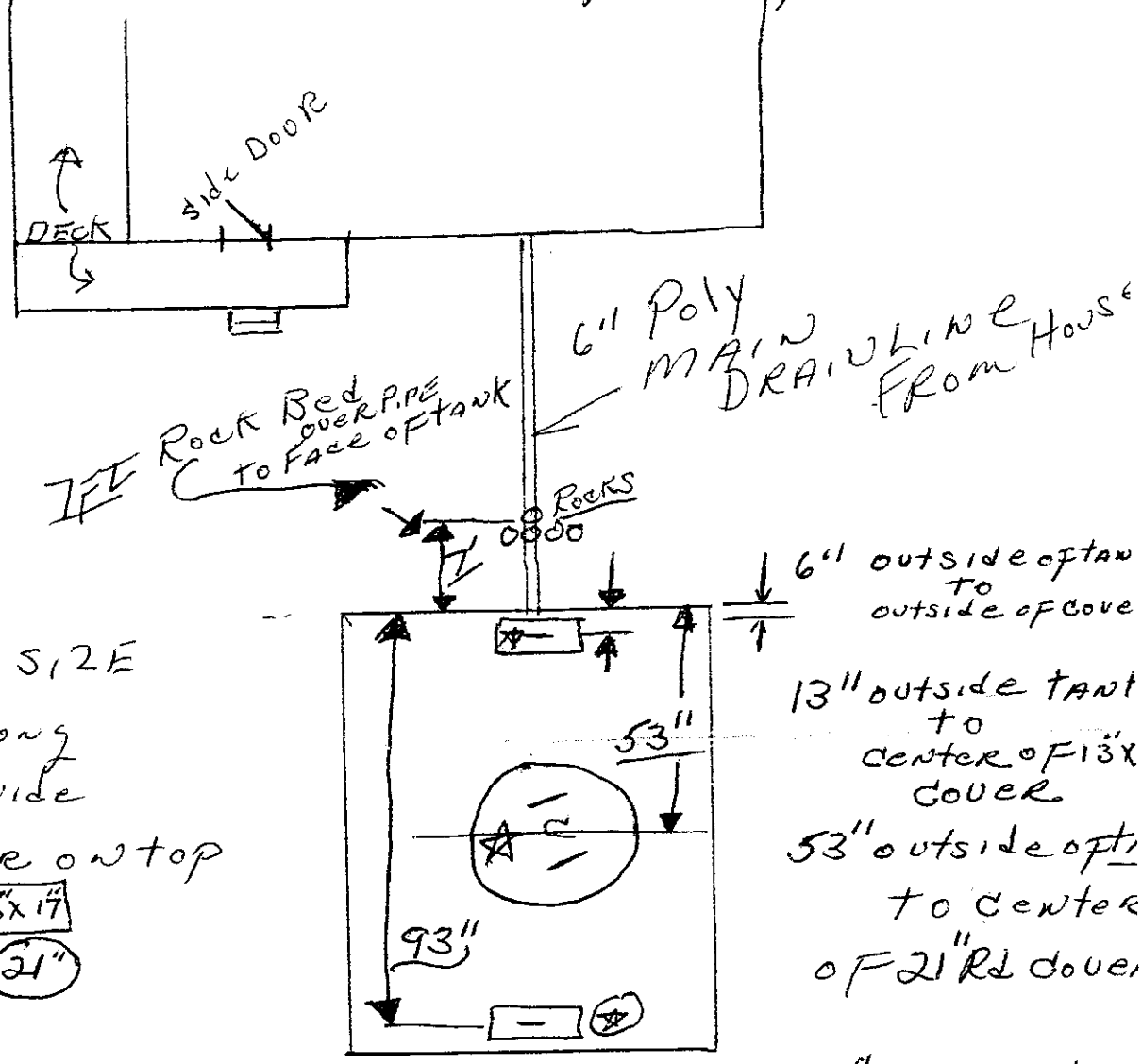
7/7/88

Mountain Peek Septic System



TANK SIZE
8'6" Long
4'10" wide
3 cover on top
2 - 13"x17"
1 - 21"

13" outside tank to center of 13"x cover
53" outside of t to center of 21" Rd cover

93" House End of tank to center of Far ☆ cover

Bendix
Loy & Cole Mon.
519-436-3825

1-800-268
9824

TOWN OF MOUNT DESERT
APPLICATION FOR RURAL WASTEWATER TREATMENT SUPPORT PROGRAM BENEFITS

nstructions: This application is to be completed and signed the Property Owner before the benefit may be considered for approval.

Location of Property: Tax Map 8 Lot 137

Street Address/Village: 12 HALL QUARRY Rd. MT. DESERT ME 04660

Capacity of Tank(s) in Gallons: 1000 *Date of Last Pumping*: _____

Owner's Statement: I, Robert A. Barrows, am the owner of the above property and am requesting the Town of Mount Desert consider the subsurface wastewater disposal system located at the above described property for approval of benefits under the Rural Wastewater Treatment Support Program Ordinance enacted at the Annual Town Meeting held on March 2nd, 2004.

A. ☒ I have enclosed all the information requested in § 5.3.A of the ordinance (see reverse side).

B. ☐ I am requesting an inspection by the Local Plumbing Inspector.*

*Prior to the Plumbing Inspector examining the tanks(s) to determine if the system is working properly, I understand that I am responsible for uncovering all openings, cleanout cover holes, or access manholes in the septic tank(s), and to provide proper access to the tank(s) (see §5.5 on reverse side). Please provide a simple sketch of the property and include the location of the septic tank(s), the location of any building(s), and approximate distances that will help to fix the location of the tank(s).

Owner's Signature: Robert A. Barrows *Date*: 5/12/04

Owner's Mailing Address: PO Box 741 MT. DESERT ME 04660

Owner's Phone #: 207-244-5616

Plumbing Inspector's Statement: I, _____, Plumbing Inspector for the Town of Mount Desert certify that after inspection, I find that the wastewater disposal system is functioning properly. I also have determined that the applicant qualifies for the Maine Resident Homestead Exemption Program as determined by the Tax Assessor and recommend approval of benefits. If approval is not recommended, I give the following reason(s):

_____

_____

_____

_____

_____

Plumbing Inspector's Signature: _____ *Date*: _____

TOWN OF MOUNT DESERT
APPLICATION FOR RURAL WASTEWATER TREATMENT SUPPORT PROGRAM BENEFITS

Instructions: This application is to be completed and signed the Property Owner before the benefit may be considered for approval.

Location of Property: Tax Map 208 Lot 137 **All property taxes must be paid and/or current with the tax club program by December 1st of the benefit year.**

Street Address/Village: 12 HALL QUARRY RD MT DESERT

Capacity of Tank(s) in Gallons: _____ ***Date of Last Pumping***: 8/16/2022

Owner's Statement: I, ROBERT + ANNE BARTOWS, am the owner of the above property and am requesting the Town of Mount Desert consider the subsurface wastewater disposal system located at the above described property for approval of benefits under the Rural Wastewater Treatment Support Program Ordinance enacted at the Annual Town Meeting held on March 2nd, 2004.

A. ☐ I have enclosed all the information requested in § 5.3.A of the ordinance (see reverse side).

B. ☑ I am requesting an inspection by the Local Plumbing Inspector.*

*Prior to the Plumbing Inspector examining the tanks(s) to determine if the system is working properly, I understand that I am responsible for uncovering all openings, cleanout cover holes, or access manholes in the septic tank(s), and to provide proper access to the tank(s) (see §5.5 on reverse side). Please provide a simple sketch of the property and include the location of the septic tank(s), the location of any building(s), and approximate distances that will help to fix the location of the tank(s).

Owner's Signature: Robert Barnes Anne Barnes ***Date***: 8/22/2022

Owner's Mailing Address: PO Box 741, MT Desert, ME 04660

Owner's Phone #: 207-610-4681

Plumbing Inspector's Statement: I, Kimberly Keene, Plumbing Inspector for the Town of Mount Desert certify that after inspection, I find that the wastewater disposal system is functioning properly. I also have determined that the applicant qualifies for the Maine Resident Homestead Exemption Program as determined by the Tax Assessor and recommend approval of benefits. If approval is not recommended, I give the following reason(s):

_____

_____

_____

_____

_____

Plumbing Inspector's Signature: Kimberly Keene ***Date***: 8/22/22