



The Commonwealth of Massachusetts  
Board of Health  
Town of Acton  
Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System was  
Constructed  or Repaired  \_\_\_\_\_

By \_\_\_\_\_

At \_\_\_\_\_

Has been installed in accordance with the provisions of Title 5 of the State  
Environmental Code as described in the application for:

Disposal Works Construction Permit No. \_\_\_\_\_ Dated \_\_\_\_\_

THE ISSUANCE OF THIS CERTIFICATE SHALL NOT BE  
CONSTRUED AS A GUARANTEE THAT THE SYSTEM WILL  
FUNCTION SATISFACTORY.

DATE: \_\_\_\_\_ INSPECTOR \_\_\_\_\_