



**Board of Health  
Town of Granby**  
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**COMMONWEALTH OF MASSACHUSETTS  
GRANBY, MASSACHUSETTS**

**ENGINEER'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 Installers Name)  
 for \_\_\_\_\_ at \_\_\_\_\_  
 \_\_\_\_\_  
 (owner) (address)  
 on \_\_\_\_\_ designed by \_\_\_\_\_  
 \_\_\_\_\_  
 (date of Design) (Print Designers Name)

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.

\_\_\_\_\_  
 (designer 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.

Date: \_\_\_\_\_ Designer: \_\_\_\_\_

This completed form must be submitted to the Granby 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).