

***Board of Health
Town of Granby***
215B West State Street, Granby, MA 01033
PHONE (413) 467-7174
FAX (413) 467-3101

**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).