

**TOWN OF WEATHERSFIELD, VERMONT**  
**SEWAGE DISPOSAL SYSTEM**

**Certification of Completion**

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Date of Application \_\_\_\_\_

Application No. \_\_\_\_\_

Parcel No. \_\_\_\_\_

Applicant \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_

Technician/Engineer \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_

Note Any Variations from approved design \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

[Attach as-built plans if any variation from approved locations]

Type of Water Supply \_\_\_\_\_

**I hereby certify that the installation-related information submitted is true and correct and that in the exercise of my reasonable professional judgement the wastewater and water systems have been installed in accordance with the permitted design and all permit conditions, were inspected, were properly tested, and have successfully met those performance tests.**

SIGNATURE OF TECHNICIAN/ENGINEER \_\_\_\_\_ Date \_\_\_\_\_

**APPROVED FOR OCCUPANCY**

Yes

No

**COMMENTS:** \_\_\_\_\_

HEALTH OFFICER \_\_\_\_\_ DATE \_\_\_\_\_