

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services  
 Division of Health Engineering, Station 10  
 (207) 287-6672 FAX (207) 287-4172

PROPERTY LOCATION		>> Caution: Permit Required -- Attach in Space Below <<	
City, Town, Station	AUGUSTA	AUGUSTA Date Permit Issued: <u>4/16/00</u> Local Plumbing Inspector Signature: <u>[Signature]</u>	4367 TOWN COPY \$ <u>195</u> FEE Charged L.P.I. # <u>550</u>
Street or Road	569 RIVERSIDE DR.		
Subdivision, Lot #			
OWNER/APPLICANT INFORMATION		Municipal Tax Map # <u>1754</u> Lot # <u>216</u>	
Name (last, first, MI)	KARAGIANNES, CHRISTY Applicant	<i>Permit inspected on 4/16/00</i>	
Mailing Address of	813 RIVERSIDE DR. AUGUSTA, ME. 04330		
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant			
Daytime Tel #			

<p><b>Owner or Applicant Statement</b></p> <p>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.</p> <p><u>Christy Karagiannes</u> <u>4-6-00</u>          Signature of Owner or Applicant Date</p>	<p><b>Caution: Inspections Required</b></p> <p>I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application</p> <p>Local Plumbing Inspector Signature _____ (1st) Date Approved _____          _____ (2nd) Date Approved _____</p>
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PERMIT INFORMATION		
<p><b>TYPE OF APPLICATION</b></p> <p>1 <input type="checkbox"/> First Time System          2 <input checked="" type="checkbox"/> Replacement System          Type Replaced _____          Year Installed _____          3 <input type="checkbox"/> Expanded System          a <input type="checkbox"/> One-time exempted          b <input type="checkbox"/> Non-exempted          4 <input type="checkbox"/> Experimental System          5 <input type="checkbox"/> Seasonal Conversion</p>	<p><b>THIS APPLICATION REQUIRES</b></p> <p>1 <input type="checkbox"/> No Rule Variance          2 <input type="checkbox"/> First Time System Variance          a <input type="checkbox"/> Local Plumbing Inspector Approval          b <input checked="" type="checkbox"/> State &amp; Local Plumbing Inspector Approval          3 <input checked="" type="checkbox"/> Replacement System Variance          a <input checked="" type="checkbox"/> Local Plumbing Inspector Approval          b <input type="checkbox"/> State &amp; Local Plumbing Inspector Approval          4 <input type="checkbox"/> Minimum Lot Size Variance          5 <input type="checkbox"/> Seasonal Conversion Approval</p>	<p><b>DISPOSAL SYSTEM COMPONENT(S)</b></p> <p>1 <input type="checkbox"/> Complete Non-engineered System          2 <input type="checkbox"/> Primitive System (graywater &amp; all toilet)          3 <input type="checkbox"/> Alternative Toilet, specify _____          4 <input type="checkbox"/> Non-Engineered Treatment Tank (only)          5 <input type="checkbox"/> Holding Tank, _____ gallons          6 <input checked="" type="checkbox"/> Non-engineered Disposal Field (only)          7 <input type="checkbox"/> Separated Laundry System          8 <input type="checkbox"/> Complete Engineered System (2000 gpd or more)          9 <input type="checkbox"/> Engineered Treatment Tank (only)          10 <input type="checkbox"/> Engineered Disposal Field (only)          11 <input type="checkbox"/> Pre-treatment, specify _____          12 <input type="checkbox"/> Miscellaneous components _____</p>
<p><b>SIZE OF PROPERTY</b></p> <p><u>2.5</u> <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres</p>	<p><b>DISPOSAL SYSTEM TO SERVE</b></p> <p>1 <input type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: _____          2 <input type="checkbox"/> Multiple Family Dwelling, No. of Units: _____          3 <input checked="" type="checkbox"/> Other: <u>2-3 BEDROOM TRAILERS</u>          SPECIFY _____</p>	<p><b>TYPE OF WATER SUPPLY</b></p> <p>1 <input type="checkbox"/> Drilled Well 2 <input type="checkbox"/> Dug Well 3 <input type="checkbox"/> Private          4 <input checked="" type="checkbox"/> Public 5 <input type="checkbox"/> Other _____</p>
<p><b>SHORELAND ZONING</b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<p><b>TREATMENT TANK</b></p> <p>1 <input type="checkbox"/> Concrete          a <input type="checkbox"/> Regular          b <input type="checkbox"/> Low Profile          2 <input type="checkbox"/> Plastic          3 <input type="checkbox"/> Other <u>EXISTING</u>          CAPACITY _____ gallons</p>	<p><b>DISPOSAL FIELD TYPE &amp; SIZE</b></p> <p>1 <input checked="" type="checkbox"/> Stone Bed 2 <input type="checkbox"/> Stone Trench          3 <input type="checkbox"/> Proprietary Device          a <input type="checkbox"/> Cluster array c <input type="checkbox"/> Linear          b <input type="checkbox"/> Regular load d <input type="checkbox"/> H-20 load          4 <input type="checkbox"/> Other: _____          SIZE <u>1800</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.</p>	<p><b>GARBAGE DISPOSAL UNIT</b></p> <p>1 <input checked="" type="checkbox"/> No 3 <input type="checkbox"/> Maybe          2 <input type="checkbox"/> Yes &gt;&gt; Specify one below          a <input type="checkbox"/> Multi-compartment Tank          b <input type="checkbox"/> Tanks in Series          c <input type="checkbox"/> Increase in Tank Capacity          d <input type="checkbox"/> Filter on Tank Outlet</p>	<p><b>DESIGN FLOW</b></p> <p><u>720</u> gallons per day          BASED ON          1 <input checked="" type="checkbox"/> Table 501.1 (dwelling unit(s))          2 <input type="checkbox"/> Table 501.2 (other facilities)          SHOW CALCULATIONS          -- for other facilities --</p>
<p><b>SOIL DATA &amp; DESIGN CLASS</b></p> <p>PROFILE CONDITION DESIGN <u>3 0 1 3</u>          at Observation Hole # <u>1</u>          Depth <u>48"</u> Elevation <u>8"</u>          OF MOST LIMITING SOIL FACTOR</p>	<p><b>DISPOSAL FIELD SIZING</b></p> <p>1 <input type="checkbox"/> Small -- 2.0 sq. ft./gpd          2 <input type="checkbox"/> Medium -- 2.6 sq. ft./gpd          3 <input checked="" type="checkbox"/> Medium-Large -- 3.3 sq. ft./gpd          4 <input type="checkbox"/> Large -- 4.1 sq. ft./gpd          5 <input type="checkbox"/> Extra Large -- 5.0 sq. ft./gpd</p>	<p><b>PUMPING</b></p> <p>1 <input type="checkbox"/> Not Required          2 <input checked="" type="checkbox"/> May Be Required          3 <input type="checkbox"/> Required &gt;&gt; Specify only for engineered or experimental systems          DOSE: _____ gallons</p>	<p>3 <input type="checkbox"/> Section 503.0 (meter readings)          ATTACH WATER-METER DATA</p>

SITE EVALUATOR STATEMENT	
<p>I certify that on <u>4/3/00</u> (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).</p> <p><u>[Signature]</u>          Site Evaluator Signature</p> <p><u>JOHN PHILBRICK</u>          Site Evaluator Name Printed</p>	<p><u>256</u>          SE #</p> <p><u>547-3732</u>          Telephone #</p> <p><u>4/4/00</u>          Date</p>

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

04208853

AUGUSTA

RIVERSIDE

OR.

CHRISTY

KARACIANNES

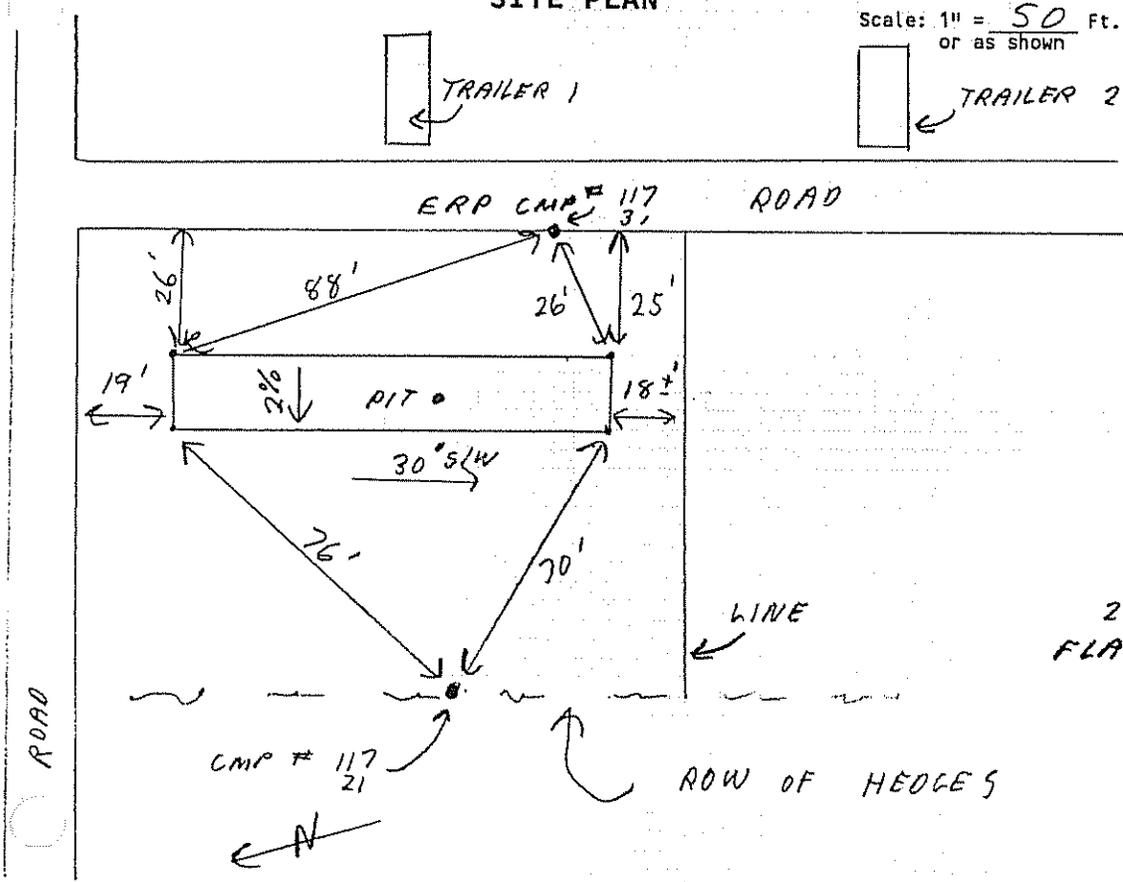
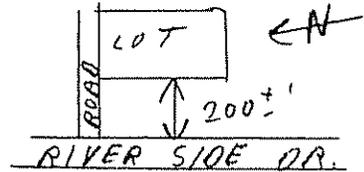
## SITE PLAN

Scale: 1" = 50 Ft.  
or as shown

## SITE LOCATION PLAN

(Attach Map from Maine Atlas for New System Variance)

010 AUGUSTA NEWS



20' x 90' BED  
FLAGS MARK CORNERS

## SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

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

Inches	Texture	Consistency	Color	Mottling
0	GRAVELY SAND FILL	FRIABLE	TAN	NONE
6				
10	FINE SILTY SAND	FIRM	GRAY	COMMON
15				
20				DISTINCT
30				
40				
50				

Soil Classification: 3 Slope: 2 % Limiting Factor: 8  Ground Water  Restr. Layer  Bedrock  
Profile Condition: D

Observation Hole \_\_\_\_\_  Test Pit  Boring  
" Depth of Organic Horizon Above Mineral Soil

Inches	Texture	Consistency	Color	Mottling
0				
6				
10				
15				
20				
30				
40				
50				

Soil Classification \_\_\_\_\_ Slope \_\_\_\_\_ % Limiting Factor \_\_\_\_\_  Ground Water  Restr. Layer  Bedrock  
Profile Condition \_\_\_\_\_

Site Evaluator Signature

256  
SE#

Date

Approved for use as  
HHE 200 by Division of  
Health Engineering 9/87

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Plantation

AUGUSTA

Street, Road, Subdivision

RIVERSIDE OR.

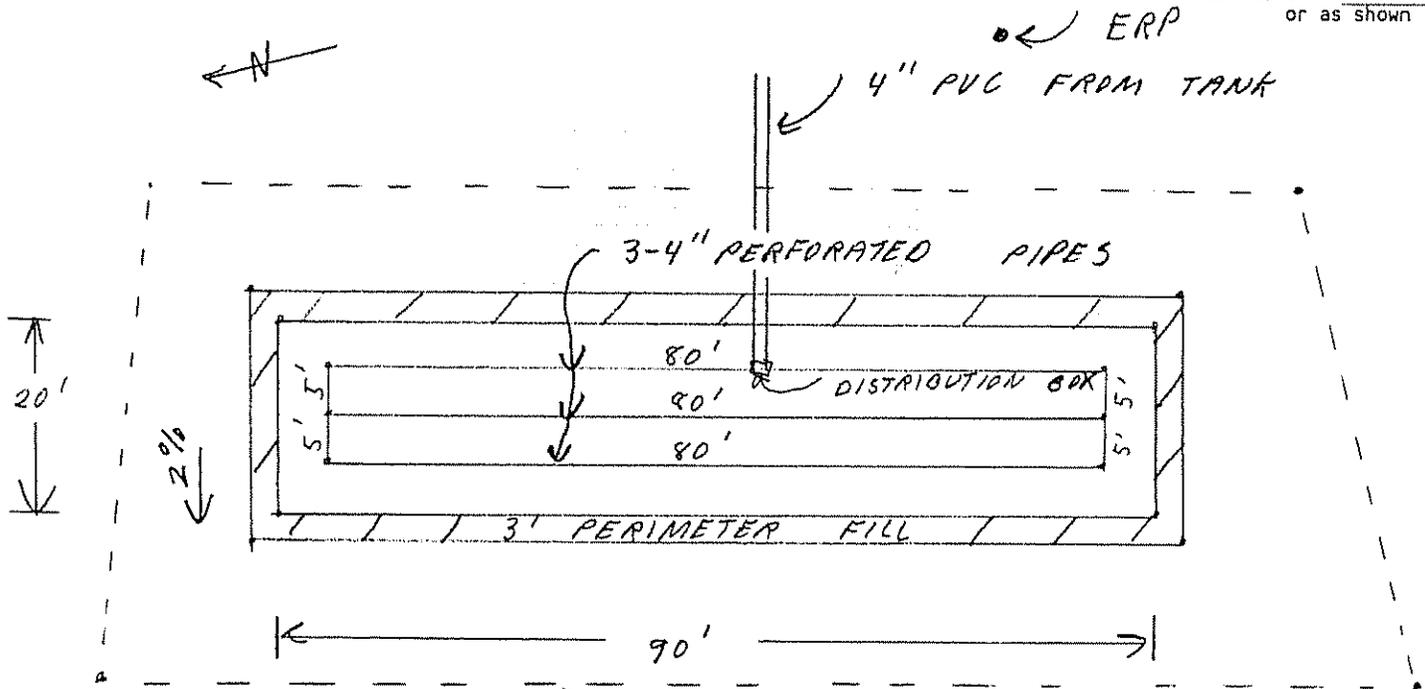
Owner's Name

CHAISTY KARAGIANNES

06129015

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 Ft.  
or as shown



APPROXIMATE TOE OF FILL

20' x 90' BED  
FLAGS MARK CORNER

FILL REQUIREMENTS  
Depth of Fill (Upslope)  
Depth of Fill (Downslope)

CONSTRUCTION ELEVATION  
Reference Elevation is  $\frac{28}{33}$ "  
Bottom of Disposal Area  
Top of Distribution Lines or Chambers

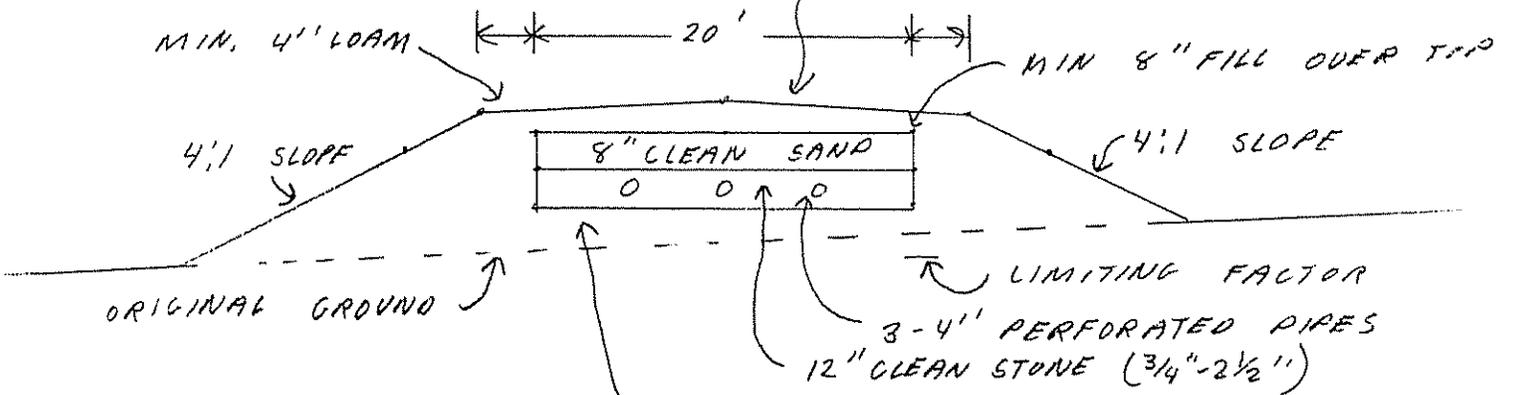
ELEVATION REFERENCE POINT  
ERP IN CMP #117-31, 25'  
-54" S.E. OF SYSTEM, 3" ABOVE  
GROUND  
-43"

DISPOSAL AREA CROSS SECTION

Scale:

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

CROWN WITH 3% GRADE + SEED + MULCH



ALL FILL TO BE COARSE GRAVELLY SAND

REPLACE ALL OLD FILL WITH NEW

Site Evaluator Signature

256  
SE#

Date

4/4/00

Approved for use as  
HHE 200 by Division of  
Health Engineering 9/87

REPLACEMENT SYSTEM VARIANCE REQUEST

FORMS

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 an 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 LPI's authority.

1. The proposed design meets the definition of a Replacement System as defined in the Rules (Sec. 1903)
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 BOD<sub>5</sub> plus S.S. content of the wastewater is no greater than that of normal domestic effluent.

<b>GENERAL INFORMATION</b>		Town of <u>AUGUSTA</u>
Permit No. <u>4367</u>		Date Permit Issued <u>4/6/00</u>
Property Owner's Name: <u>CHRISTY KARAGIANNES</u>		Tel. No.: _____
System's Location: <u>813 RIVERSIDE DR.</u>		
Property Owner's Address: <u>AUGUSTA, ME. 04330</u>		
(if different from above) _____		

**SPECIFIC INSTRUCTIONS TO THE:**  
**LOCAL PLUMBING INSPECTOR (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, 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 Variance Request with your signature on reverse side of form.

**PROPERTY OWNER:**  
 If 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

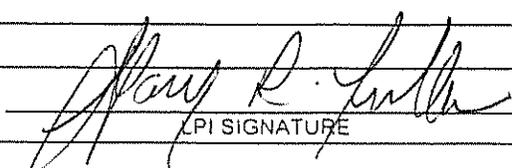
4-6-2000  
 DATE

**LOCAL PLUMBING INSPECTOR**  
 I, Gary R. Fuller, 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, she shall state his reasons in Comments Section below as to why the proposed replacement system is not being recommended.

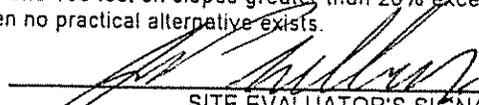
Comments: \_\_\_\_\_

  
 LPI SIGNATURE

4/6/00  
 DATE

HHE-204 Rev 3/97

Replacement System Variance Request

VARIANCE CATEGORY	LIMIT OF LPI'S APPROVAL AUTHORITY						VARIANCE REQUESTED TO:	
SOILS								
Soil Profile <u>3</u>	Ground Water Table			to 7"			8" Inches	
Soil Condition <u>D</u>	Restrictive Layer			to 7"			8" Inches	
from HHE-200	Bedrock			to 12"			Inches	
SETBACK DISTANCES (in feet)	Disposal Fields			Septic Tanks			Disposal Fields	Septic Tanks
From	Less than 1000 gpd	1000 to 2000 gpd	Over 2000 gpd	Less than 1000 gpd	1000 to 2000 gpd	Over 2000 gpd	To	To
Wells with water usage of 2000 or more gpd or public water supply wells	300 <sup>a</sup> ft	300 <sup>a</sup> ft	300 <sup>a</sup> ft	100 <sup>a</sup> ft	100 <sup>a</sup> ft	100 <sup>a</sup> ft		
Owner's wells	100 down to 50 ft	200 down to 100 ft	300 down to 150 ft	100 <sup>b</sup> down to 50 ft	100 down to 50 ft	100 down to 50 ft		
Neighbor's wells	100 <sup>b</sup> down to 60 ft	200 <sup>b</sup> down to 120 ft	300 <sup>b</sup> down to 180 ft	100 <sup>b</sup> down to 50 ft	100 <sup>b</sup> down to 75 ft	100 <sup>b</sup> down to 75 ft		
Water supply line	10 ft <sup>a</sup>	20 ft <sup>a</sup>	25 ft <sup>a</sup>	10 ft <sup>a</sup>	10 ft <sup>a</sup>	10 ft <sup>a</sup>		
Water course, major - for replacements only, see Table 400.4 for exempted expansions	100 down to 60 ft	200 down to 120 ft	300 down to 180 ft	100 down to 50 ft	100 down to 50 ft	100 down to 50 ft		
Water course, minor	50 down to 25 ft	100 down to 50 ft	150 down to 75 ft	50 down to 25 ft	50 down to 25 ft	50 down to 25 ft		
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 <sup>d</sup>	25 ft <sup>d</sup>	25 ft <sup>d</sup>	25 ft <sup>d</sup>	25 ft <sup>d</sup>	25 ft <sup>d</sup>		
Slopes greater than 3:1	10 ft	18 ft	25 ft	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 <sup>c</sup> ft	18 down to 9 <sup>c</sup> ft	20 down to 10 <sup>c</sup> ft	10 down to 4 <sup>c</sup> ft	15 down to 7 <sup>c</sup> ft	20 down to 10 <sup>c</sup> ft		
Burial sites or graveyards, measured from the down toe of the fill extension	25 ft	25 ft	25 ft	25 ft	25 ft	25 ft		
<b>OTHER</b>								
1. Fill extension Grade - to 3:1								
2.								
3.								
Footnotes: a. This setback distance cannot be reduced by the LPI, but may be considered for reduction by State variance								
b. Written Permission from the owner of a well is required when a replacement system will be located less than 100 (200 ft. for 1000-2000 gpd or 300 ft. for over 2000 gpd) feet and 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 or property line.								
d. Natural Resources Protection Act requires a 25 foot setback on slopes with less than 20% from the edge of disturbance and 100 feet on slopes greater than 20% except for the repair or installation of a replacement system when no practical alternative exists.								
 SITE EVALUATOR'S SIGNATURE						4/4/00 DATE		
<b>FOR USE BY THE DEPARTMENT ONLY</b>								
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		