

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Health & Human Services
Division of Environmental Health
(207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation

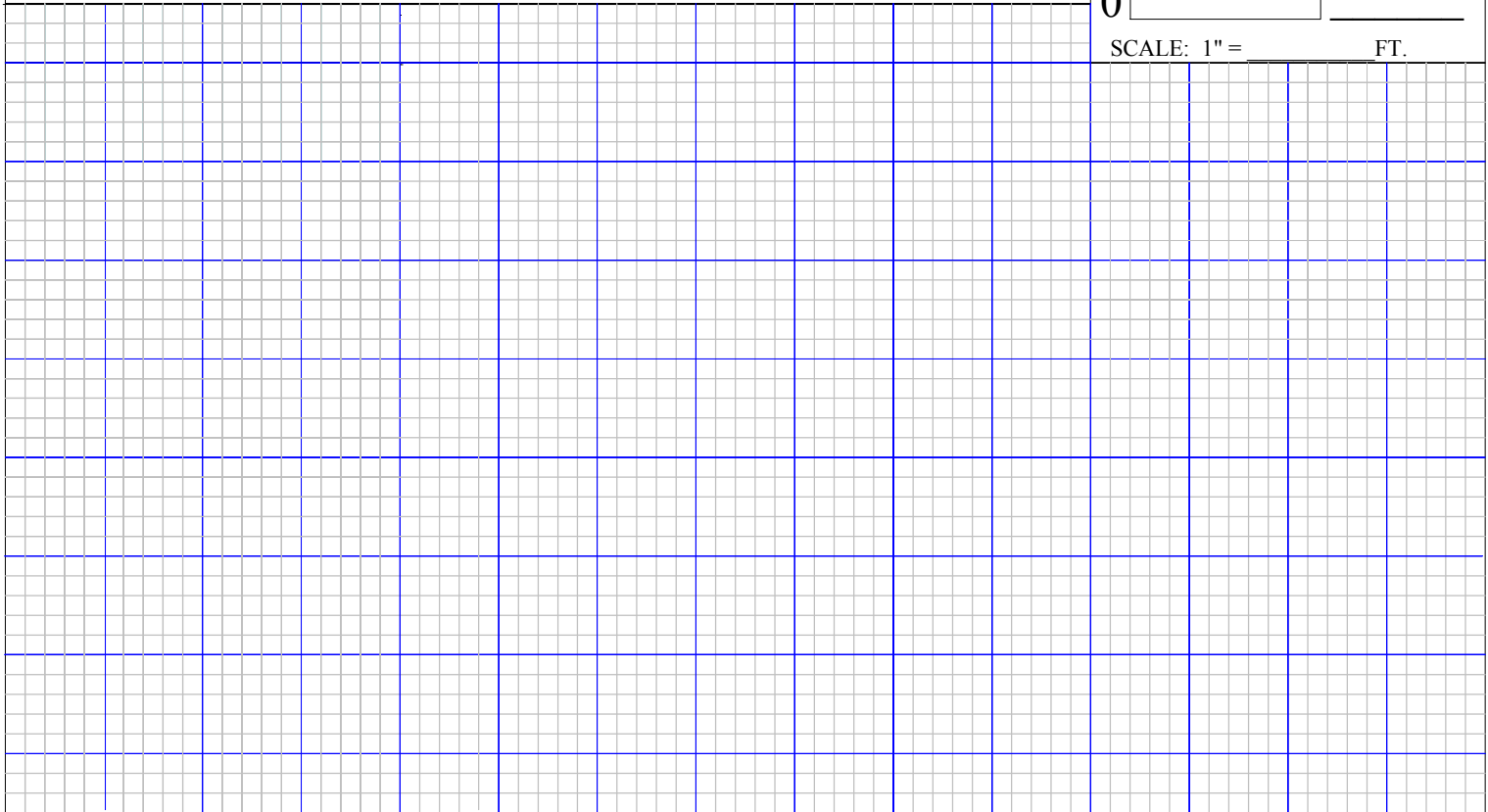
Street, Road, Subdivision

Owner's Name

SUBSURFACE WASTEWATER DISPOSAL PLAN

0 _____

SCALE: 1" = _____ FT.



FILL REQUIREMENTS

CONSTRUCTION ELEVATIONS

ELEVATION REFERENCE POINT

Depth of Fill (Upslope) _____

Finished Grade Elevation _____

Location & Description: _____

Depth of Fill (Downslope) _____

Top of Distribution Pipe or Proprietary Device _____

Reference Elevation: _____

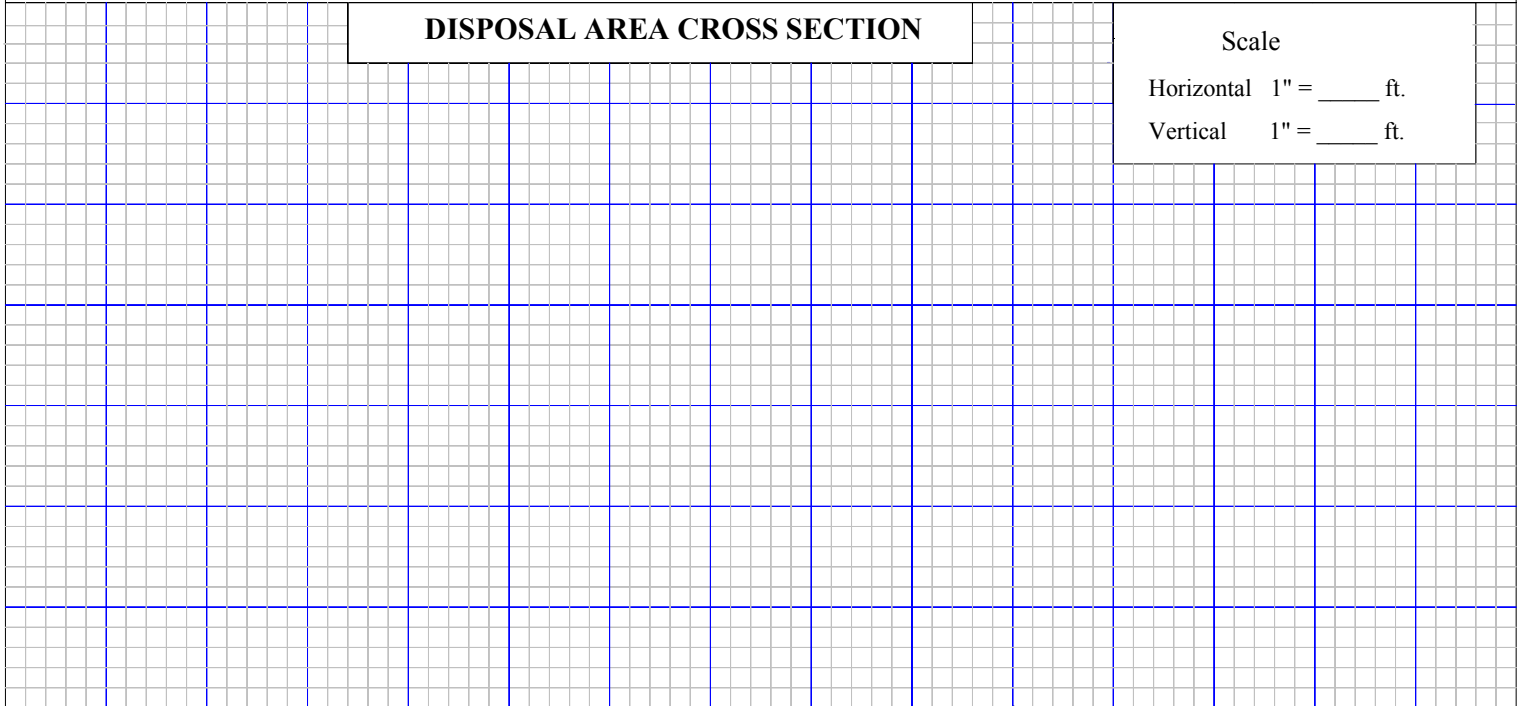
Bottom of Disposal Area _____

DISPOSAL AREA CROSS SECTION

Scale

Horizontal 1" = _____ ft.

Vertical 1" = _____ ft.



Site Evaluator Signature

SE #

Date