



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

Department of Health and Human Services  
Maine Center for Disease Control and Prevention  
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Paul R. LePage, Governor  
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Mary C. Mayhew, Commissioner

Subsurface Wastewater Unit

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