



TOWN OF CHARLTON

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

BOARD OF HEALTH

Charlton Permit # _____

(obtain 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 _____

* 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 Certificate of Compliance. Two copies of the As-Built plan in red, As-Built sketch with swing ties and 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