



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

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

DISPOSAL SYSTEM DESIGN CERTIFICATION
ON-SITE SEWAGE DISPOSAL SYSTEM UPGRADE OR CONSTRUCTION

LOCATION: _____
 Street Number Street Name Lot Number

Permit Number: _____

Name of Design Firm: _____

Address of Design Firm: _____

Name of Designer: _____

Professional Registration Number: _____

I certify that the on-site sewage disposal system that I have designed for the above location, has been constructed in compliance with 310 CMR 15.00, the design plans approved by the Wrentham Board of Health, along with any and all requirements and conditions put forth by the Board of Health. I also certify that any authorized changes to the original design plan have been reflected on the As-Built plan which I have submitted to the Board of Health.

DATE: _____

DESIGNER'S SIGNATURE: _____