REPLACEMENT SEPTIC TANK	ION	Maine DHHS/CDC – Division of Environmental & Community Health					
(FRIOREMAYADDRESS)		(ESININGININGISALO) E					
City, Town, or Plantation		Town/City					
Number & Street	Number & Street				Date Issued		
PROBERTWOWNER/AREGAN	MINFORMATION						
Owner Name (Last, First)		Local Plumbing Inspector Signature			License #		
Applicant Name (Last, First)		FEES 1	/linimum	\$150.00	+ Loca	\$	
MÜRMITAK ŞIREKKELIM (Ş	gaddress	Double Fe	ee		= Total Fee	\$	
Street		Shares: 8	State 25%	\$37.50	+ Loca	1   \$	
City	·	LOCATION	Ma	ар#	Lo	ot#	
State Zip Phone						y not be installed	
The TEOCAMIONAL COOKDINATES Degrees, Minutes, Seconds				ermit is issued by the Local Plumbing Inspector. ermit authorizes the owner or installer to install			
Latitude: N Longitude: W			the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.				
ARSTRANDERRANDERWO	, i						
I certify that the information submitted is correct	CAUTION: INSPECTION REQUIRED  I have inspected the installation authorized above						
and understand that any falsification is reason Local Plumbing Inspector(s) to de	and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application						
3	Substitute Wastewater Disposal Nation Application						
Signature of Owner/Applicant	LPI Signature Date						
Signature of Owner/Applicant Date LPI Signature Date						-	
	IRERMUTINE	ORIVATIONI					
Septic Tank	Disposal System Serves			Type of W	otor Cumply		
Replacement Tank Only	1. Single Family D	walling		Type of Water Supply  Drilled Well			
1. Concrete:	Number of Bedre		!	Dug Well			
Regular Low Profile	2. Multiple Family Dwelling			-	ther (Specify):		
2. Plastic:	Number of Bedro	_					
Regular Low Profile	3. Other (Specify):			Water is supplied by			
3. Other (Specify):				Private Water Supply			
				Public Water System			
	Garbage Disposal Unit			Other (Specify):			
Tank Capacity	No						
Gallons	Yes						
Size of Property	If YES, Specify:			IMPORTANT:			
Sq. Feet	a. Multi-Compartment Tank b. Tanks in a Series			This subsurface wastewater disposal system component permit application is intended for a single replacement tank only. Applications for all other disposal system configurations and components must be completed on the standard HHE-200. This permit application should not be used in conjunction with a standard HHE-200; if a replacement tank is required as part of a larger disposal system design, it must be incorporated in a design detailed on a standard HHE-200.  For assistance, please contact the Subsurface Wastewater program: phone (207) 287-2070, email subsurface.wastewater@maine.gov.			
Acres	Number of Tanks						
1.5.55	c. Increase Tank Capacity						
Shoreland Zoning	d. Filter on Tank Outlet						
Yes No							
	Effluent/Ejector Pump						
	Yes						
	No No						