



Board of Health  
Sutton Municipal Center  
4 Uxbridge Road  
Sutton, Massachusetts 01590  
Tel: 508-865-8724  
Fax: 508-865-8721

## BOARD OF HEALTH

Sutton Permit # \_\_\_\_\_  
(Obtained from Application for soils testing )

### 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 \_\_\_\_\_

Engineering Company Name: \_\_\_\_\_

\* Signature of Design Engineer \_\_\_\_\_ Dated \_\_\_\_\_

\* By my signature I \_\_\_\_\_ certify that the system has been installed as shown  
print name  
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  
have been submitted.

\*\* Signature of Licensed Installer \_\_\_\_\_ Dated \_\_\_\_\_

\*\* By my signature above I (the licensed Installer) \_\_\_\_\_  
print name  
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***

BOH office use only

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**