



**Town of Blackstone**  
**BOARD OF HEALTH**  
 15 St. Paul Street  
 Blackstone, Massachusetts 01504  
 Tel: (508) 876.5130 • or (508)876.5129  
 Fax: (508) 883-6335

**Kevin J. Ryan**  
 Chairman

Permit # \_\_\_\_\_

**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  
 Engineers Certificate of Compliance. Three (3) copies of the as-built plan in red and Engineers COC  
 have been submitted.*

\*\* Signature of Licensed Installer \_\_\_\_\_ Dated \_\_\_\_\_

\*\* *By my signature above I (the licensed Installer) 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**