



Town of Blackstone

BOARD OF HEALTH

15 St. Paul Street

Blackstone, Massachusetts 01504

Tel: (508)876.5130 or (508)876.5129 Fax: (508) 883-6335

Permit # _____

Kevin J. Ryan
Chairman

INSTALLER AS-BUILT CERTIFICATION FORM

LOCATION: _____

NAME OF APPLICANT/OWNER: _____

NAME OF DESIGN ENGINEER: _____

DATE OF DESIGN: _____ DATE OF LATEST REVISION: _____

B.O. H. APPROVAL DATE: _____

EXCAVATION:

Date: _____ Length & Width: _____

Was bottom scarified? _____

COMPONENTS:

SEPTIC TANK

Size of concrete septic tank installed: _____ gallons Origin of tank: _____

If utilizing existing, tank was tank structurally sound: _____ Baffles/Tees/gas traps installed: _____

DISTRIBUTION BOX

No. of outlets: _____ Additional unused outlets cemented? _____

Tee required? _____ Tee installed? _____ Origin of d-box: _____

PUMP CHAMBER (if applicable) Origin of tank: _____

SIZE: _____ GALLON WAS DESIGN PUMP INSTALLED? _____

ARE THERE SEPARATE AUDIO & VISUAL ALARMS? _____

(Attach electrical permit and approval from Town electrical inspector)

GREASE TRAP (if applicable) Origin of tank: _____

SIZE: _____ GALLON WAS BAFFLES INSTALLED? _____

ARE THERE SEPARATE AUDIO & VISUAL ALARMS? _____

(Attach plumbing permit and approval from Town plumbing inspector)

STONE DATA: (if applicable)

Amount of 1 ½” stone installed: _____ Origin of Stone: _____

Amount of 3/8” stone installed: _____ Origin of Stone: _____

Was all stone installed double washed: _____ Attach copy of slip showing type & origin.

Name of company providing (selling) material: _____

Address of Company: _____ Phone: _____

ALTERNATIVE TYPE SYSTEM INSTALLED: (if applicable)

Infiltrators; _____ Supplier: _____

Presby: _____ Supplier: _____

Other (describe): _____

CERTIFICATION OF SEPTIC SYSTEM FILL MATERIAL

Name of company providing (selling) material: _____

Address of Company: _____ Phone: _____

Amount of sand sold: _____ Origin of sand (pit): _____

Was sand free from rocks and other debris: _____ Attach copy of slip showing type & origin

I, _____ as a representative of the above-mentioned company do

PRINT NAME

hereby certify that the material provided for use in the septic system installed in accordance with this Installers certificate meets the requirements of 310CMR 15.025 (3) Title 5. Furthermore I certify that the material installed has been tested on a regular on-going basis to provide the most current up-to-date results.

Signature of Company representative: _____
(original signature – no copies, blue ink only)

Title: _____ Date: _____

(attach copy of the most recent Title 5 sand testing – no later than 2 months)

TRANSPORTATION OF SEWER SAND (SEPTIC SAND):

Name of company transporting material: _____

Address of Company: _____ Phone: _____

Amount of sand transported: _____ Was sand taken directly to job site? _____
(sand not directly taken to job site will not be accepted)

I, _____ as a representative of the above-mentioned company do

PRINT NAME

hereby certify that the material provided from _____

was transported directly to _____

for use in the septic system installed in accordance with the requirements of 310CMR 15.025 (3) Title 5

Signature of Company representative: _____
(original signature – no copies, blue ink only)

Title: _____ Date: _____

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SKETCH PLAN:

Show swing ties from corners of house to all components: Show Sewer Pipe Lengths and Slopes on Red Lined drawing. Show all underground utilities, bury areas, and/or stump dumps where applicable or state none exists.

By my signature below I (the licensed Installer) certify I have installed the Sewage Disposal System at the above-mentioned address in accordance with the applicable design plans and specifications. Any Changes from the design plan have been reflected in the as-built documents submitted. Furthermore I take responsibility for all materials used for construction of the system including but not limited to the fill material used in the system.

Print Name of licensed Installer

Signature of licensed Installer

Date

(This form is to be signed in the presence of a Blackstone Board of Health Board member, Agent, Staff member – Valid Drivers Lic. Required.)