



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  
Fax (207) 287-4172

Tel. (207) 287-5672

## 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