



Maine Center for Disease
Control and Prevention
An Office of the
Department of Health and Human Services

Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Tel. (207) 287-2070

Subsurface Wastewater Unit

Department of Health and Human Services
Maine Center for Disease Control and Prevention
286 Water Street
11 State House Station
Augusta, Maine 04333-0011
Tel. (207) 287-8016
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Fax (207) 287-4172

INSTALLER STATEMENT OF COMPLIANCE

I, _____, System Installer hereby certify that I installed a
Subsurface Wastewater Disposal system, _____,
(Permit #)
for _____ in _____,
(Name of Owner of System) (Town)
specifically located at _____
(Specific Location, including Street, Box #, etc.)
in accordance with the design as indicated on the Subsurface Wastewater Disposal System
Application (HHE-200 Form) prepared by _____, Site Evaluator, and
dated _____, the conditions of the permit, and the Subsurface Wastewater
Disposal Rules.

Signature

Date Signed