



Town of Barnstable
Inspectional Services
Public Health Division
Thomas McKean, Director
200 Main Street, Hyannis, MA 02601

Office: 508-862-4644

Fax: 508-790-6304

Installer & Designer Certification Form

Date: _____ **Sewage Permit#** _____ **Assessor's Map\Parcel** _____

Designer: _____ **Installer:** _____

Address: _____ **Address:** _____

On _____ was issued a permit to install a
(date) (installer)

septic system at _____ based on a design drawn by
(address)

_____ dated _____
(designer)

_____ I certify that the septic system referenced above was installed substantially according to the design, which may include minor approved changes such as lateral relocation of the distribution box and/or septic tank. Strip out (if required) was inspected and the soils were found satisfactory.

_____ I certify that the septic system referenced above was installed with major changes (i.e. greater than 10' lateral relocation of the SAS or any vertical relocation of any component of the septic system) but in accordance with State & Local Regulations. Plan revision or certified as-built by designer to follow. Strip out (if required) was inspected and the soils were found satisfactory.

_____ I certify that the system referenced above was constructed in compliance with the terms of the IA approval letters (if applicable)

(Installer's Signature)

(Designer's Signature)

(Affix Designer's Stamp Here)

PLEASE RETURN TO BARNSTABLE PUBLIC HEALTH DIVISION. CERTIFICATE OF COMPLIANCE WILL NOT BE ISSUED UNTIL BOTH THIS FORM AND AS-BUILT CARD ARE RECEIVED BY THE BARNSTABLE PUBLIC HEALTH DIVISION. THANK YOU.