TOWN OF EASTON

BOARD OF HEALTH

136 ELM STREET
NORTH EASTON, MA 02356-0129
Tel. (508) 230-0620

CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY, that the Individual Sewage Disposal System installed ( ) or repaired ( ) by

INSTALLER:_____

At:_____

has been constructed in accordance with the provisions of Title 5 of the State Environmental Code and the requirements of the Easton Board of Health, as described in the application for Disposal Works Construction Permit

NUMBER:_____ DATE:_____

The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily.

DATE:_____ INSPECTOR:_____

The undersigned DESIGN PROFESSIONAL and LICENSED INSTALLER certify that:

1. The system has been constructed in compliance with 310 CMR 15.000, the approved design plan and all local requirements.

2. Any changes to the design plan have been reflected on the As-Built plans submitted to the approving authority.

Date:_____ Design Professional:_____

Date:_____ Installer:_____

A copy of DEP's operation and maintenance guide may be obtained by calling the Title 5 Hotline at 617-297-5673