



DISPOSAL SYSTEM INSTALLER'S CERTIFICATE

ON-SITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION OR UPGRADE

LOCATION _____ **PERMIT #** _____
No. street name lot #

INSTALLER:

Name of Firm _____
print

Name of Installer _____
print

Installer Permit # _____

I certify that the on-site sewage disposal system, which I have constructed or upgraded at 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.

I certify that I have provided the owner with a copy of the as-built plan and Installer's sketch and have explained the function of the pump system where applicable.

Date _____

Signature of Installer _____

H:\My Documents\Forms\Installer_Certificate.doc