



Board of Health
Town of Southwick
454 College Highway, Southwick, MA 01077
PHONE (413) 569-1212
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COMMONWEALTH OF MASSACHUSETTS
TOWN OF SOUTHWICK

INSTALLER'S STATEMENT OF COMPLIANCE SIGN-OFF FORM

This is to Certify that the On-Site Sewage Disposal System installed / repaired / replaced • on

_____ by _____
(Date) (Print Installer's Name)

for _____ at _____
(Owner) (Address)

has been constructed in accordance with the provisions of Title 5 and for the Disposal System
Construction Permit No. _____ dated _____.

Use of this system is conditioned on compliance with the provisions set forth by Title 5, local
provisions described below:

(Installer to fill in any special provisions or conditions. Please initial your notation.)

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

Installer's Permit #: _____

Date: _____ Installer: _____

This completed form must be submitted to the Southwick Board of Health with an as-built sketch
of the septic system showing the location of the septic tank clean-out cover, the D-box, the
leaching and any other component area from at least two fixed points (e.g. two corners of the
building).