PUBLIC HEALTH DEPARTMENT
Community & Economic Development

TOWN OF NORTH ANDOVER
SEPTIC DISPOSAL SYSTEM – INSTALLATION CERTIFICATION

The undersigned hereby certify that the Sewage Disposal System ( ) constructed; ( ) repaired;

By:_____
(Print Name)

Located at:_____
(Installation Address)

Was installed in conformance with the North Andover Board of Health approved plan, originally dated _____ and last revised on _____, with a design flow of _____ gallons per day. The materials used were in conformance with those specified on the approved plan; the system was installed in accordance with the provisions of 310. CMR 15.000, Title 5 and local regulations, and the final grading agrees substantially with the approved plan. All work is accurately represented on the As-built which has been submitted to the Board of Health.

Bottom of Bed Inspection Date:_____ _____
Engineer Representative (Signature)

_____
And – Print Name

Final Construction Inspection Date:_____ _____
Engineer Representative (Signature)

_____
And – Print Name

Installer:_____ **(Signature)** **Date:**_____

_____
And – Print Name

Engineer:_____**(Signature)** **Date:**_____

_____
And – Print Name

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