Applicant/Project :_____

Target Area # ___ of ___

MAP/SURVEY FORM
Sewer Line Extension

☐ Original or ☐ Revised (date _____)

House Number❶ (Same as map & survey #s)	Name	Street Address	No ❷ To Service	Total Persons or Not Surveyed	LMI Persons or Not Surveyed	Septic Tanks❸ Failure or Non-Failure	Use number of persons, not HH (except Female Head of HH), for these columns.						
							M	D	E	F	30	50	80
Total				0	0	0	0	0	0	0	0	0	0

Indicate if a house is vacant in Name column. Instructions are included as part of the Additional Questions document.

State Staff Use Only:

	Rev. 1	Rev. 2
Total Houses	____	____
LMI Houses	____	____
Total Persons	____	____
LMI Persons	____	____

State Staff Use Only:

M___ D___ E___ F___

30___ 50___ 80___