

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	Location & Description:
Depth of Fill (Downslope)	Top of Distribution Pipe or Proprietary Device	Reference Elevation:
	Bottom of Disposal Area	

