



**TOWN OF UXBRIDGE
BOARD OF HEALTH**

21 SOUTH MAIN STREET, ROOM 204

UXBRIDGE, MA 01569

PHONE # (508) 278-8600 X 8 BOH@UXBRIDGE-MA.GOV

Uxbridge Permit # _____

(Taken from Application for soils testing)

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 (Design Engineer), _____, certify that the system has been installed as
print name

shown on the applicable design plan. Any changes to the design are reflected on the submitted as-built plan and
Engineer's Certificate of Compliance.

**Signature of Licensed Installer _____ Dated _____

**By my signature above I (the Licensed Installer, _____), certify I have installed the
print name

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. ***"I certify that the recently installed septic system was constructed in
accordance with 310 CMR 15.00, local Board of Health Regulations and the Approved Design Plans"***

AS-BUILT REQUIREMENTS AND FORM

This form must be submitted to the Board of Health with three (3) Copies of the "as-built" drawing. The As-Built drawing
must be in RED superimposed over the approved design plan. You must also submit the Engineering As-Built
Certification Form and the Installer As-Built Certification Form.

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

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BOH office use only

*Signature of Agent for Board of Health _____ Dated _____
(Visual Inspection Only)

Plan Name/Date _____ Date Revised (if applicable) _____