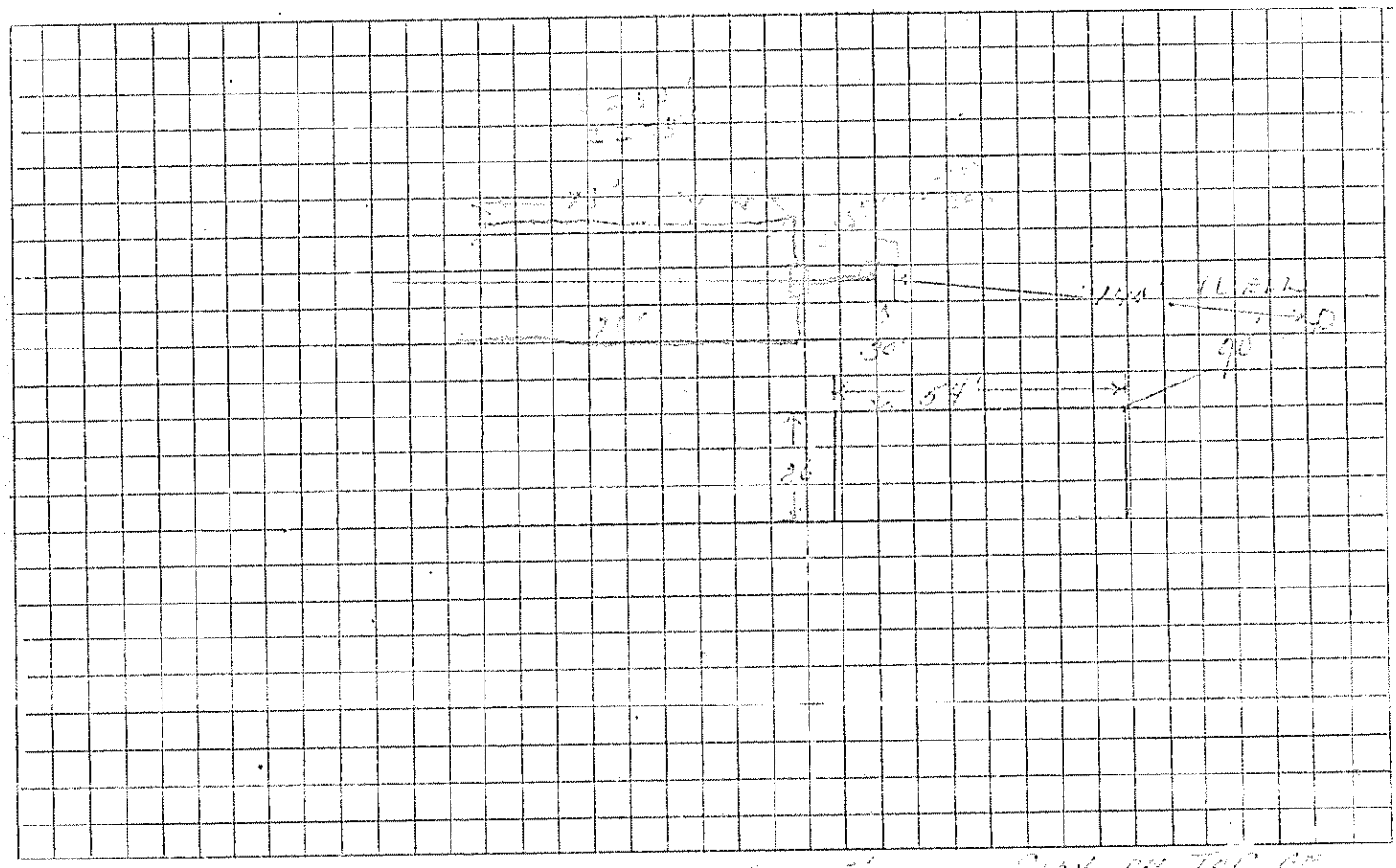
Dostie, Armand

SUBMIT THE FOLLOWING COMPLETED FORM TO YOUR LOCAL PLUMBING INSPECTOR

DATE [illegible]	OWNER [illegible]
NUMBER OF BEDROOMS 3	STREET [illegible]
SIZE OF SEPTIC TANK [illegible]	CITY [illegible] MAINE
TYPE OF SOIL [illegible]	TEL. NUMBER
Test Performed by [illegible]	LOCATION OF PROPOSED INSTALLATION
Local Plumbing Inspector's Signature [illegible]	STREET [illegible]
	CITY [illegible] MAINE
	TEL. NUMBER

SKETCH: LOCATION OF BUILDING DISPOSAL SYSTEM, TERRAIN FEATURES, PERCOLATION HOLES, WATER SUPPLIES, ETC.



____ Depth to Water Table [illegible]

____ Depth to Bedrock

[illegible] Depth of Clay or other impervious strata [illegible]

REMARKS [illegible]

HOLE	HOLE DEPTH	TIME START	TIME FINISH	DEPTH OF WATER SURFACE START	DEPTH OF WATER SURFACE FINISH	ELAPSED TIME	TOTAL DROP OF WATER	PERCOL. RATE MINUTES/INCH
#1	32 in.	2:40	3:55	20 in.	27 in.	75 min.	7" in.	10.7 min/in
#2	33 in.	2:43	3:57	20½ in.	25½ in.	75 min.	5 in.	15.0 min/in
#3	42 in.	2:45	4:00	24½ in.	32½ in.	75 min.	3 in.	25.0 min/in
#4	40 in.	2:48	4:05	25½ in.	30 in.	77 min.	4½ in.	17.1 min/in
						AVERAGE RATE		16.9 min/in