



TOWN OF DOUGLAS
29 DEPOT STREET
508-476-4000 Ext. 352
508-476-1619 TTY

BOARD OF HEALTH
DOUGLAS, MA 01516
508-476-0023 FAX
kharris@douglasma.org

CERTIFICATE OF COMPLIANCE

This is to certify that the Individual Sewage Disposal System identified below has been constructed in accordance with the provisions of Title 5 of the State Environmental Code and the regulations set forth by the Douglas Board of Health.

IT IS THE OWNERS/APPLICANTS RESPONSIBILITY TO SEE THAT HE/SHE HAS ALL SIGNATURES NECESSARY.

LOCATION: _____ PERMIT NO. _____

OWNER/APPLICANT: _____

NAME OF LICENSED INSTALLER: * _____
Please Print

NAME OF DESIGN ENGINEER: _____ Plan Date: _____
Please Print

Signature of Design Engineer: _____ Date: _____

Signature of Installer: _____ Date: _____

Board of Health Engineer: _____ Date: _____
(Visual Inspection Only)

One (1) copy of this form must be submitted to the Board of Health accompanied by two (2) copies of the red lined "As-Built" drawing, one (1) Engineering As-Built Certification Form, and one (1) Installer As-Built Certification Form.

Distribution of paperwork as follows:

- Board of Health office – 1 set of all original documentation.
- Board of Health Engineer – 1 copy of Certificate of Compliance
- Owner/Applicant – 1 As-Built drawing, 1 copy of Certificate of Compliance
- Douglas Building Department – 1 copy of Certificate of Compliance

* Must be signed by the holder of the installer license – not the name of the company. Signatures must be all on one page – Board of Health signs last.

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