Hayden, Robert

STATE OF MAINE
DEPARTMENT OF HUMAN SERVICES
AUGUSTA, MAINE 04333

MICHAEL R. PETIT
COMMISSIONER

WELL SETBACK RELEASE FORM

I, Elizabeth J Bell, permanent mailing address 537 [illegible] Ave,
(name of well owner) (street, road, etc.)

Augusta, hereby give my approval to Robert W Hayden,
(town) (owner of system being installed)

permanent mailing address 537 [illegible] Ave, Augusta,
(street, road, etc.) (town)

for the purpose of locating and installing a wastewater disposal system (holding tank) no less than 55 feet (horizontal distance) to my Drilled well
(drilled, dug, etc., plus depth to well)

located at Same.
(well location and address, if different from the above address)

Well is used by home owner and relative neighbor

Elizabeth J Bell — 4-14-81
Signature - Owner of well — Date

Robert W Hayden — 4-14-81
Signature - Owner of disposal field — Date

Barbara O Hayden — 4-14-81
Signature - Witness — Date