

**CERTIFIED EROSION CONTROL
CONTRACTOR ACKNOWLEDGEMENT**

TOWN OF ACTON

Office of Code Enforcement: 207-636-3497 X410

Email: ceo@actonmaine.org

Job Site Information:

Property Owner: _____

Physical Address: _____

Contractor: _____

DEP Certification #: _____ Expiration Date: _____

As the Erosion Control contractor of record for the above project, I acknowledge that I am solely responsible for the installation and daily maintenance of all erosion control for this site and will be on site at least once per day to inspect the erosion control.

If I am no longer the contractor responsible for this site, I will notify the town as soon as possible.

Signature

Telephone Number

Email Address

Please note: if the Contractor of record for this project fails to comply with and maintain satisfactory erosion and sediment control practices resulting in sedimentation in a water body or wetland, the Town of Acton will issue a Stop Work order resulting in a minimum penalty of \$200 plus \$250 per day.

This signed form must be on file with the town of Acton prior to starting any work in this zone.