



CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY, that the individual Sewage Disposal system installed () or altered () or repaired at the following location.

_____ Ass'rs Plat _____ Parcel _____
No. Street OR Subdivision Lot# _____

has been constructed in accordance with the minimum provisions of Title 5 of the Mass. State Environmental Code for Disposal Works Construction Permit # _____, dated _____ and installed by:

Installer's Signature Company Name

Address

When issued by the Health Inspector, this certificate shall not be construed to guarantee that the system will function satisfactorily.

Health Agent Date

The undersigned DESIGN ENGINEER certifies that to the best of my knowledge, information and belief and based on my field measurements, that the repair, installation or alteration of this subsurface sewage disposal system located at _____ in Seekonk, MA was constructed within reasonable conformance to my design plan dated _____.

Also, that the _____ has been constructed with a manhole or surface access fitted with a concrete or cast iron cover as required by Title 5.

Also, that the attached "record plan" shows the actual elevation of the septic tank and D-box inverts as well as the location of the principal elements of the sewage disposal system with respect to the building foundation as applicable.

Date Engineer

THIS CERTIFICATE SHALL BE ISSUED PRIOR TO THE SEEKONK BUILDING INSPECTOR ISSUING AN OCCUPANCY PERMIT. This certificate shall not be construed to infer that the dwelling, building or addition meets the Minimum Standards of Fitness for Human Habitation – State Sanitary Code, Chapter II (105CMR 410.00)

This Certificate shall represent that the new, altered or repaired sewage disposal system is serviceable for the disposal of sanitary waste from a new or existing dwelling, building, or the addition of units thereto and that NO OCCUPANCY of the new dwelling, building or additions shall occur until the SEEKONK BOARD OF HEALTH issues this certificate to the owner of such residence or building.

Additional Notes by Engineer: _____
Board of Health Variance: _____