Maine Department of Health and Human Services

Division of Environmental and Community Health

Subsurface Wastewater Unit

**AFFIDAVIT OF SITE PREPARATION**

This affidavit is to be completed by a certified system installer and submitted to the local licensed Plumbing Inspector to document compliance with the Maine Subsurface Wastewater Disposal Rules, 144 CMR 241, Section 12(B). ***Permission to utilize this document in lieu of a site preparation inspection by the Licensed Plumbing Inspector must be verified when the permit is issued.*** This affidavit is not to be utilized in place of the system inspection described in Chapter 241, Section 5(I)(b.).

INSTALLER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CERTIFICATION NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SSWW PERMIT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PERMIT ISSUE DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROPERTY OWNER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MUNICIPALITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing and submitting this document to the local Licensed Plumbing Inspector, I certify that all construction activities noted in Chapter 241, Section 12(B), including removal of all vegetation from the disposal field area and fill extensions, roughening the ground surface, establishment of a transitional horizon, and placement of erosion control devices (See Chapter 241, Section 13 (C)) have been completed in full compliance with the Maine Wastewater Disposal Rules, 144 CMR 241 for the referenced SSWW permit.

INSTALLER SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing and accepting this document from the Certified Installer, I acknowledge that a site preparation inspection was not conducted for the referenced SSWW permit.

LPI SIGNITURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACCEPTANCE DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_