SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

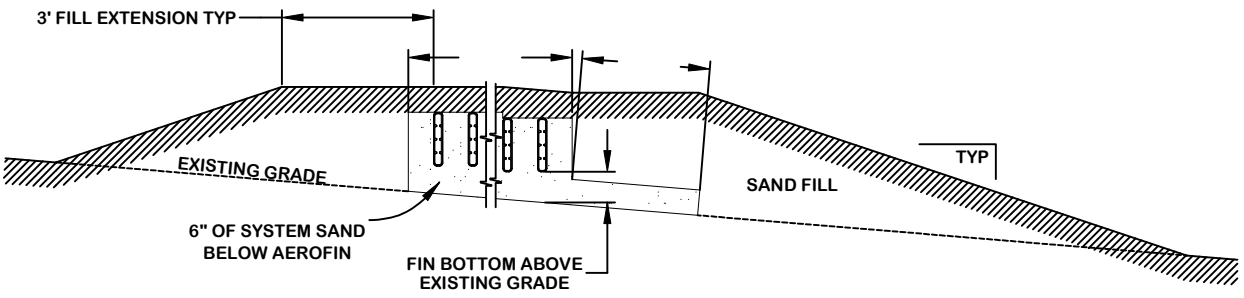
Town, City, Plantation | Street, Road, Subdivision | Owner's Name

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = _____FT.

FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT
Depth of Fill (Upslope)	Finished Grade Elevation Top of Distribution Pipe or Proprietary Device	Location & Description: Reference Elevation:
Depth of Fill (Downslope)	Bottom of Disposal Area	

DISPOSAL AREA CROSS SECTION - NUMBER OF AEROFIN ROWS MAY VARY - SCALE: 1" = 5'



Site Evaluator Signature | SE # | Date