

Tel. (207) 287-2070

Subsurface Wastewater Team

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)
Fax (207) 287-4172

## PRE-TREATMENT MAINTENANCE AGREEMENT

**Property Owner:** Complete and record this form with your County Registry of Deeds. Then forward a copy of the recorded deed covenant to the municipality's Local Plumbing Inspector.

County Registrar: Please cross	-reference this docu	ment with book and p	age no.	
Property Owner Statement: I(	we),		are the	
owner(s) of the property located	at (town).		(street)	
The property's deed is recorded	in book no	_, page no		
We state that the pre-treatment i		forementioned propert	y received approval by the town of	
<b>Stipulations of Covenant:</b>				
The pre-treatment unit(Spe	ecify brand of pre-trea	shall be inst	alled and maintained for the duration	n of this system
			uire municipal and Department appr	
Municipal Approval Condition said approval will become null a			t to the implementation of the above ons of approval are violated.	conditions and
<b>Property Owner</b> signature(s)				
State of Maine				
County	, ss	Date		
Then personally appeared the ab	oove named		(and)	
a	nd (severally) ackno	wledged the foregoing	g instrument to be his (or their) free	act and deed.
	Before	meJustice of the Pea		
		Justice of the Pea	ace or Notary Public	

HHE-300A Rev. 2/24