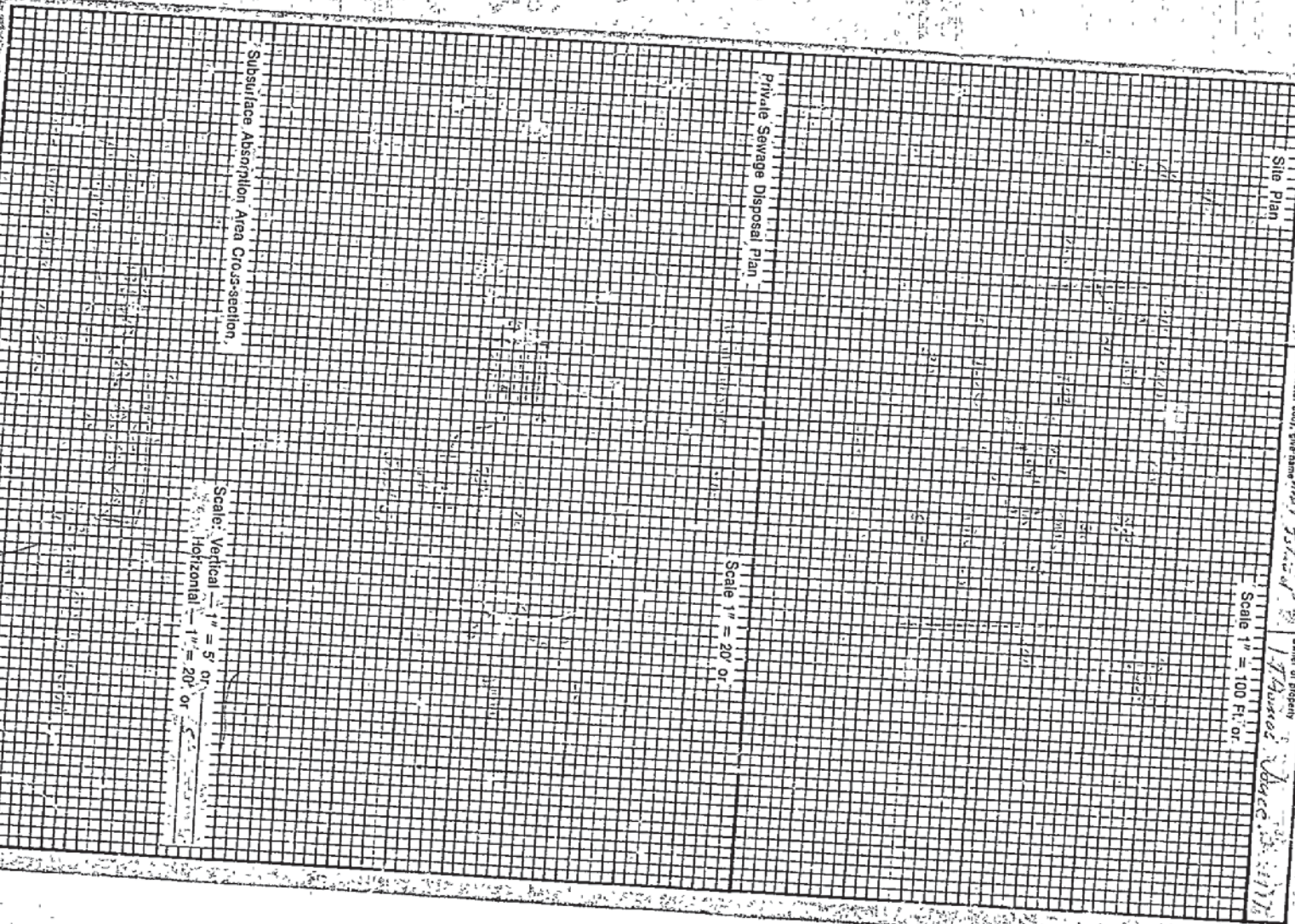


DUPLICATE — To be retained by the Plumbing Inspector
MAINE DEPARTMENT OF HEALTH AND WELFARE
APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT
 (For systems disposing of less than 2000 gallons per day)

From: *D. P. ...*
 Street, Road, etc. *01122 ...*
 If on road, City, State, Zip, and County *...*
 Owner of property: *James ...*



Scale 1" = 100 Ft. or

Scale 1" = 20' or

Scale: Vertical 1" = 5' or
 Horizontal 1" = 20' or

Subsurface Absorption Area Cross-section

Statement: (The permit may be issued only if the applicant is based on the information and plans submitted in this application. It is the responsibility of the applicant to provide all necessary information and plans to the Department of Health and Welfare. The Department of Health and Welfare is not responsible for the accuracy of the information and plans submitted by the applicant. The Department of Health and Welfare is not responsible for the accuracy of the information and plans submitted by the applicant. The Department of Health and Welfare is not responsible for the accuracy of the information and plans submitted by the applicant.)

Date: *...*
 Signature Required: *...*
 Owner: *...*

