



Certificate of Compliance

Acton Board of Health
Health Dept. Phone: 978-929-6632
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health@acton-ma.gov

**Form
C-1**

This is to Certify, that the On-site Sewage Disposal System installed (new construction or an increase in flow) or repaired/replaced, which was completed on

_____ by _____
for _____ at _____ has
been constructed in accordance with the provisions of Title 5 and the Disposal System
Application Permit No. _____ dated _____

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This section to be completed by the Health Department

Use of this system is conditioned on compliance with the provisions set forth below:

1. System is not to exceed _____ GPD
2. System is required to be pumped every _____ years.
3. System is designed for _____ bedrooms.
4. Other: _____

The issuance of this certificate shall not be construed as a guarantee that the system will function as designed.

Signatures

Designer _____ Date _____

Installer _____ Date _____

Print Installer's Name _____

Approving Authority _____ Date _____

Electrical Pump Signature Required Yes ☐ No ☐

Maintenance Contract Required Yes ☐ No ☐

Deed Notice Required Yes ☐ No ☐