



Commonwealth of Massachusetts
 Town of Topsfield
Certificate of Compliance
Form 3

Permit Number _____
 \$ _____
 Fee _____
 Check Number _____
 Date _____

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with the local Board of Health to determine the form they use.

This is to Certify that the following work on an On-Site Sewage Disposal System

- Construction of a new system
- Repair or replacement of an existing system
- Repair or replacement of an existing system component (_____)

Has been done in accordance with Title 5 and the Disposal System Construction Permit (DSCP):

_____ DSCP Number _____ DSCP Date _____

_____ Facility Owner _____

_____ Street Address or Lot # _____

_____ City/Town _____ State _____ Zip Code _____

Designer Information:

_____ Name _____ Name of Company _____

_____ Signature _____ Date _____

Installer Information:

_____ Name _____ Name of Company _____

_____ Signature _____ Date _____

Use of this system is conditioned on compliance with the provisions set forth below:

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

_____ Approving Authority _____

_____ Signature _____ Date _____