

DUPLICATE — To be retained by the Plumbing Inspector
 MAINE DEPARTMENT OF HEALTH AND WELFARE
 APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT
 (For systems disposing of less than 2000 gallons per day)

Town <i>Branston</i>	Street, Road, etc. If on water body, give name <i>143rd</i>	Owner of property <i>William 75</i>
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Site Plan Scale 1" = 100 Ft. or

Private Sewage Disposal Plan Scale 1" = 20' or

Subsurface Absorption Area Cross-section Scale: Vertical — 1" = 5' or
Horizontal — 1" = 20' or

Statement: (no permit may be issued unless signed)
 I certify that all the information submitted to be true and correct; and I understand that issuance of a permit is based upon the information and plans submitted by the applicant. I also understand that any falsification of this application is reason to deny a permit to install a private sewage disposal system and that the permit is valid for a six (6) month period from the date of permit issuance. I understand that no guarantee is intended or implied by reason of any advice or approval given by the Administrative Authority or its agent.

Signature Required

Date: *Jan 27 1975*
 Applicant: *William 75*
 Owner: *William 75*