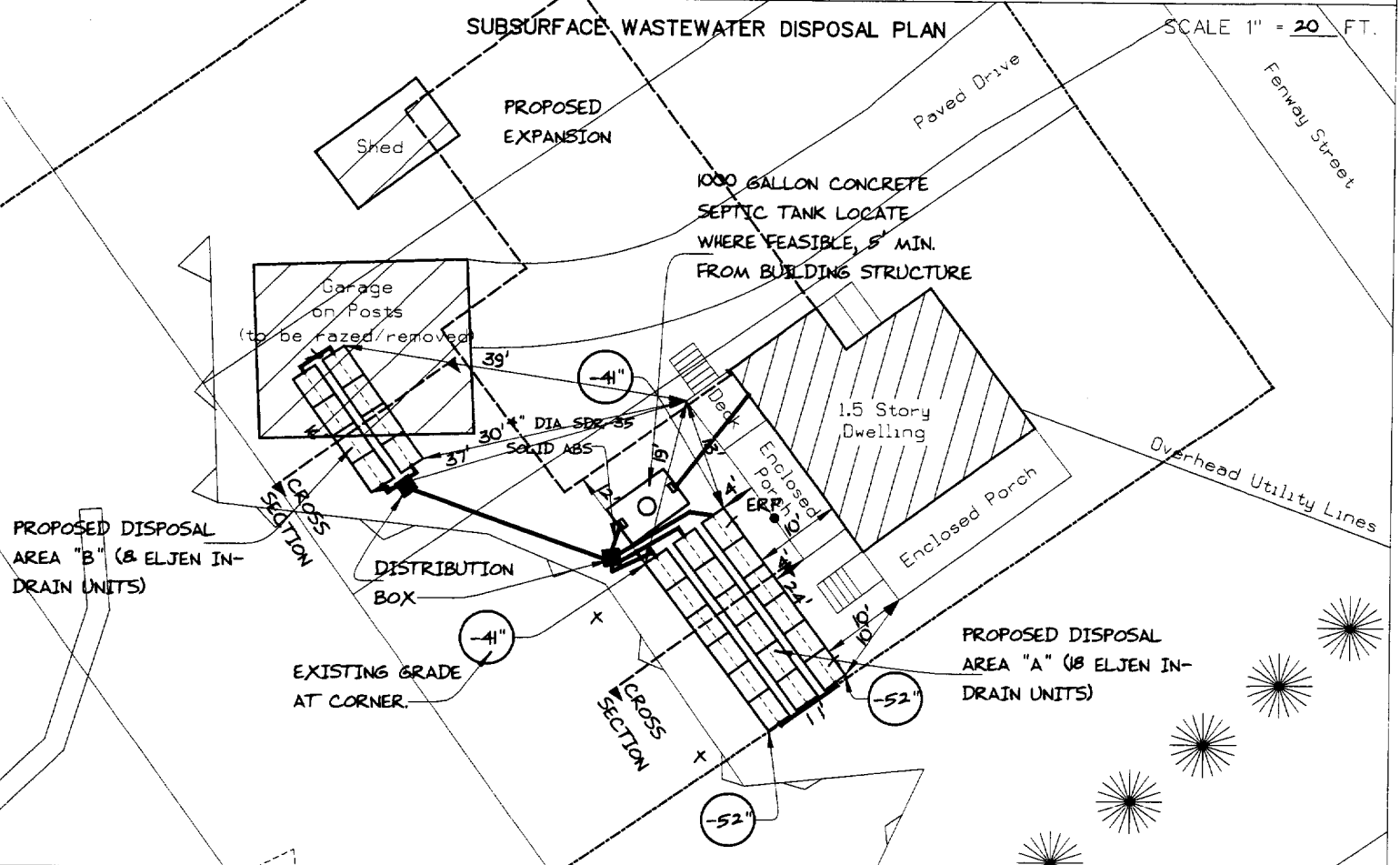


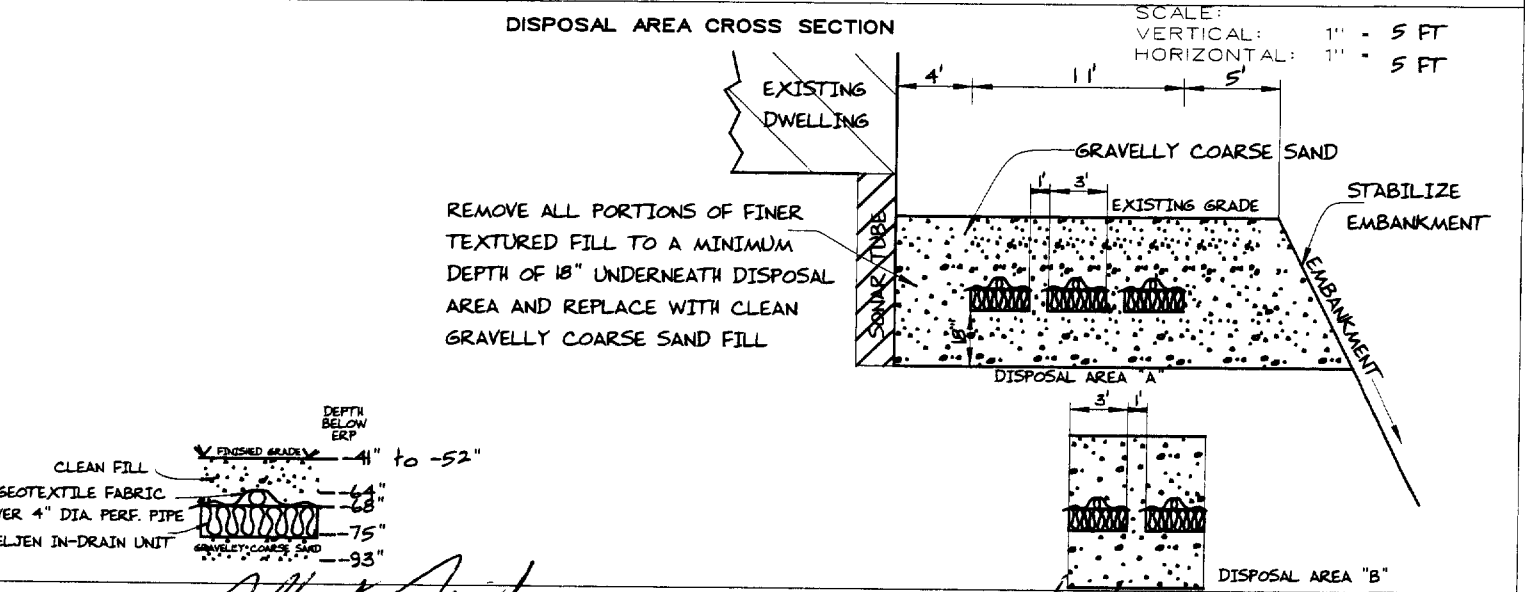
# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services  
 Division of Health Engineering, Station 10 SHS  
 (207) 287-5672 FAX (207) 287-4172

Town, City, Plantation <b>PORTLAND</b>	Street, Road, Subdivision <b>134 FENWAY STREET</b>	Owner's Name <b>MICHELLE &amp; ROBERT BROOKS</b>
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FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT
Depth of Fill (Upslope) $\pm 0''$ Depth of Fill (Downslope) $\pm 0''$ DEPTHS AT CROSS-SECTION (shown below)	Finished Grade Elevation Top of _____ Proprietary Device Bottom of Disposal Area	SEE <u>DETAIL BELOW</u> Location & Description BOTTOM OF GRAY SIDING ON PORCH, 44" ABOVE GRADE Reference Elevation is: 0.0" or -----



Site Evaluator Signature: *Albert Frick*  
 SE # 163  
 Date: 4/26/2004  
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 HHE-200 Rev. 10/02  
 ALBERT FRICK ASSOCIATES - 95A COUNTY ROAD ROAD GORHAM, MAINE 04038 - (207) 839-5563