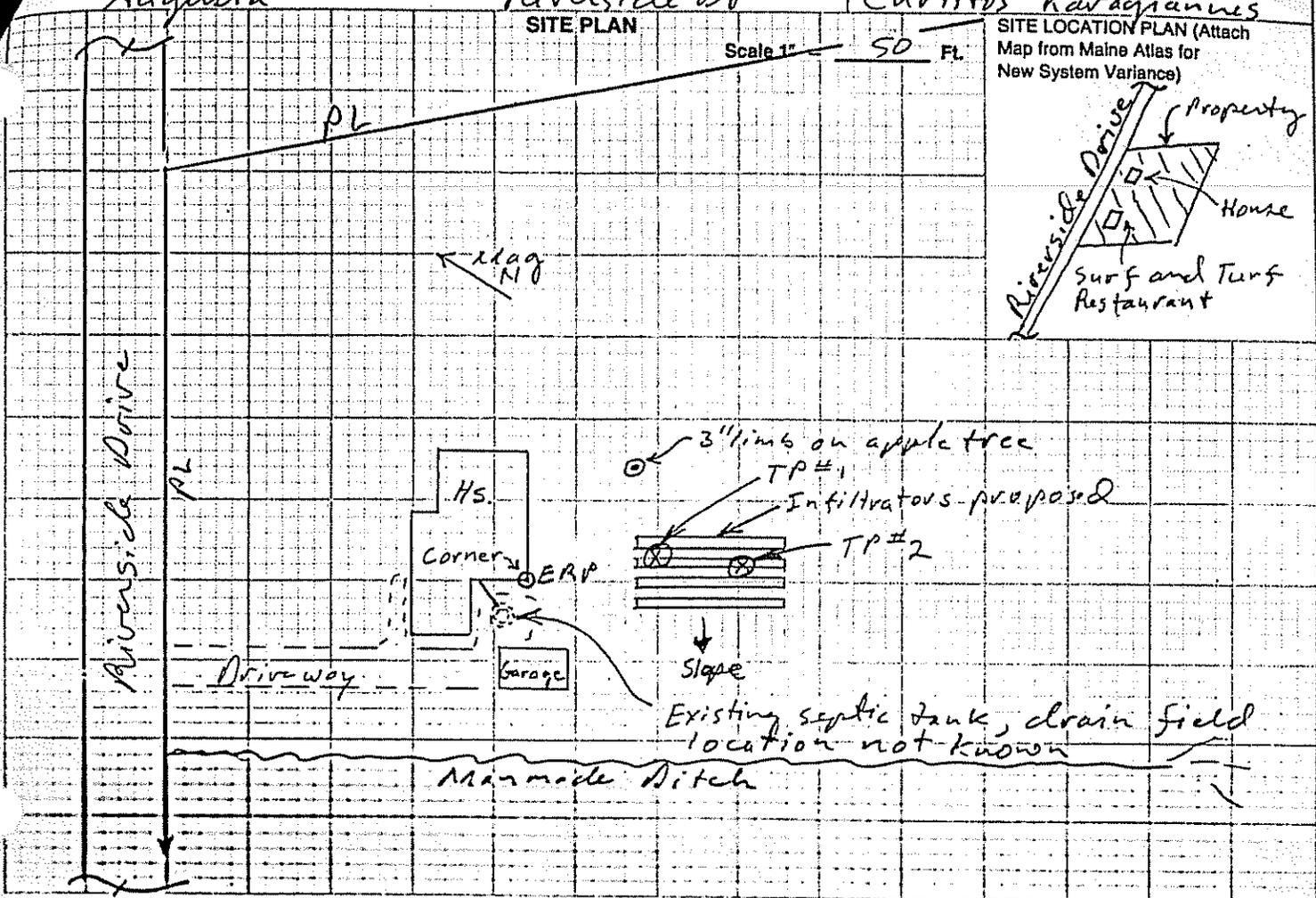
Riverside Dr

Christos Karagiannes

SITE PLAN

Scale 1" = 50 Ft.

SITE LOCATION PLAN (Attach Map from Maine Atlas for New System Variance)



SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole TP #1 Test Pit Boring

Observation Hole TP #2 Test Pit Boring

0" Depth of Organic Horizon Above Mineral Soil

0" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	Gravelly Sandy loam	Friable		↑
6	Gravelly Sandy	Very Friable		
10	Silt Clay Loam	Friable		Mixed Fill
15	Silt Clay Loam	Friable		↓
20	Silt Loam	Friable	DK Br	Common Distinct
30	Silt Clay Loam	Firm	DK Grey	Prominent
40				
50				

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	Sandy Gravelly Loam	Friable		↑
6	Sandy Gravelly	Very Friable		
10	Silt Clay Loam	Friable		Mixed Fill
15	Silt Loam	Friable		↓
20	Silt Loam	Friable	Med Br	Common Distinct
30	Silt Clay Loam	Firm	DK Grey	Prominent
40				
50				

Soil Profile <u>9</u>	Classification <u>E</u> Condition	Slope <u>2</u> %	Limiting Factor <u>0</u>	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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Soil Profile <u>9</u>	Classification <u>E</u> Condition	Slope <u>2</u> %	Limiting Factor <u>0</u>	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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Hammond Bingham
Site Evaluator Signature

201
SE#

9/30/89
Date

SURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

City, Plantation

Augusta

Street, Road, Subdivision

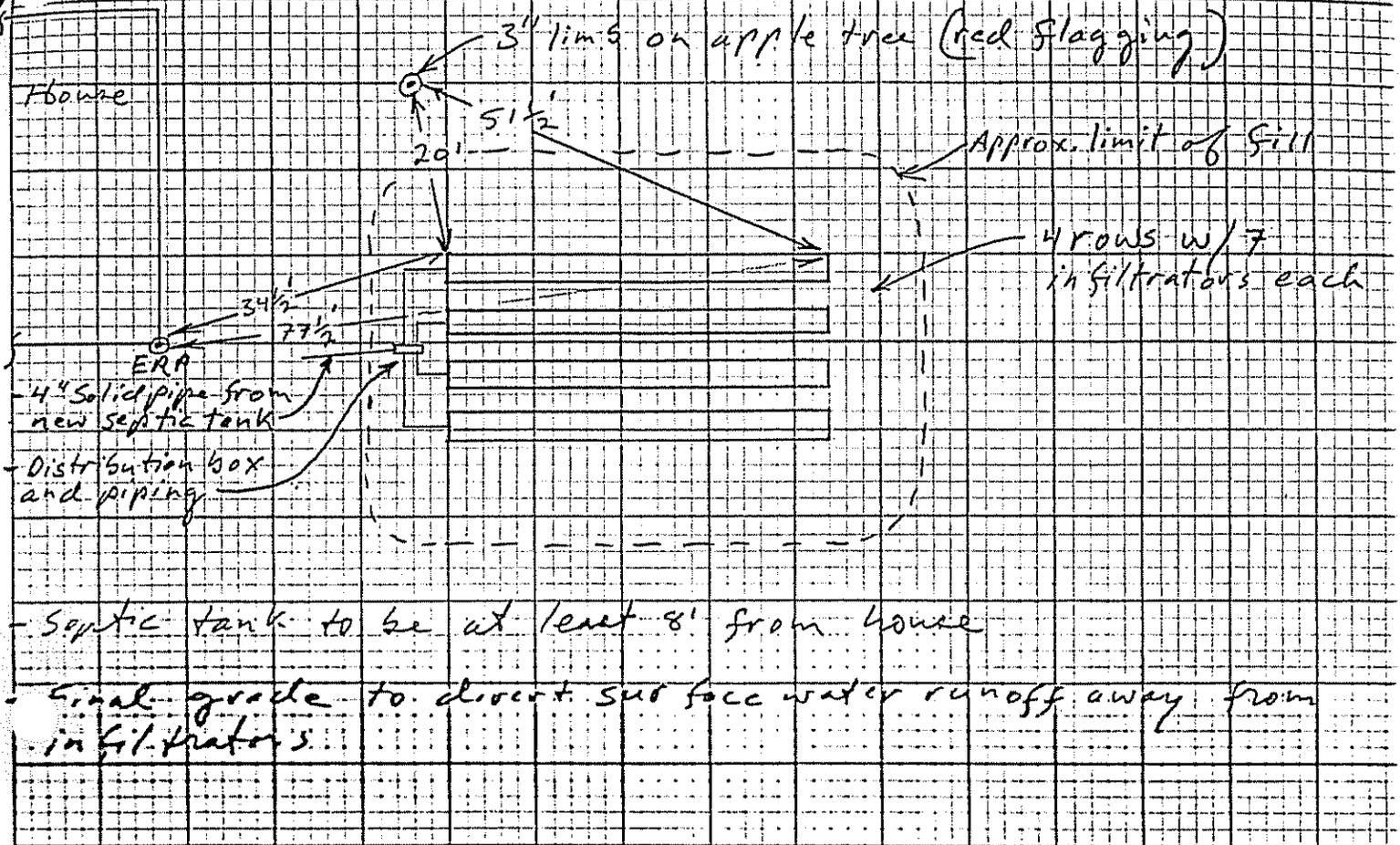
Riverside Dr

Owners Name

Christos Karagiannis

SUBSURFACE WASTEWATER DISPOSAL PLAN

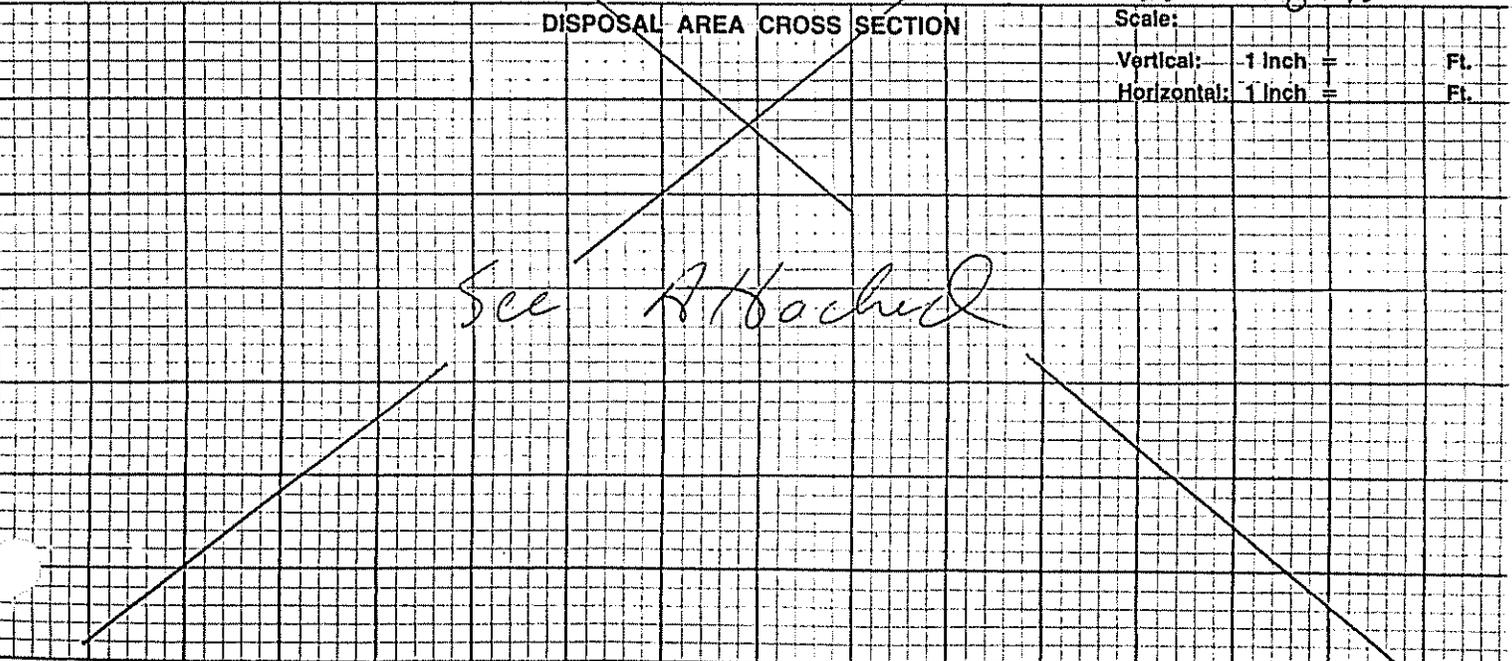
Scale 1" = 20 FL



FILL REQUIREMENTS	
Depth of Fill (Upslope)	<u>30'</u>
Depth of Fill (Downslope)	<u>30'</u>

CONSTRUCTION ELEVATIONS	
Reference Elevation is	<u>---</u>
Bottom of Disposal Area	<u>---</u>
Top of Distribution Lines or Chambers	<u>---</u>

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
ERP is Red Flagged nail in corner of House

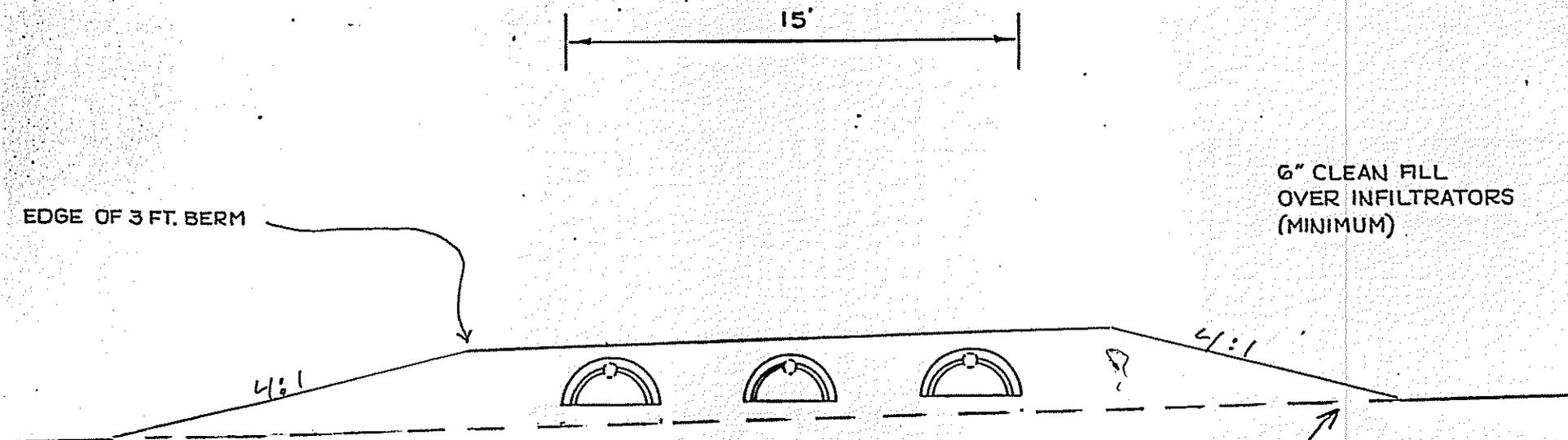


Thamson Brynham
Site Evaluator Signature

201
SE#

9/30/88
Date

INFILTRATOR CROSS-SECTION 1-2%



NOTES:

1. REMOVE VEGETATION AND SCARIFY ORIGINAL SOIL UNDER INFILTRATORS AND FILL EXTENSION AREAS.
2. BOTTOM OF INFILTRATORS TO BE LEVEL WITH A MAXIMUM GRADE TOLERANCE OF 1" PER 100'.
3. PROVIDE FOR SURFACE DRAINAGE AWAY FROM INFILTRATOR AREA.
4. FINISHED GRADE SHALL BE SEEDS AND MULCHED TO PREVENT EROSION.

SITE EVALUATOR: <i>Harrison Bisplann</i>			
OWNER: <i>Christos Korangiannes</i>		NUMBER OF INFILTRATORS: <i>28</i>	PERCENT SLOPE: <i>~ 2%</i>
LOCATION: <i>Riverside Dr, Augusta</i>		ELEVATIONS:	
DATE: <i>9/30/88</i>	SCALE: 1 INCH = 5 FEET	REFERENCE PT. <i>0'00"</i>	BOTTOM TRENCH#1 <i>-5'</i>
		BOTTOM TRENCH#2 <i>-56"</i>	BOTTOM TRENCH#3 <i>-5'</i>

Bottom Trench #4 - 5'