



TOWN OF HINGHAM

BOARD OF HEALTH

210 Central Street, Hingham, MA 02043-2762

(781) 741-1466 Fax (781) 804-2373

Email: HealthDirector@Hingham-Ma.com

Date _____

CERTIFICATE OF CONSTRUCTION

The undersigned Professional Civil Engineer or Sanitary Engineer or Registered Sanitarian certifies that the Individual Sewage Disposal System

installed by _____ at _____

and that it has been constructed in accordance with the approved plans and the provisions of Title 5 of the State Environmental Code and the requirements of:

The Board of Health Disposal Works Construction Permit (DWCP) No. _____ dated _____ .

1. The Disposal Works Installer complied with the design for the proposed sewage disposal system.
2. There has been constructed a manhole and surface access to the septic tank at a depth below finish grade of _____ inches.
3. The attached as-built plan shows the actual elevation of concrete foundation, floor slabs and septic tank top as well as location of the foundation with respect to property lines and the principal elements of the sewage disposal system including the septic tank and leaching field tie distances with the ties to the cover on the inlet end of the tank and the distribution box from the building foundation corners, with a distance from a corner of the foundation to where the pipe comes out of the building.
4. Submission of this form, stamped and signed, and two copies of an "as-built" plans are required before a Certificate of Compliance will be issued.

Signature: _____

Stamp: