

Commonwealth of Massachusetts

**Town of Norton
Board of Health**

Certificate of Compliance

Description of work Complete System () Individual Components ()

The undersigned hereby certify that the Sewage Disposal System:
As
Constructed (), Repaired (), Upgraded (), Abandoned ()

By: _____

At

St.# _____ Street: _____

Has been installed in accordance with the provisions of 310 CMR 15.00 (Title V)
Board of Health Regulations Town of Norton, and the approved design plans or as-
built plans relating to permit No. _____

Dated: _____ Approved Design Flow _____(gpd)

Installer: _____ License No. _____

Designer: _____ Town License No.: _____

Inspector: _____

Health Agent Town of Norton

Date: _____

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