



Commonwealth of Massachusetts  
**Town of Wrentham**  
Board of Health  
79 South Street, Wrentham, MA 02093

TEL: (508) 384-5480  
FAX: (508) 384-5449

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**DISPOSAL SYSTEM INSTALLER'S CERTIFICATION ON-SITE  
SEWAGE DISPOSAL SYSTEM CONSTRUCTION OR UPGRADE**

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LOCATION: \_\_\_\_\_ PERMIT #: \_\_\_\_\_  
*Street No. Street Name Lot No.*

INSTALLER:

Name of Firm: \_\_\_\_\_

Name of Installer: \_\_\_\_\_

Installer Permit #: \_\_\_\_\_

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*I certify that the on-site sewage disposal system, which I have constructed or upgraded at the above location, has been constructed or upgraded in compliance with 310CMR 15.000, the approved design plans, and all requirements and conditions of the Board of Health.*

DATE: \_\_\_\_\_

SIGNATURE OF INSTALLER: \_\_\_\_\_