



Paul R. LePage, Governor Mary C. Mayhew, Commissioner
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
Fax (207) 287-9058; TTY (800) 606-0215
Tel. (207) 287-2070 Fax (207) 287-4172

NOTICE OF INTENT TO INSTALL A SUBSURFACE WASTEWATER DISPOSAL SYSTEM OUTSIDE THE SHORELAND ZONE

DATE: _____

OWNER'S NAME:

First _____ Last _____

PROPERTY LOCATION:

Town/City _____ Street/Road _____

Lot # _____ Map # _____ Book # _____ Page # _____

The Subsurface Wastewater Disposal System specified on the attached plan has been designed to serve _____.

The attached design meets the requirements of the Maine Subsurface Wastewater Disposal Rules and may be installed at some future date. This notice is given pursuant to 30A MRSA 4211 § 3B.

LAND OWNER'S NAME PRINTED

LAND OWNER'S SIGNATURE

State of Maine

County of _____, ss Date _____

Then personally appeared the above named _____ and

_____ and (severally) acknowledged the foregoing

instrument to be his (or their) free act and deed.

Before me, _____
Justice of the Peace or Notary Public