REPL	ACE	MEN	IT SEPT	IC TAN	IK (ONLY) APP	Maine DHHS/CDC – Division of Environmental & Community Health						
PROPERTY ADDRESS							ISSUING MUNICIPAL OFFICE					
City, Town, or Plantation							Town/City					
Number & Street							Permit #			Date Issued		
PROPERTY OWNER/APPLICANT INFORMATION												
Owner Name (Last, First)								Local Plumbing Inspector Si		gnature License #		
Applicant Name (Last, First)							FEES M	inimum	\$150.00	+ Loca	al \$	
OWNER/APPLICANT MAILING ADDRES							Double Fee			= Total Fe	e \$	
Street							Shares: S	tate 25%	\$37.50	+ Loc	al \$	
City	City					LOCATION		Ma	ар#	L	ot#	
State		Zip		Phone		A subsurface v		rface was	astewater disposal system may not be installed			
LOCATIONAL COORDINATES – Degrees, Minutes, Seconds							until a permit is issued by the Local Plumbing Inspector. The permit authorizes the owner or installer to install					
Latitude):		N	Longit	ude:				ll system in accordance with this application and ine Subsurface Wastewater Disposal Rules.			
OWNER/APPLICANT STATEMENT												
I certify that the information submitted is correct to the best of my knowledge							CAUTION: INSPECTION REQUIRED I have inspected the installation authorized above					
and understand that any falsification is reason for the Department and/or Local Plumbing Inspector(s) to deny a permit.							and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application					
							Cascariase Masteriale, Bioposar Naice / ppiloatien					
Signature of Owner/Applicant					Date	Date		LPI Signature			Date	
Signature of Switch/Applicant Bate												
PERMIT INFORMATION												
Septic Tank Disposal System Serves							Type of Water Supply					
Replacement Tank <i>Only</i>					1. Single	1. Single Family D			Drilled Well			
1. Concrete:					Numbe	Number of Bedro			Dug Well			
Regular Low Profile						2. Multiple Family			Other (Specify):			
2. Plastic:						Number of Bedro						
Regular Low Profile					3. Other	3. Other (Specify):				upplied by		
3. Other (Specify):									Private Water Supply Public Water System			
					Garbage Disposa	Garbage Disposal Unit				Other (Specify):	,	
Tank Capacity					No No	l —						
Gallons					Yes	Yes						
					If YES, S	If YES, Specify:			IMPORTANT: This subsurface wastewater disposal system			
Size of Property					a. N	a. Multi-Comp						
Sq. Feet					b. 7	b. Tanks in a		single replac			nit application is intended for a ent tank only . Applications for	
Acres						Num			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.			
Shoreland Zoning						c. Increase Ta						
Yes No					u. r	d. Filter on Tank Ou						
					Effluent/Eiector P	Effluent/Ejector Pump						
					Yes				For assistance, please contact the Subsurface			
					No	No					r program: phone (207) 287-2070, surface.wastewater@maine.gov.	