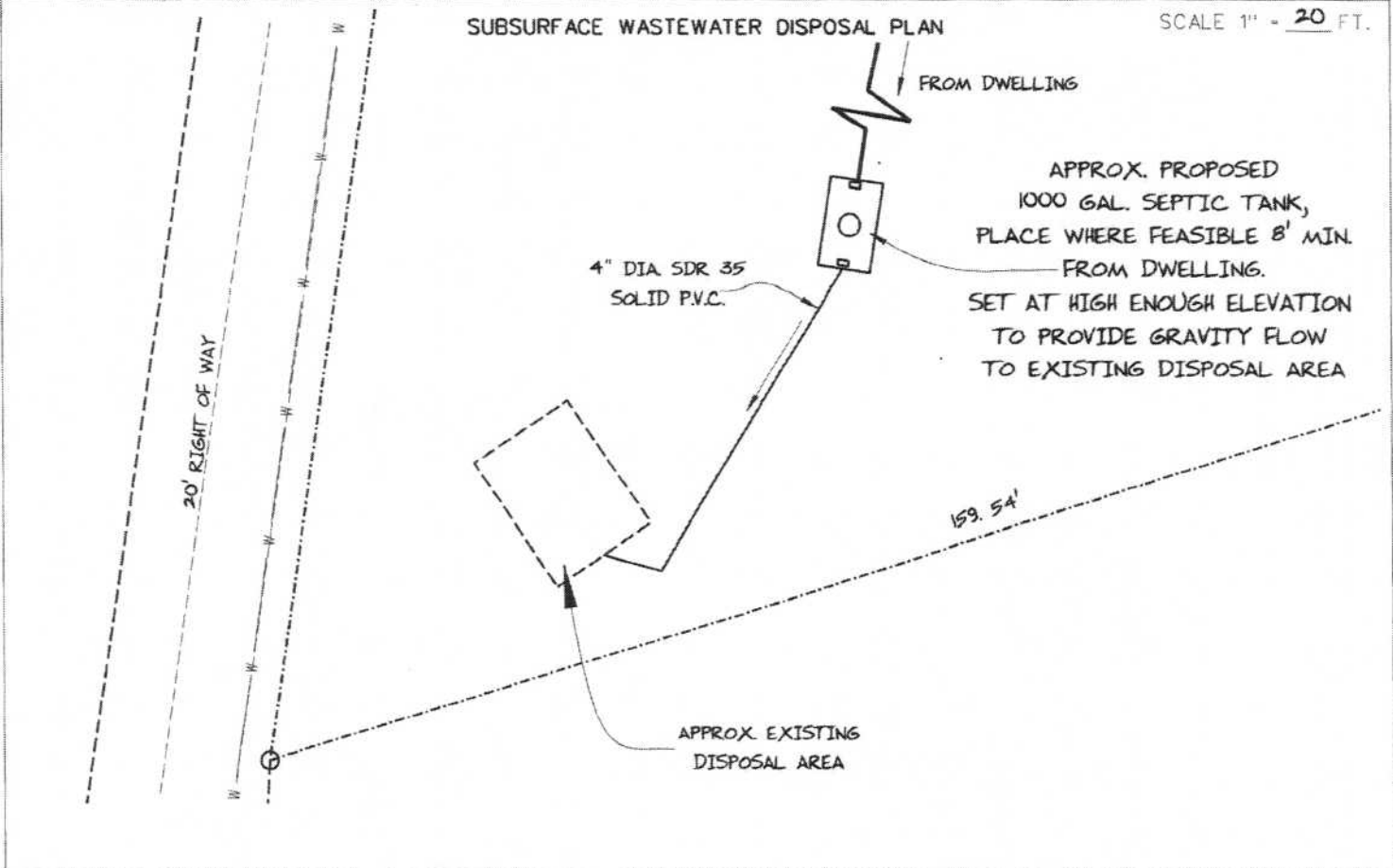


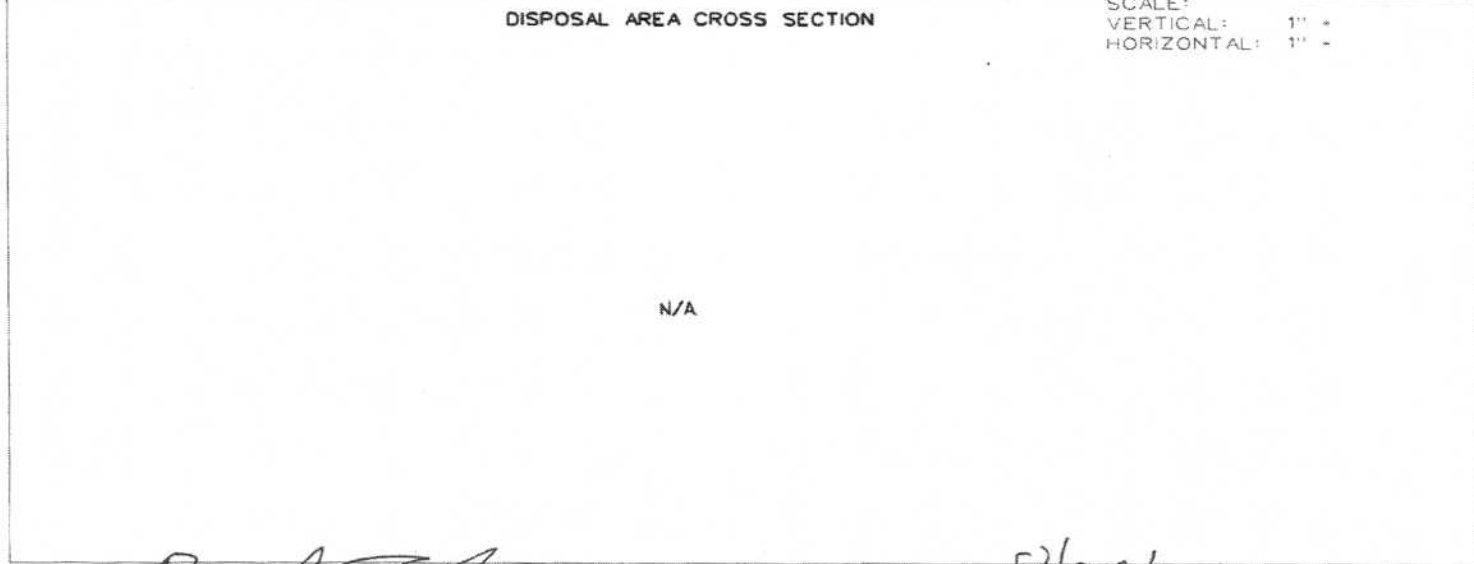
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Health and Human Services
 Division of Environmental Health
 (207) 287-2070 FAX (207) 287-4172

Town, City, Plantation PORTLAND; PEAKS ISLAND	Street, Road, Subdivision 366 SEASHORE AVENUE	Owner's Name ALIX LYNN BOSCH
---	---	--



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT
Depth of Fill (Upslope) = N/A	Finished Grade Elevation = N/A	Location & Description = N/A
Depth of Fill (Downslope) = N/A	Top of Distribution Pipe or Proprietary Device = N/A	Reference Elevation is: 0.0' or -----
DEPTHS AT CROSS-SECTION (shown below)	Bottom of Disposal Area = N/A	



B. A. W.
 Site Evaluator Signature

352
 SE *

8/29/17
 Date

Page 3 of 3
 HHE-200 Rev. 02/11