



TOWN OF NORTHBRIDGE
BOARD OF HEALTH
Aldrich School Town Hall Annex - 14 Hill Street
Whitinsville, MA 01588
Phone# (508) 234-3272 Fax# (508) 234-0821

Northbridge Permit # _____

CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY, that the On-Site Sewage Disposal System located

at: _____

owned by _____ has been installed () or repaired () in accordance
with Title 5 and Disposal Works Construction Permit issued to _____.

DESIGNER INFORMATION

Name

Name of Company

Signature*

Date

**By my signature above 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 the Engineering As-Built Certification Form. Three (3) copies of the As-Built plan in red and the Engineering As-Built Certification Form have been submitted to the Northbridge Board of Health.*

INSTALLER INFORMATION

Name

Name of Company

Signature**

Date

***By my signature above I _____ certify that I have installed the Sewage Disposal System at the above address in accordance with the applicable design plan 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 sewage disposal system.*

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

NORTHBRIDGE BOARD OF HEALTH

Signature of Board of Health Agent _____ Dated _____
(Visual Inspection Only)

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

IT IS THE OWNER/APPLICANT'S RESPONSIBILITY TO SEE THAT HE OR SHE HAS ALL SIGNATURES NECESSARY.