

TOWN OF SEEKONK

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) _____ (Company Name)
_____ (Address)

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

_____ Health Inspector _____ 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 septic tank or leaching pit/galley 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 (105 CMR 410.000).

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: A bottom inspection was not performed by the Engineer.

BOARD OF HEALTH VARIANCE: _____

00 Peck Street, Seekonk, Massachusetts 02771

Town Hall 336-2950 Police 336-8123 Fire 336-8510 Public Works 336-7407