



City of Leominster
Office of the Health Department
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Leominster, MA 01453
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Commonwealth of Massachusetts

Leominster, Massachusetts

CERTIFICATE OF COMPLIANCE

This is to Certify, that the On-site Sewage Disposal system installed or repaired/replaced
on _____ by _____
for _____ at _____

has been constructed in accordance with the provisions of Title 5 and for Disposal System
Construction Permit No. _____ dated _____

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. This Certificate expires on

Date _____

Inspector _____

Date _____

Designer _____

Date _____

Installer _____

As-Built received _____