



Commonwealth of Massachusetts
City/Town of
Certificate of Compliance
Form 3

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.

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



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