



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



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 Users: Dial 711 (Maine Relay)

Tel. (207) 287-2070

Drinking Water Program

Fax (207) 287-4172

RECORD SEARCH REQUEST

DOCUMENTS DATED PRIOR TO JULY 1974 ARE NOT ON FILE IN THIS OFFICE.

Please read the following questions and our instructions very carefully so that your \$15 dollar payment will not be wasted. Often the best ownership information of a given location can be found at the respective Town Tax Assessor's office. Incorrect or incomplete information may mean your files will not be found. The \$15 fee is non-refundable and we make no promise that an HHE- 200 will be in our files even with all the best information. Subsequent / additional or changed information will require a second fee and search. A search may take from two to four weeks. All questions marked with * are required.

Please make your \$15.00 check payable to: Treasurer State of Maine, and mail to

Subsurface Wastewater Program
286 Water Street, 3rd Floor
Augusta ME 04333-0011
Phone # 207-287-7690

Check here [] if you are sending this application by e-mail to subsurface.wastewater@maine.gov and will send the hard copy with the required \$15 fee by mail.

Do not write below. SST record only.

Amount paid _____.

Check # _____.

_____ list _____

Permit #s / other owners

notes:

--LOCATION INFORMATION--

Building / residence is.....

Mobile home _____, Modular Home _____, Stick-built house _____, Business / restaurant / other _____.

Did this building / residence replace a preexisting mobile home? Yes _____ No _____

*Year built or placed on location: _____.

*Name of the owner when the septic system was installed / replaced / revised. Include maiden name if applicable.

Name of the landowner before the above owner: _____

Builder / Construction company name if known: _____

Ownership information is very critical to our search!!

*Year of installation: _____ Write a single year or your best estimation of the year the septic system was installed.

Also very critical to our search!!

Permit Number, if known: _____.

Name of Subdivision: _____ Map#: _____ Lot #: _____

Street address: _____ Route #: _____ Town: _____

Number of bedrooms. _____ Size of property _____ acres / sq.ft.

Drilled well _____, Dug well _____, Town water _____.

You will receive a response regardless of the success of our search.

--CONTACT INFORMATION--

(*required information)

*NAME: _____

*ADDRESS: _____

*CONTACT PHONE: _____

E-MAIL ADDRESS: _____

Results will be sent electronically as well as in paper format to the address above.