



TOWN OF CHARLTON
37 MAIN STEET
CHARLTON, MA. 01507
508-248-2210

BOARD OF HEALTH

Permit # _____

CERTIFICATE OF COMPLIANCE

**IT IS THE OWNERS/APPLICANTS RESPONSIBILTY TO SEE THAT HE OR SHE
HAS ALL SIGNATURES NECESSARY.**

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

By _____ at _____

As owned by _____ has been constructed in accordance

With the provisions of Title 5 of the State Sanitary Code.

Approved plan designed by _____ Dated _____

Signature of Design Engineer _____ Dated _____

Signature of Licensed Installer _____ Dated _____

Agent for the Board of Health _____ Dated _____
(Visual Inspection Only)

AS-BUILT REQUIREMENTS AND FORM

Four (4) copies of this form must be submitted to the Board of Health accompanied by four (4) Copies of the "as-built" drawing, four (4) copies of the Engineering As-Built Certification Forms, and four (4) copies of the Installer As-Built Certification Form. The As-Built drawing must be in RED superimposed over the design plan.

SIGNATURES MUST BE ALL ON ONE PAGE – BOARD OF HEALTH SIGNS LAST

**THE ISSUANCE OF THIS CERTIFICATE SHALL NOT BE CONSTRUED AS A
GUARANTEE THAT THE SYSTEM WILL FUNCTION SATISFACTORILY**