



TOWN OF NORTHBRIDGE
BOARD OF HEALTH

7 Main Street
Whitinsville, MA 01588
Phone (508) 234-3272 Fax# (508) 234-0821

PERMIT #: _____

ENGINEERING AS-BUILT CERTIFICATION FORM

LOCATION: _____

NAME OF APPLICANT/OWNER: _____

NAME OF INSTALLER: _____

EXCAVATION INSPECTION:

Date Performed: _____ By: _____

Measured Length & Width:

Designed: _____

As-Built: _____

Was Bottom at the proper Depth & Scarified?: YES NO

COMPONENT INSPECTION:

Date Performed: _____ By: _____

Design Flow: _____ As-Built Flow: _____

Number of Bedrooms: _____

Other Design Flow: _____

BENCHMARK USED: _____ ELEV.: _____

COMPONENT

DESIGNED

AS-BUILT

SILL	_____	_____
INV. @ HOUSE	_____	_____
INV. INTO TANK	_____	_____
INV. OUT TANK	_____	_____
TOP OF TANK	_____	_____
INV. INTO PUMP CHAMBER (if req.)	_____	_____
INV. OUT PUMP CHAMBER (if req.)	_____	_____
TOP OF PUMP CHAMBER (if req.)	_____	_____
INV. INTO D-BOX	_____	_____
INV. OUT D-BOX	_____	_____
TOP OF D –BOX	_____	_____

SEPTIC TANK:

SIZE: _____ Gallon INLET & OUTLET Tees INSTALLED? Yes No

Length of INLET Tee: _____ Length of OUTLET Tee: _____

Was GAS BAFFLE Installed? Yes No

Were Additional OUTLETS CEMENTED? Yes No

PUMP CHAMBER:

SIZE: _____ GALLON Was DESIGNED PUMP INSTALLED? Yes No

Are there SEPARATE AUDIO & VISUAL ALARMS? Yes No

DISTRIBUTION BOX:

NO. OF OUTLETS: _____ ADDITIONAL OUTLETS CEMENTED? _____

WAS TEE REQUIRED? Yes No WAS IT INSTALLED? Yes No

LEACHING TRENCHES / FIELDS (TRADITIONAL SYSTEMS):

Number of TRENCHES: _____ Length: _____ Width: _____

Size of LEACH FIELD: _____ Length: _____ Width: _____

DEPTH of STONE: _____ STONE SIZE: _____

Was STONE DOUBLE WASHED and CLEAN? Yes No

	<u>DESIGN</u>	<u>AS-BUILT</u>
BEGIN INV. Trench/Line #1	_____	_____
BEGIN INV. Trench/Line #2	_____	_____
BEGIN INV. Trench/Line #3	_____	_____
BEGIN INV. Trench/Line #4	_____	_____
BEGIN INV. Trench/Line #5	_____	_____
BEGIN INV. Trench/Line #6	_____	_____
END INV. Trench/Line #1	_____	_____
END INV. Trench/Line #2	_____	_____
END INV. Trench/Line #3	_____	_____
END INV. Trench/Line #4	_____	_____
END INV. Trench/Line #5	_____	_____
END INV. Trench/Line #6	_____	_____

TOTAL SQUARE FOOTAGE OF LEACHING TRENCHES/FIELD: _____

WATER SUPPLY:

Lot Serviced By: DOMESTIC WELL TOWN WATER
(SHOW LOCATION ON AS-BUILT PLAN)

OTHER WELLS/ WATER SUPPLY WITHIN 200' OF THE SEPTIC SYSTEM Yes No
(If YES, show location on AS-BUILT Plan)

ALTERNATIVE TECHNOLOGY TRENCHES / FIELDS:

Technology Brand: _____ Configuration: Trench Bed

Number of Rows: _____ Units per Row: _____ Total Number of Units: _____

Length per Unit (lf): _____ Total Length of Units (lf): _____

Unit Leaching Area (sf/lf): _____ Total Leaching Area (sf): _____

DESIGN

AS-BUILT

	BEGINNING	END	BEGINNING	END
Inverts				
Row #1	_____	_____	_____	_____
Row #2	_____	_____	_____	_____
Row #3	_____	_____	_____	_____
Row #4	_____	_____	_____	_____
Row #5	_____	_____	_____	_____
Row #6	_____	_____	_____	_____
Top of Chamber				
Row #1	_____	_____	_____	_____
Row #2	_____	_____	_____	_____
Row #3	_____	_____	_____	_____
Row #4	_____	_____	_____	_____
Row #5	_____	_____	_____	_____
Row #6	_____	_____	_____	_____
Bottom of Chamber				
Row #1	_____	_____	_____	_____
Row #2	_____	_____	_____	_____
Row #3	_____	_____	_____	_____
Row #4	_____	_____	_____	_____
Row #5	_____	_____	_____	_____
Row #6	_____	_____	_____	_____

FINAL COVER & GRADING INSPECTION:

Date Performed: _____ By: _____

BENCHMARK Used: _____ ELEV.: _____

SPOT GRADE @ GND

DESIGNED

AS-BUILT

@ HOUSE WHERE
PIPE EXITS

TOP OF TANK

TOP OF D-BOX

TOP OF SYSTEM

SHOW AS-BUILT GRADING ON AS-BUILT PLAN IN RED INK.

STABILIZATION INSPECTION:

Date Performed: _____ By: _____

Was ENTIRE AREA STABILIZED? Yes No _____

METHOD OF STABILIZATION: _____

Was SITE CLEAR of ALL DEBRIS & TRASH? Yes No

Were all SLOPES STABILIZED? Yes No



I certify that the above installed septic system has been inspected and meets all State and Local Regulations.

Signature of Design Engineer/Sanitarian

Date

Stamp/Seal

SKETCH PLAN:

LOCATION: _____

APPLICANT: _____

DESIGN ENGINEER: _____

INSTALLER: _____

Sketch Plan: (Show swing ties from corner of house to all components.)