



Falmouth Health Department

Falmouth Town Hall • 59 Town Hall Square • Falmouth, Massachusetts 02540
(508) 495-7485 • health@falmouthma.gov

ENGINEER/DESIGNER SIGN-OFF

ENGINEER/DESIGNER: _____

ADDRESS: _____

Dear Sir/Ma'am:

On _____, _____ was issued a permit to
(DATE) (INSTALLER)

install a system at _____ based on a design drawn by your
(ADDRESS)

firm, dated _____.

Expect to be contacted by the installer to arrange for your sign off certifying correct installation of this system. Please remember, your sign off is necessary. Additionally, take note that permits are valid for three years.

Please check off below, undersign and return to the Falmouth Health Department.

_____ I certify that the system referenced above was installed substantially according to the plan.

_____ I certify that the system referenced above was installed with changes but in accordance with State & Local Regulations, revision or as-built by engineer to follow.

_____ The vertical separation distance of the bottom of the stone beneath the soil absorption system is within six feet of high groundwater in soils with a percolation rate of more than two minutes per inch or within seven feet of high groundwater in soils with a percolation rate of two minutes or less per inch. If checked, the system's final elevations must be included below.

Tank inlet: _____ Tank outlet: _____

D-box inlet: _____ D-box outlet: _____

SAS inlet: _____ SAS bottom elevation: _____

(ENGINEER/DESIGNER'S SIGNATURE)

(DATE)

PLEASE RETURN TO FALMOUTH HEALTH DEPARTMENT WITHIN FORTY- FIVE (45) DAYS OF YOUR INSPECTION. THANK YOU.

(Reference – 310 CMR 15.021)