



Office of  
Board of Health

# *Town of Marshfield*

## Board of Health

870 Moraine Street  
Marshfield, Massachusetts, 02050

Tel: 781-834-5558

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### INSTALLER'S SIGN OFF

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_

Marshfield Board of Health  
870 Moraine Street  
Marshfield, MA 02050

RE: Septic System at \_\_\_\_\_

Dear Board Members:

This letter is to certify that we have completed installation of the Subsurface Sewage Disposal System at subject property. Said construction complies with the requirements of 310 CMR 15.000 of the State Sanitary Code and the design plan approved by the Marshfield Board of Health, and conforms to the Board of Health Rules and Regulations.

For Repairs: The following components of the previous septic system were filled in, crushed or abandoned at the completion of this installation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Installer's Name (Please Print)

\_\_\_\_\_  
Installer's signature