# Town of Norfolk
## Board of Health

1 Liberty Lane
Norfolk, MA 02056

---

**DISPOSAL SYSTEM DESIGNER'S CERTIFICATE**
**ON-SITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION OR UPGRADE**

---

LOCATION: _____ Permit #_____
# Street Name Lot#

Name of Firm: _____
Print

Name of Designer: _____
Print

Professional Registration #: _____

---

I certify that the on-site sewage disposal system that I have designed for the above location has been constructed or upgraded in compliance with 310 CMR 15.000, the approved design plans, and all the requirements and conditions of the Board of Health, and that any authorized changes to the design plans have been reflected on as-built plans, which I have submitted to the Board of Health.

---

Date: _____

Signature of Designer: _____