



Commonwealth of Massachusetts
Town of Wrentham
Board of Health
79 South Street, Wrentham, MA 02093

TEL: (508) 384-5480
FAX: (508) 384-5449

DISPOSAL SYSTEM INSTALLER'S CERTIFICATION ON-SITE
SEWAGE DISPOSAL SYSTEM COMPONENT

LOCATION: _____ PERMIT #: _____
Street No. Street Name Lot No.

INSTALLER:

Name of Firm: _____

Name of Installer: _____

Installer Permit #: _____

COMPONENT(S) REPAIRED OR REPLACED:

I certify that the component(s) of the on-site sewage disposal system, which I have repaired or replaced at the above location, have been repaired or replaced in compliance with 310CMR 15.000, the approved design plans, and all requirements and conditions of the Board of Health.

DATE: _____

SIGNATURE OF INSTALLER: _____