



DISPOSAL SYSTEM DESIGNER'S CERTIFICATE

ON-SITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION OR UPGRADE

Location _____ **Permit #** _____
No. Street Name Lot #

Name of Firm _____
Print

Name of Designer _____
Print

Professional Registration No. _____

I certify that the on-site sewage disposal system, that I have designed for the above location, has been constructed or upgraded in compliance with 310 CMR 15.000, the approved design plans, and all requirements and conditions of the Board of Health, and that any authorized changes to the design plans have been reflected on as-built plans which I have submitted to the Holliston Board of Health.

Date _____

Signature of Designer _____

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