



TOWN OF NORTHBRIDGE
BOARD OF HEALTH
Aldrich School Town Hall Annex - 14 Hill Street
Whitinsville, MA 01588
Phone# (508) 234-3272 Fax# (508) 234-0821

Northbridge Permit #: _____

INSTALLER AS-BUILT CERTIFICATION FORM

DESIGN PLAN DATA:

LOCATION: _____

NAME OF APPLICANT/OWNER: _____

NAME OF DESIGN ENGINEER: _____

Date of Design: _____ Date of Latest Revision: _____

B.O. H. APPROVAL DATE: _____

Disposal Works Construction Permit Issued Date: _____

EXCAVATION:

Date : _____ Length & Width: _____ Was bottom scarified? _____

SEPTIC TANK:

Two Compartment 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: _____ 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? _____

Name of LICENSED ELECTRICIAN: _____

(Attach electrical permit and approval from Town electrical inspector)

TOWN OF NORTHBRIDGE – INSTALLER AS-BUILT CERTIFICATION FORM – PAGE 2

GREASE TRAP (if applicable) Origin of tank: _____

SIZE: _____ GALLON WAS BAFFLES INSTALLED? _____

ARE THERE SEPARATE AUDIO & VISUAL ALARMS? _____

Name of LICENSED PLUMBER: _____

(Attach plumbing permit and approval from Town plumbing inspector)

STONE DATA:

Amount of 1 ½” Stone Installed: _____

Origin of 1 ½” Stone: _____

Amount of 3/8” Stone Installed: _____

Origin of 3/8” Stone Installed: _____

WAS ALL STONE ORDERED DOUBLE WASHED? _____

(Enclose copy of slip(s) showing type & origin of stone used.)

SEWER GRAVEL/SAND DATA:

Amount of Sewer Gravel/Sand Installed: _____

Origin of Sewer Gravel/Sand: _____

WAS SEWER GRAVEL/SAND FREE FROM ROCKS & OTHER DEBRIS?: _____

(Enclose copy of slip(s) showing type & origin of sewer gravel/sand used.)

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 – Slip shall not be dated greater than 60 days prior to the issuance
of the Disposal Works Construction Permit or from date of septic sand installation, whichever is less.**

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: _____

SKETCH PLAN:

Show swing ties from corners of house to all components: 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 must be signed in the presence of a Northbridge Board of Health member, Agent, or Staff – Valid Driver's License may be required.