



Department of Health & Human Services  
 Division of Environmental Health  
 Subsurface Wastewater Program

**RECORD SEARCH REQUEST**  
**DOCUMENTS DATED PRIOR TO JULY 1974 ARE NOT ON FILE**  
**IN THIS OFFICE.**

In order for the Division to conduct a search of our records, this form must be completed and mailed along with a \$15.00 fee. **We will research 5 years for the \$15.00.** Please make a check or money order payable to "Treasurer of State".

**The Division does not guarantee that a record will be located, only that a search shall be conducted. Allow at least 4 weeks for the search to be completed.**

Please complete this form and return it with a check to the following address:

Department of Health & Human Services  
 Subsurface Wastewater Program  
 286 Water Street, 3<sup>rd</sup> Floor  
 Augusta ME 04333  
 Daniel Thompson Phone # 207-287-7690  
 \*\* Vacant \*\* 287-5672

APPLICANT INFORMATION

\_\_\_ Disposal System

Original Owner/Applicant Name: \_\_\_\_\_

Permit Number, if known: \_\_\_\_\_

**NOTE: This is the name of the person that owned the property when the system was installed.**

Name of Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

Location: \_\_\_\_\_ Town: \_\_\_\_\_

Year of Installation: \_\_\_\_\_ (REQUIRED: The search will **NOT** be made without this data.)  
 (Put in the 5 years you want searched) \_\_\_\_\_

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Please fill out the following information and the results will be sent to you. If nothing is found you will receive a letter to that effect.

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

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

CONTACT PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_