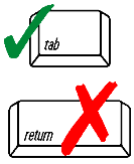
Commonwealth of Massachusetts
City/Town of

Certificate of Compliance

Form 3

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with the local Board of Health to determine the form they use.

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



This is to Certify that the following work on an On-Site Sewage Disposal System

- ☐ Construction of a new system
- ☐ Repair or replacement of an existing system
- ☐ Repair or replacement of an existing system component

Has been done in accordance with Title 5 and the Disposal System Construction Permit (DSCP):

DSCP Number _____ DSCP Date _____

Facility Owner _____

Street Address or Lot # _____

City/Town _____ State _____ Zip Code _____

Designer Information:

Name _____ Name of Company _____

Signature _____ Date _____

Installer Information:

Name _____ Name of Company _____

Signature _____ Date _____

Use of this system is conditioned on compliance with the provisions set forth below:

_____

_____

_____

_____

The issuance of this certificate shall not be construed as a guarantee that the system will function as designed.

Approving Authority _____

Signature _____ Date _____