REPLACEMENT SEPTIC TANK (ONLY) APPLICATION Maine DHHS/CDC – Division of Environmental & Community Health																	
			PROF	ADDF	RESS	ISSUING MUNICIPAL OFFICE											
С	City, To	own, or	Plantation	1				Town/City									
Number & Street								Permit #			Total Fee		\$	\$			
PROPERTY OWNER/APPLICANT					PLICA	INFORMATION		Date Issued				Double		e Fee			
Owner Name (Last, First)														•			
Applicant Name (Last, First)								Local Plumbi	ing Insp	g Inspector Signatu			е		License #		
OWNER/APPLICANT MAILIN						G ADDRESS		FEES	State	ate \$150.00		+	Local	\$			
Street								LOCATION	M	ap#			Lot #				
City						A aubaurface	wootow	votor	dianaga	Love	tom may	not ho i	notall	, d			
State	te Zip Phone							A subsurface until a per	rmit is is	ssued	by the L	_ocal	Plumbir	g Inspe	ctor.	eu	
LO	CAT	IONAL	COORE	INATE	ES – D	egrees, Minutes, Second	ls	the disposa	al syster	n in a	ccordan	ce w		oplicatio	n and		
Latitude	:		N		Longitu	de:	W	the Mai	ine Sub	surfac	e Wast	ewat	er Dispo	sal Rule	S.		
		ow	NER/AP	NT S	ATEMENT	CAUTION: INSPECTION REQUIRED											
I certify 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(s) to deny a permit.								I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.									
	Si	gnature	of Owner	/Applica	ınt	Date		LPI Signature					•	Date			
PERMIT INFORMATION																	
Septic Tank Replacement Tank Only 1. Concrete: Regular Low Profile 2. Plastic: Regular Low Profile 3. Other (Specify):						1. Single I Number 2. Multiple Number 3. Other (s	Disposal System Serves 1. Single Family Dwellir Number of Bedrooms 2. Multiple Family Dwel Number of Bedrooms 3. Other (Specify): Garbage Disposal Unit			Type of Water Supply Drilled Well Dug Well Other (Specify): Water is supplied by Private Water Supply Public Water System Other (Specify):							
Tank Capacity						No											
Gallons						Yes If YES, Sr	Yes If YES, Specify:										
Size of Property Sq. Feet Acres Shoreland Zoning Yes No						a. Mub. Ta	ulti-Comp anks in a Num crease Ta Iter on Ta	partment Tank Series aber of Tanks ank Capacity ank Outlet	s al H us I di	IMPORTANT: This subsurface wastewater disposal syster component permit application is intended for single replacement tank only. Applications all other disposal system configurations and c ponents must be completed on the standar HHE-200. This permit application should not used in conjunction with a standard HHE-200; replacement tank is required as part of a large disposal system design, it must be incorporate a design detailed on a standard HHE-200. For assistance, please contact the Subsurfa						d for a ons for nd com- idard not be 200; if a larger irated in	
						Yes No				Wastewater program: phone (207) 287-2070, email subsurface.wastewater@maine.gov.							