Designer's/ Installer's Certification

Street Name and Address _____

Town Map # _____ Town Lot # _____ Subdivision Lot # _____

Builder's Name _____

Builder's Address _____

Installer's Name _____

Installer's Address _____

I hereby certify that I performed the inspections as required by 310 CMR 15.00 and the Andover Board of Health Regulations and further, that all work has been completed in strict accordance with the plans and specifications approved by the Andover Board of Health. I further certify that any changes to the design plans are reflected on the attached "AS BUILT" plan prepared in accordance with 310 CMR 15.220.

I understand that this certification includes the building drain invert location and elevation as it passes through the foundation wall, the location and depth of the leaching area, excavation and/or fill as required, the location and elevations of tanks, piping, and the finish grades of the lot.

Additionally, I hereby certify that all Conditions of Approval of a Title V Variance (copy attached) granted by the Andover Board of Health and the Mass. Department of Environmental Protection issued on _____ and identified as DEP Transmittal No. _____ have been fully complied with.

_____	_____	_____	_____
System Designer (RPE/Civil or RS)	**Date**	**Andover Licensed Disposal Works Installer DWIL # _____**	**Date**

Engineer's Stamp

This certification must be delivered to the Board of Health within 30 days following the final approval inspection. System must be covered within 24 hours of all inspections.

Effective date of form 07/01/2001