



Town of Marshfield

BOARD OF HEALTH

870 MORAIN STREET
MARSHFIELD, MASSACHUSETTS 02050

Tel: 781-834-5558 Fax: 781-837-6047

Installer Name: _____

Address: _____

City, Zip: _____

Date: _____

Board of Health
870 Moraine Street
Marshfield, MA

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.

Name (Please print)

Installers Signature