Town of Avon
Health Department
65 East Main Street Avon, MA 02322
(508) 588-0414 ext. 1016

Certificate of Compliance

Fee : **$100.00** Date Issued **06/02/26**

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with the local Board of Health to determine the form they use.

This is to certify that the following work on an On-Site Sewage Disposal Works

☐ Construct ✓ Repair ✓ Upgrade ☐ Abandon

Has been done in accordance with Title 5 and the State Environmental Code:

DSCP Number *DSCP-26-0017* DSCP Date *05/19/26* Inspection Date

Facility Owner *Anne Drinkwater*

Street Number *32* Street Name *NICHOLS AVE*

City/Town *Avon* State *MA* Zip Code *02322*

Designer Information :

Name *George R Collins* Name of Company

Designer's Certification Statement in accordance with 310 CMR 15.021:

✓ **I do hereby certify under the pains and penalties of perjury that this system has been constructed in compliance with 310 CMR 15.000, the approved design plans, and all local requirements, and that any changes to the design plans have been reflected on as-built plans which are attached to this certification.** Date *06/02/26*

Installer Information :

Name *Ryan Moreshead* Name of Company

Name of Installer Company as appointed by applicant

Installer's Certification Statement in accordance with 310 CMR 15.021:

✓ **I do hereby certify under the pains and penalties of perjury that this system has been constructed in compliance with 310 CMR 15.000, the approved design plans, and all local requirements, and that any changes to the design plans have been reflected on as-built plans which are attached to this certification.** Date *06/01/26*

Nature of Repairs or Alterations

Installation of a new 1,500 gallon, 2-compartment septic tank, 1,000 gallon pump chamber, distribution box, and a 21' x 45' leaching bed with 3 rows of 11 Eljen B43 modules and as

The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily.

Local Approving Authority

✓ *** I do hereby certify under the pains & penalties of perjury that the information provided above is true and correct.** Date *06/02/26*

Health Official (Signature) Kathryn M Waldron

Certificate valid 2 years from date of final inspection or 3 years if pumped once within each year (For Upgrade or New Construction Only)