11-15-90

REPLACEMENT SYSTEM VARIANCE REQUEST

THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

H 622 0027
R 622 1832

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.

GENERAL INFORMATION

Town of AUGUSTA

Permit No. 2013 E

Date Permit Issued 11/1/90 (MONTH/DAY/YEAR)

Property Owner's Name: CHRISTOS KARAGIANNES Tel. No. _____

System's Location: RIVERSIDE DR. (STREET)

AUGUSTA (TOWN) Maine 04330 (ZIP)

Property Owner's Address: 813 RIVERSIDE DR. (STREET)
(if different from above)

AUGUSTA (TOWN) ME (STATE) 04330 (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 Karagiannes
PROPERTY OWNER'S SIGNATURE

10-29-1990
DATE

VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
SOILS					
Soil Profile	Ground Water Table	to 6"		14"	inches
Soil Condition	Restrictive Layer	to 6"			inches
from HHE-200	Bedrock	to 10"			inches
SETBACK DISTANCES (IN FEET)	FROM:	TREATMENT TANK	DISPOSAL AREA	TREATMENT TANK	DISPOSAL AREA
Potable Water Supplies	1. Well: > 2000 gal/day	100[a]	300[a]		
	2. Well: < 2000 gal/day a. Neighbor's	50'[b]	60'[b]		
	b. Property Owner's	25'	50'		
	3. Water Supply Line	See note 'a'			
Waterbodies	1. Perennial	50'	60'		
	2. Intermittent	15'	20'		
	3. Manmade drainage ditch	10'	15'		
Downhill Slope	Greater than 3:1 (33%)	5'[c]	10'[c]		
Buildings	1. With Basement	5'	10'		
	2. Without Basement	5'	10'		
Property Line		4'	5'		

OTHER

1. Fill extension Grade—to 3:1 N/A
2.
3.

Footnotes:

a. This setback distance cannot be reduced by variance. See Table 6-2.
b. Written Permission from the owner of a well is required when a replacement system will be located less than 100 feet but closer to that well than the system it is replacing.
c. Sufficient distance shall be maintained to assure that the toe of the fill does not extend to the 3:1 slope.

SITE EVALUATOR'S SIGNATURE — DATE 10-26-90

LPI STATEMENT

I, George H. Seavey Jr., LPI for the Town of Augusta have conducted an on-site inspection for the proposed replacement system and have determined to the best of my knowledge, that it cannot be installed in total compliance with the Rules, applicable Municipal Wastewater Disposal Ordinances, or the Local Shoreland Zoning Ordinance. As a result of my review of the Replacement System 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 shall state his reasons in Comments Section below as to why the proposed replacement system is not being recommended.

Comments: Previously 1986 or 1987 I have under reach a written variance for the design of this system. But I have advised the [illegible] garden reduction for this year and they support the variance. [illegible] 11-1-90

Min. Req. 3 feet or Max. Req. 7 feet

LPI'S SIGNATURE — 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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation	AUGUSTA
Street bdivision Lot #	RIVERSIDE DRIVE

PROPERTY OWNERS NAME

Last: KARANGIANNES First: CHRISTOS

Applicant Name:	
Mailing Address of Owner/Applicant (If Different)	313 RIVERSIDE DRIVE AUGUSTA ME 04330

AUGUSTA Caution: Permit Required 2013 TOWN COPY
Subsurface Wastewater Disposal System shall not be covered until inspected by the Local Plumbing Inspector
Date Permit Issued: 11/1/90 $ 130.00 FEE ☐ If Double Fee Charged
Local Plumbing Inspector Signature L.P.I. # 8998

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 Karangiannes 10-29-1990
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.

Local Plumbing Inspector Signature 11-15-90
Date Approved

PERMIT INFORMATION

THIS APPLICATION IS FOR:
1. ☐ NEW SYSTEM
2. ☑ REPLACEMENT SYSTEM
3. ☐ EXPANDED SYSTEM
4. ☐ EXPERIMENTAL SYSTEM

SEASONAL CONVERSION
to be completed by the LPI
5. ☐ SYSTEM COMPLIES WITH RULES
6. ☐ CONNECTED TO SANITARY SEWER
7. ☐ SYSTEM INSTALLED – P# _____
8. ☐ SYSTEM DESIGN RECORDED AND ATTACHED

IF REPLACEMENT SYSTEM:
YEAR FAILING SYSTEM INSTALLED 1965
THE FAILING SYSTEM IS:
1. ☐ BED 3. ☑ TRENCH
2. ☐ CHAMBER 4. ☐ OTHER: _____

THIS APPLICATION REQUIRES:
1. ☐ NO RULE VARIANCE
2. ☐ NEW SYSTEM VARIANCE Attach New System Variance Form
3. ☑ REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form
a. ☐ Requiring Local Plumbing Inspector Approval
b. ☐ Requires State and Local Plumbing Inspector Approval
4. ☐ MINIMUM LOT SIZE VARIANCE

DISPOSAL SYSTEM TO SERVE:
1. ☐ SINGLE FAMILY DWELLING
2. ☐ MODULAR OR MOBILE HOME
3. ☐ MULTIPLE FAMILY DWELLING
4. ☑ OTHER RESTAURANT WASTE
SPECIFY

INSTALLATION IS:
COMPLETE SYSTEM
1. ☐ NON-ENGINEERED SYSTEM
2. ☐ PRIMITIVE SYSTEM (Includes Alternative Toilet)
3. ☐ ENGINEERED (+2000 gpd)
INDIVIDUALLY INSTALLED COMPONENTS:
4. ☐ TREATMENT TANK (ONLY)
5. ☐ HOLDING TANK _____ GAL
6. ☐ ALTERNATIVE TOILET (ONLY)
7. ☑ NON-ENGINEERED DISPOSAL AREA (ONLY)
8. ☐ ENGINEERED DISPOSAL AREA (ONLY)
9. ☐ SEPARATED LAUNDRY SYSTEM

SIZE OF PROPERTY	ZONING	TYPE OF WATER SUPPLY
36± ACRE	COMMERCIAL	AUGUSTA WTR DISTRICT

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK
1. ☑ SEPTIC: ☑ Regular ☐ Low Profile
2. ☐ AEROBIC
SIZE: 1500+ GALS.
NOTE: SYSTEM TANKS TO BE LARGE IF POSSIBLE

WATER CONSERVATION
1. ☑ NONE
2. ☐ LOW VOLUME TOILET
3. ☐ SEPARATED LAUNDRY SYSTEM
4. ☐ ALTERNATIVE TOILET
SPECIFY: _____

PUMPING
1. ☐ NOT REQUIRED
2. ☐ MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION)
3. ☑ REQUIRED
DOSE: 200 GALS.

CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)
458 GPD
(BASED ON AVG WATER USAGE READING FROM 7 QUARTERLY BILLS + 10%)
458 X 1.8 = (SEC 783)
DESIGN FLOW: 824 (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
8	-10

DEPTH TO LIMITING FACTOR: 14-18.

SIZE RATINGS USED FOR DESIGN PURPOSES
1. ☐ SMALL
2. ☐ MEDIUM
3. ☐ MEDIUM-LARGE
4. ☑ LARGE
5. ☐ EXTRA LARGE

DISPOSAL AREA TYPE/SIZE
1. ☐ BED _____ Sq. Ft.
2. ☑ CHAMBER 1650 Sq. Ft.
☑ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

SITE EVALUATOR STATEMENT

On 10-23-90 (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.

Site Evaluator Signature 181 SE# 10-26-90 Date

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

289 3674

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: AUGUSTA

Street, Road, Subdivision: RIVERSIDE

Owners Name: D. C. KARANGIANNES

SITE PLAN

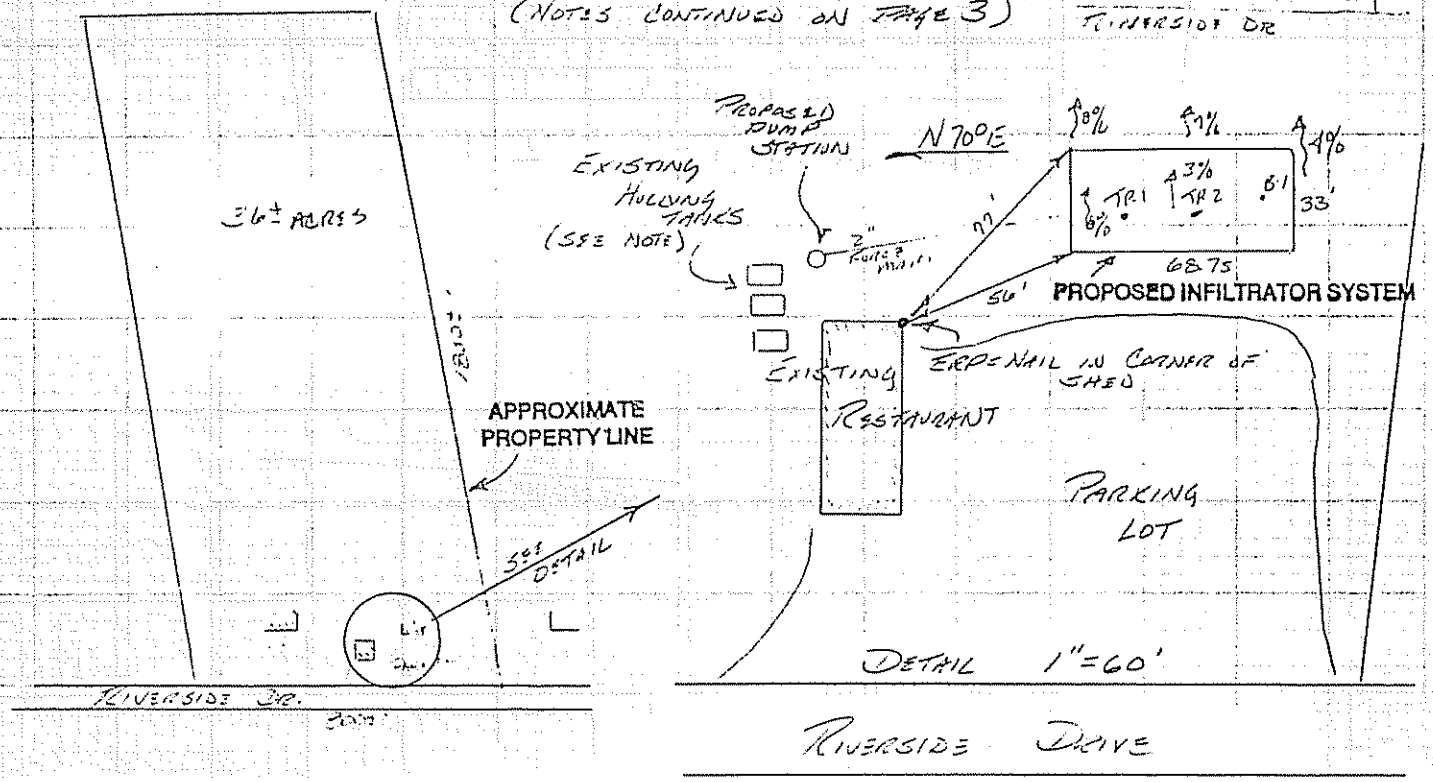
Scale 1" = AS NOTE Ft.

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

LOT PLAN 1" = 500'

NOTE: 1) EXISTING HOLDING TANKS MAY BE, CONVERTED TO SEPTIC TANKS & GREASE TRAP IF PUMP & PROPER BAFFLES ARE INSTALLED TO MODIFY TANKS.

(NOTES CONTINUED ON PAGE 3)



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

Observation Hole TP-1 & 2 ☑ Test Pit ☐ Boring

N/A " Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0	VERY FINE	FRIABLE	BROWN	NONE EVIDENT
6	SANDY LOAM		REDDISH BROWN	
10	SILT LOAM			
15			OLIVE BROWN	FEW TO COMMON DISTINCT
20	SILTY CLAY	FIRM	OLIVE GRAY	
30				
40				
50				

Soil	Classification	Slope	Limiting Factor	
8 (Profile)	C (Condition)	0-3 %	18	☑ Ground Water ☐ Restrictive Layer ☐ Bedrock

Observation Hole B-1 ☐ Test Pit ☑ Boring

N/A " Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0	VERY FINE	FRIABLE	BROWN	NONE EVIDENT
6	SANDY LOAM		REDDISH BROWN	
10				
15	SILT LOAM		OLIVE BROWN	COMMON DISTINCT
20	SILTY CLAY	FIRM	OLIVE GRAY	
30				
40				
50				

Soil	Classification	Slope	Limiting Factor	
8 (Profile)	D (Condition)	4 %	4	☑ Ground Water ☐ Restrictive Layer ☐ Bedrock

Site Evaluator Signature

SE# 181

Date 10-26-90

HHE-200 Rev. 1/84

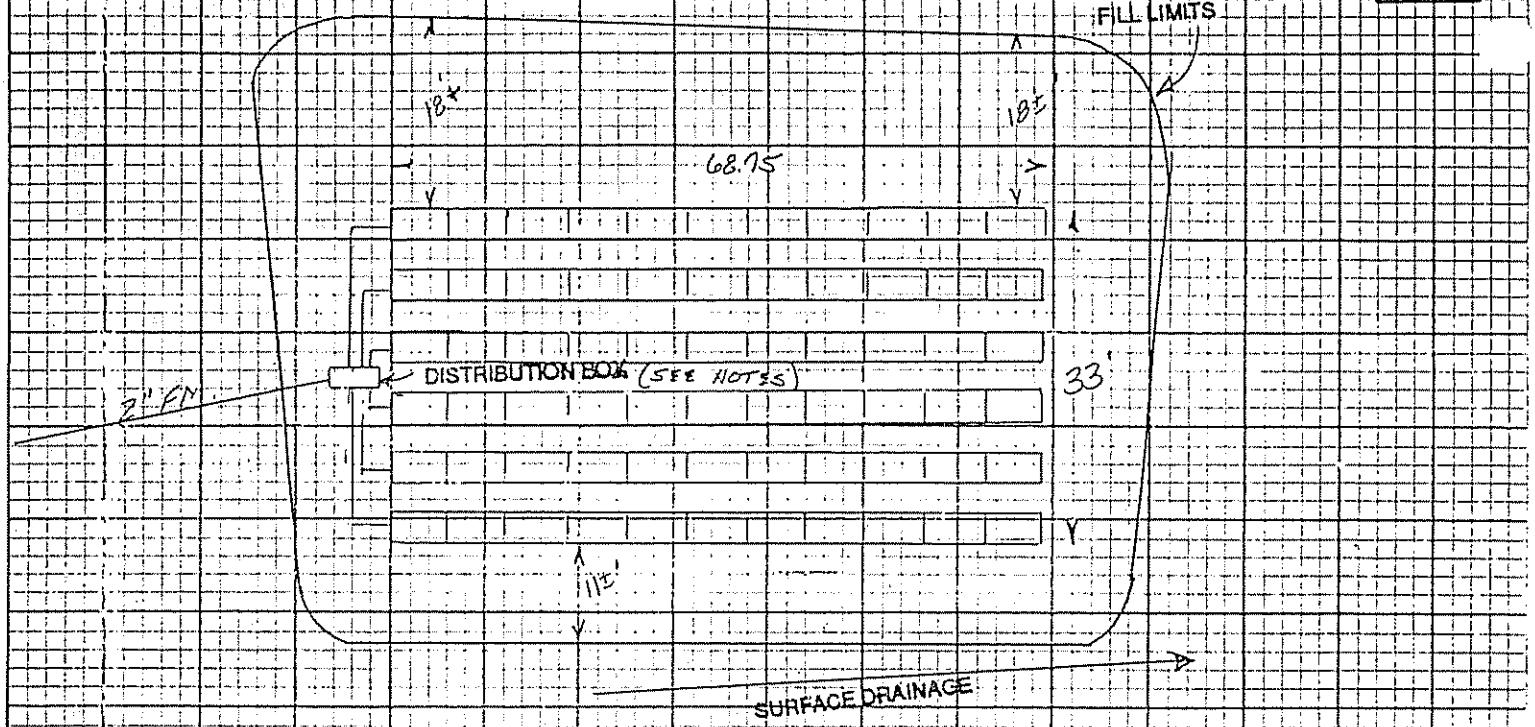
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name
AUGUSTA	RIVERSIDE DR	C. KARANGIANNES

SUBSURFACE WASTEWATER DISPOSAL PLAN

APPROXIMATE FILL LIMITS — Scale 1" = 20' Ft.



FILL REQUIREMENTS

Depth of Fill (Upslope) 23"
Depth of Fill (Downslope) 23 - 38"

CONSTRUCTION ELEVATIONS

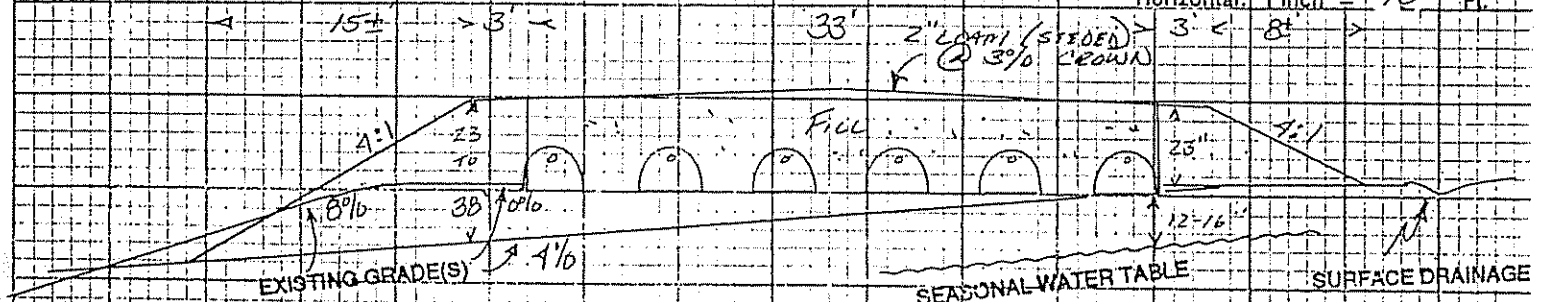
Reference Elevation is 00"
Bottom of Disposal Area -47"
Top of Distribution Lines or Chambers -32"

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

FLAGGED NAIL IN CORNER OF SHED (ATTACHED TO RESTAURANT) 41" ABOVE GRA.

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 Inch = 4 Ft.
Horizontal: 1 Inch = 10 Ft.



NOTES (CON'D)

2) GREASE TRAP HOLDING CAPACITY SHALL BE 600 lbs (1,000 GAL TANK)

3) KITCHEN WASTE MUST BE SEPERATED FROM BLACK WASTE, & DIRECTED TO GREASE TRAP THEN TO SEPTIC TANK(S)

4) DISTRIBUTION BOX SHALL BE FITTED WITH FLOW EQUILIZERS

[signature] Site Evaluator Signature

181 SE#

10-26-90 Date

HHE-200 Rev.1/84

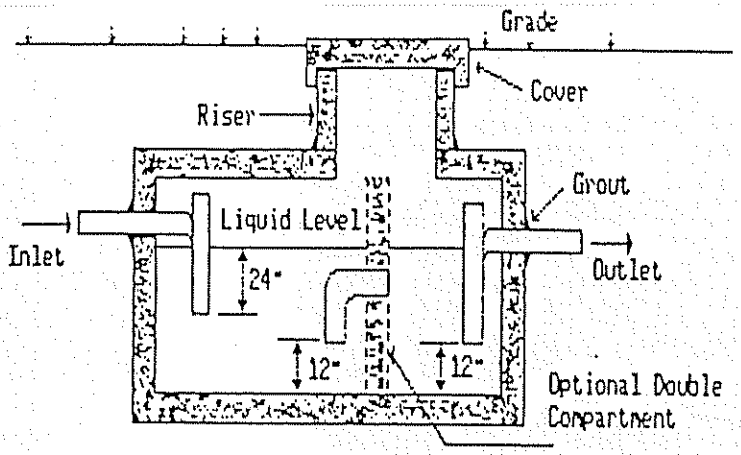


Figure 9.2 Grease Trap Specifications

G. Grease Trap.

[1] An external grease trap shall be installed for all new or expanded restaurants with 30 or more seats or other establishments involved in food preparation.

[2] Materials and Specifications.

[a] If an external grease trap is used, it shall be watertight, durable, and constructed of the same materials as septic tanks [See Section 9.B.1].

[b] The inlet invert shall be at least 3 inches above the outlet invert.

[c] The inlet baffle or sanitary tee shall extend at least 24 inches below the liquid level.

[d] The outlet baffle or sanitary tee shall extend to within 12 inches of the tank's bottom.

[e] The grease trap shall be provided with an inspection or cleanout cover over the inlet and outlet. The covers should comply with the area requirements of Section 9.B.3.

[f] Blackwaste shall not be connected to a grease trap.

[g] All wastewater from the kitchen operation should be connected to the external grease trap. The effluent from the grease trap shall connect to the inlet of the treatment tank.

[h] Recommendations:

[i] Flow control fittings should be installed on the inlet side of smaller traps to protect against overloading.

[ii] The grease-retaining capacity in pounds should equal at least twice the peak flow rating in gallons per minute.

[iii] For restaurants, a working capacity of 3 gallons per person/day should provide adequate grease retaining capacity

[iv] Single compartment traps are acceptable but double compartment traps are recommended for larger flows [See Figure 9.2].

WATER USED AT:

807 RIVERSIDE DR. 000003

AUGUSTA WATER D
BOX 506 • 12 WILLIA
AUGUSTA, MAINE 0
PHONE: 622-370

56

15.0

DATE OF BILLING	READINGS PREVIOUS	READINGS PRESENT	CONSUMPTION IN 100 CU. FT.	SUB-TOTAL	REFERENCE	OTHER C
06 16 86	954	1009	55	69.75		

RIVERSIDE RESTAURANT
807 RIVERSIDE DRIVE
AUGUSTA, ME. 04330

PAID JUN 26 1986

TOTAL	SALES TAX	TOTAL
AMT. REC.	3.49	$ 7
ARREARS		

PAY THIS AMOUNT 1

PAYMENT CAN ALSO BE MADE AT ANY BRANCH OF NORSTAR BANK

0837

WATER USED AT:

807 RIVERSIDE DR. 000003

AUGUSTA WATER
BOX 506 • 12 WILLI
AUGUSTA, MAINE
PHONE: 622-37

56

15.0

DATE OF BILLING	READINGS PREVIOUS	READINGS PRESENT	CONSUMPTION IN 100 CU. FT.	SUB-TOTAL	REFERENCE	OTHER
09 15 86	1009	1070	61	76.05		

RIVERSIDE RESTAURANT
807 RIVERSIDE DRIVE
AUGUSTA, ME. 04330

PAID OCT - 1 1986

TOTAL	SALES TAX	TOTA
AMT. REC.	3.80	$
ARREARS		

PAY THIS AMOUNT 1

PAYMENT CAN ALSO BE MADE AT ANY BRANCH OF NORSTAR BANK

3301

WATER USED AT:

807 RIVERSIDE DR. 000003

AUGUSTA WATER
BOX 506 • 12 WILL
AUGUSTA, MAIN
PHONE: 622-

56

15.0

DATE OF BILLING	READINGS PREVIOUS	READINGS PRESENT	CONSUMPTION IN 100 CU. FT.	SUB-TOTAL	REFERENCE	OTHE
12 11 86	1070	1117	47	61.35		

RIVERSIDE RESTAURANT
807 RIVERSIDE DRIVE
AUGUSTA, ME. 04330

PAID JAN - 7 1987

TOTAL	SALES TAX	TOT
AMT. REC.	3.07	$
ARREARS		

PAY THIS AMOUNT

PAYMENT CAN ALSO BE MADE AT ANY BRANCH OF NORSTAR BANK

WATER USED AT:

807 RIVERSIDE DR. 000003

AUGUSTA WATER DISTR
12 WILLIAMS ST. • BOX 506
AUGUSTA, MAINE 04330
PHONE: 622-3701

56
15.0

DATE OF BILLING	READINGS PREVIOUS	READINGS PRESENT	CONSUMPTION IN 100 CU. FT.	SUB-TOTAL	REFERENCE	OTHER CHARG
12 14 87	1258	1307	49	63.45		

CHRISTY'S RESTAURANT
% ROGER LETOURNEAU
807 RIVERSIDE DRIVE
AUGUSTA, ME.04330

DEC 3 0 1987

TOTAL
AMT. REC.
ARREARS

SALES TAX	TOTAL BILL
3.17	$ 66.6

PAYMENT CAN ALSO BE MADE AT ANY BRANCH OF NORSTAR BANK

PAY THIS AMOUNT

WATER USED AT:

807 RIVERSIDE DR. 000008 5507

AUGUSTA WATER DIS
12 WILLIAMS ST. • BOX 5
AUGUSTA, MAINE 0433
PHONE: 622-3701

56
15.0

DATE OF BILLING	READINGS PREVIOUS	READINGS PRESENT	CONSUMPTION IN 100 CU. FT.	SUB-TOTAL	REFERENCE	OTHER CHA
09 23 87 09 23 87	1252	1258	6 NOT USED TO AVERAGE	12.30	ARREARS FINAL BILL	72.1

CHRISTIES RESTAURANT
% C. KARAGIANNES
813 RIVERSIDE DRIVE
AUGUSTA, ME.04330

SEP 3 0 1987

TOTAL
AMT. REC.
ARREARS

SALES TAX	TOTAL BIL
.62	$ 85.

PAYMENT CAN ALSO BE MADE AT ANY BRANCH OF NORSTAR BANK

PAY THIS AMOUNT

WATER USED AT:

807 RIVERSIDE DR. 000003

AUGUSTA WATER DISTI
12 WILLIAMS ST. • BOX 50
AUGUSTA, MAINE 04330
PHONE: 622-3701

56
15.0

DATE OF BILLING	READINGS PREVIOUS	READINGS PRESENT	CONSUMPTION IN 100 CU. FT.	SUB-TOTAL	REFERENCE	OTHER CHAR
09 14 87	1198	1252	54	68.70		

RIVERSIDE RESTAURANT
807 RIVERSIDE DRIVE
AUGUSTA, ME. 04330

TOTAL
AMT. REC.
ARREARS

SALES TAX	TOTAL BIL
3.44	$ 72.

PAYMENT CAN ALSO BE MADE AT ANY BRANCH OF NORSTAR BANK

PAY THIS AMOUNT

WATER USED AT:

AUGUSTA WATER DISTR
12 WILLIAMS ST. • BOX 506
AUGUSTA, MAINE 04330

WATER USED AT:

807 RIVERSIDE DR. 000003

AUGUSTA WATER DISTI
12 WILLIAMS ST. • BOX 506
AUGUSTA, MAINE 04330
PHONE: 622-3701

56

15.0

DATE OF BILLING	READINGS PREVIOUS	READINGS PRESENT	CONSUMPTION IN 100 CU. FT.	SUB-TOTAL	REFERENCE	OTHER CHARG
06 15 87	1157	1198	41	55.05		

RIVERSIDE RESTAURANT
807 RIVERSIDE DRIVE
AUGUSTA, ME. 04330

PAID
JUL 1 1987
AMT. REC.
ARREARS

SALES TAX	TOTAL BILL
2.75	$ 57.8

PAYMENT CAN ALSO BE MADE AT ANY BRANCH OF NORSTAR BANK

PAY THIS AMOUNT

WATER USED AT:

807 RIVERSIDE DR. 000003

AUGUSTA WATER DISTRIC
BOX 506 • 12 WILLIAMS ST.
AUGUSTA, MAINE 04330
PHONE: 622-3701

56

15.0

DATE OF BILLING	READINGS PREVIOUS	READINGS PRESENT	CONSUMPTION IN 100 CU. FT.	SUB-TOTAL	REFERENCE	OTHER CHARGI
03 16 87	1117	1157	40	54.00		

RIVERSIDE RESTAURANT
807 RIVERSIDE DRIVE
AUGUSTA, ME. 04330

PAID
APR - 8 1987
TOTAL
AMT. REC.
ARREARS

SALES TAX	TOTAL BILL
2.70	$ 56.70

PAYMENT CAN ALSO BE MADE AT ANY BRANCH OF NORSTAR BANK

PAY THIS AMOUNT