



Commonwealth of Massachusetts
 City/Town of Hubbardston
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.

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