PORTLAND WATER DISTRICT APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL SYSTEM PERMIT



Date

Owner/Applicant Signature

PROPERTY OWNER							
Name							
Mailing Address							
Phone Number				Email			
			AI	PPLICA	NT		
Name							
Mailing Address							
Phone Number				Email			
SYSTEM INSTALLER							
Name							
Mailing Address							
Phone Number				Email			
INFORMATION	ON PR	OPOSED CON	ISTRUC	TION	SITE		
T						T	YPE OF PROJECT
Town						New Septic System	
Tax Map #		Lot #					Replacement System
<u> </u>							Seasonal Conversion
Street/Road/Fire Lane						L	System Expansion
							Tank only
Include wit HHE-2 Variance Floor P Erosion	th applicate the application of the form (exist) and Sed	ation: if required) ting and propose imentation Con	ed if build trol Plan	ding exp	White Rock Rd. Dansion is propose P approval may	sed)	