

INSTALLERS ASBUILT

SKETCH (to include the well and/or water line location and the driveway location)

I _____ certify that on _____ I
(Installer Name) (Date)

installed the above septic system for _____ at
(Owner's Name)

_____ in the Town of Sturbridge, also known as, Lot _____, in
(Street Name)

accordance with Title 5, 310 CMR 15.000, the approved septic design plan(s) by

_____ and the Board of
(Engineer) (Plan #) (Date)

Health requirements.

(Installer's Signature & Date)

(Installer Permit Number)

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