

**Kennebunk
Sewer
District**

71 Water Street, P.O. Box 648, Kennebunk, Maine 04043-0648 (207) 985-4741 FAX: (207) 985-4743

DRAIN LAYERS LICENSE

Application from _____
of, _____, ME. to become a Drain Layer within
the Kennebunk Sewer District, having furnished proof of insurance, a bond and experience
per Article V of the Kennebunk Sewer District's Rules and Regulations.

_____ agrees to abide by the
Kennebunk Sewer District's Rules and Regulations, dated December 5, 2000.

Applicants Signature: _____

Date: _____

The application of _____ is hereby
approved to perform Drain Layer's work in the Kennebunk Sewer District.

This license is to remain in effect for one year. Drain Layers should request renewal of
License thirty days prior to expiration date of _____

KSD Authorized Representative