



**Town of Uxbridge  
Board of Health**

21 South Main Street, Room 204

Uxbridge, MA 01569

Phone # (508) 278-8600 X 8 Fax # (631) 223-4307

Email: [boh@uxbridge-ma.gov](mailto:boh@uxbridge-ma.gov)

**Permit #:** \_\_\_\_\_ (given by BOH)

**CERTIFICATE OF COMPLIANCE**

**“COMPONENT REPLACEMENT AND/OR REPAIR”**

**Address of Property:** \_\_\_\_\_

**Name of Installer:** \_\_\_\_\_  
(Please print legibly)

Component Replaced: Septic Tank ☐  
SAS not included D-Box ☐  
Pump Chamber ☐  
Other ☐ explain \_\_\_\_\_

Date of Replacement: \_\_\_\_\_

Signature of Licensed Installer: \_\_\_\_\_ Date: \_\_\_\_\_

**Signature of Engineer:** \_\_\_\_\_

**Date:** \_\_\_\_\_  
(If required)

Signature of BOH Agent: \_\_\_\_\_ Date: \_\_\_\_\_  
(Visual Only)

Sketch Plan: