



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

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

CHANGE IN DESIGNATION OF THE SYSTEM DESIGNER

This form will not be accepted without the signature of the engineer of record

Property Address: _____
House Number Street Name Lot Number

Disposal Works Construction Permit Number: _____

Property Owner: _____

Engineer of Record:

Name of Engineer: _____
Name Name of Firm

Signature of Engineer of Record: _____ Date: _____

Transfer to:

I, _____, P.E. or R.S. Number _____
request to be designated as the design engineer for approved septic system located at
_____ in Wrentham, MA., DSCP#: _____. In doing so, I
understand that I am assuming full responsibility for the design as it relates to the conformance with
all applicable state and local regulations.

Signature: _____ Date: _____

Name of Firm: _____

Address of Firm: _____

Telephone Number: _____ Email Address _____