Certification of Construction Compliance

(must be filled out completely and legibly)

To: Town of Richmond
Board of Health
1529 State Rd
Richmond, MA 01254
Phone (413) 698-3355

Name _____

Company _____

Address _____

_____

Telephone _____

☐ **Designer** ☐ **Installer**

Date: _____

I certify that the subsurface disposal system and/or system components which has been (check one)

☐ **Constructed** ☐ **Repaired** ☐ **Upgraded** ☐ **Abandoned**

in the Town of Richmond has been accomplished in compliance with ***310 CMR 15.000 The State Environmental Code, Title 5: Standard Requirements for the Siting, Construction, Inspection, Upgrade and Expansion of On-site Sewage Treatment and Disposal Systems and for the Transport and Disposal of Septage***, all approved design plans (if required), and all local requirements.

Any changes to the required design plans have been reflected on as-built plans which must be submitted to the approving authority by the Designer prior to the issuance of a Certificate of Compliance. The as-built plans have been prepared in accordance with 310 CMR 15.220.

For repairs to system components, an as-built sketch, including measurements from at least 2 reference points, has been included.

Permit # _____ **Date of Issue** _____

Property Owner _____

Location/Address _____ **Map/Lot #** _____

_____

Signature