



**Town Of Mashpee  
Health Department**

10 Great Neck Road North Mashpee, MA 02649  
(508) 444-4225

**Certificate of Compliance**

Fee : \$125.00

Date 09/18/25  
Issued

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	DWC-25-0061	DSCP Date	06/24/25	Inspection Date	06/27/25
Facility Owner	MOONEY, MARY F & WALTER L TR				
Street Number	7	Street Name	BLUE FIN		
City/Town	Mashpee	State	MA	Zip Code	02649

**Designer Information :**

Name	David D. Flaherty Jr.	Name of Company
------	-----------------------	--------------------

**Installer Information :**

Name	Robert Gilfoy	Name of Company
------	---------------	--------------------

Use of this system is conditioned on compliance with the provisions set forth below

*The approved plans dated 06/06/25, the State Environmental Code, and the Rules & Regulations of the Mashpee Board of Health*

**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 09/18/25

Health Official (Signature)



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