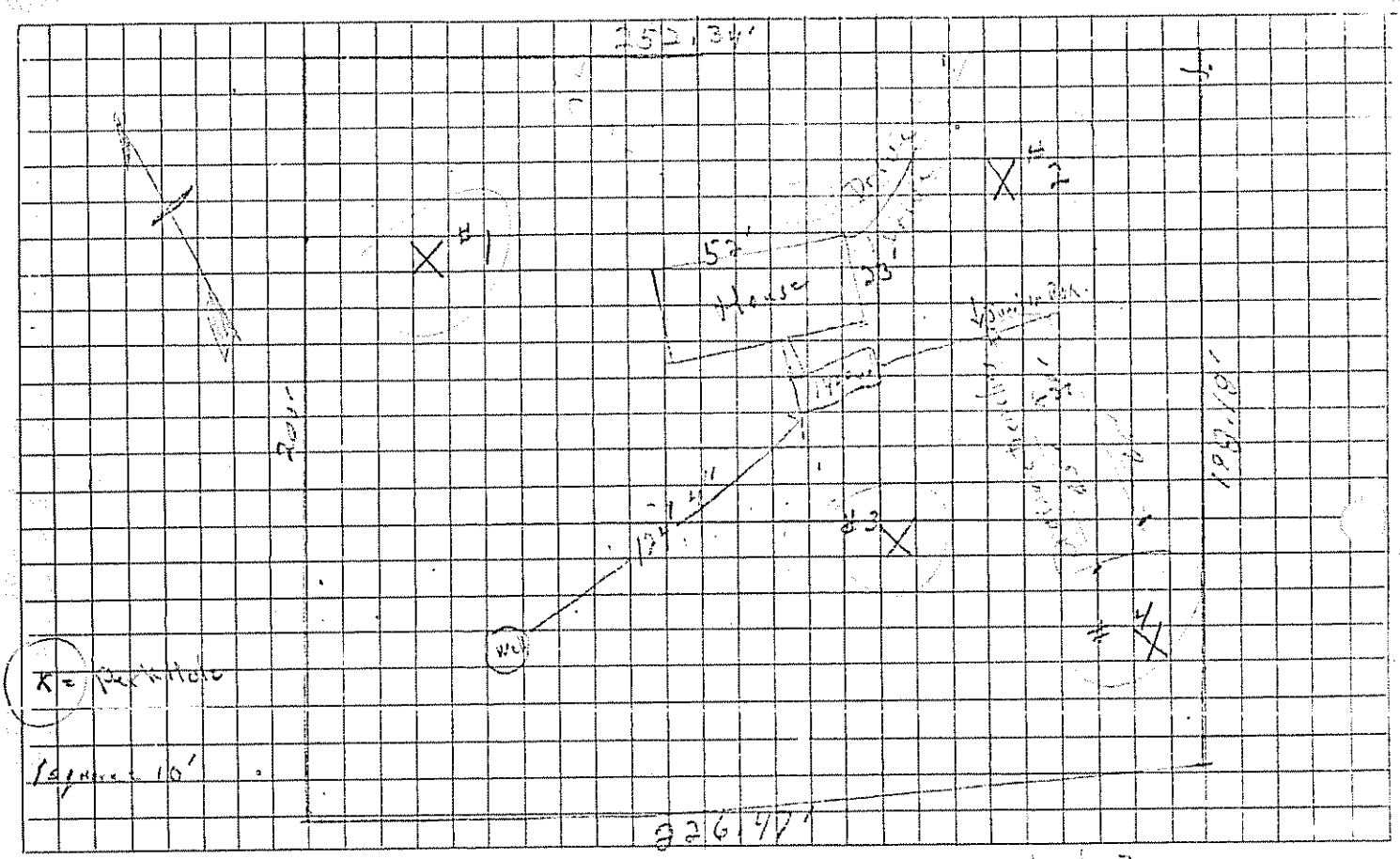
SUBMIT THE FOLLOWING COMPLETED FORM TO YOUR LOCAL PLUMBING INSPECTOR

DATE 5/1/72	OWNER Peter Dube
NUMBER OF BEDROOMS 3	STREET RED #4 Townsend Rd
SIZE OF SEPTIC TANK 1400	CITY Augusta Me MAINE
TYPE OF SOIL Sand	TEL. NUMBER 622567
Test Performed by [signature]	LOCATION OF PROPOSED INSTALLATION
	STREET Same
Local Plumbing Inspector's Signature	CITY MAINE
	TEL. NUMBER

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



Lot 2

____ Depth to Water Table
____ Depth to Bedrock
9' Depth to Clay or other impervious strata

REMARKS

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	36 in.	9:00	9:15	12 in.	16 in.	15 min.	4 in.	3.7 min/in
#2	36 in.	9:05	9:25	12 in.	17 in.	20 min.	5 in.	4 min/in
#3	36 in.	9:07	9:30	12 in.	17 in.	23 min.	5 in.	4.6 min/in
#4	36 in.	9:10	9:32	12 in.	15 in.	22 min.	3 in.	7.6 min/in
						AVERAGE RATE		4.97 min/in