



## Monterey Board of Health

435 Main Rd. P.O. Box 308  
Monterey, MA. 01245  
P: 413-528-1443 F: 413-528-9452

### CERTIFICATE OF CONSTRUCTION

Permit No. \_\_\_\_\_

Description of Work: ☐ Individual Component(s) ☐ Complete System

The undersigned hereby certifies that under Permit No. \_\_\_\_\_ the Sewage Disposal System has been ☐  
Constructed ☐ Repaired ☐ Upgraded ☐ Abandoned

by \_\_\_\_\_  
(contractor)

for \_\_\_\_\_  
(property owner)

at \_\_\_\_\_ Map# \_\_\_\_\_ Lot# \_\_\_\_\_  
(site location)

has been installed in accordance with provisions of 310 CMR 15.00 (Title 5) and the approved design  
plans/as-built plan relating to Permit No. \_\_\_\_\_ Approved Design Flow \_\_\_\_\_ (gpd)

Installer \_\_\_\_\_ Phone \_\_\_\_\_

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

Revised 10/15/07