



The Commonwealth of Massachusetts

Town of Acton
Board of Health

Certificate of Compliance

THIS IS TO CERTIFY, That the connection to the Sanitary Sewer System was:

- Constructed
- Repaired

By _____

At _____

It has been installed in accordance with the provisions of Title V and the Town of Acton Sewer Use Regulations as described in the application for:

Sewer Connection Permit No.: _____ Dated: _____

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

Date _____ Inspector _____