



TOWN OF CHARLTON

37 MAIN STREET
CHARLTON, MA. 01507
508-248-2210

BOARD OF HEALTH

Permit # _____

CERTIFICATE OF COMPLIANCE

**IT IS THE OWNERS/APPLICANTS RESPONSIBILITY 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 _____

Print Name _____

* Signature of Design Engineer _____ Dated _____

** By my signature I certify that the system has been installed as shown on the applicable design plan. Any changes to the design are reflected on the submitted as-built plan and Engineers Certificate of Compliance. Three (3) copies of the as-built plan in red and Engineers COC must be submitted.*

Print Name _____

** Signature of Licensed Installer _____ Dated _____

*** By my signature above I (the licensed Installer) certify I have installed the Sewage Disposal System at the above-mentioned address in accordance with the applicable design plans and specifications. Furthermore I take responsibility for all materials used for construction of the system including but not limited to the fill material used in the system.*

The licensed installer must sign this form in the presence of BOH staff with a valid form of Identification

Signature of Agent for the Board of Health _____ Dated _____

(Visual Inspection Only)

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