



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 #: \_\_\_\_\_

**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: \_\_\_\_\_ Number of Persons: \_\_\_\_\_

Other Design Flow: \_\_\_\_\_

**BENCHMARK USED:** \_\_\_\_\_ **ELEV.:** \_\_\_\_\_

COMPONENT	DESIGNED	AS-BUILT
INV. @ HOUSE		
INV. INTO TANK		
INV. OUT TANK		
TOP OF TANK		
INV. INTO PUMP CHAMBER (if applicable)		
INV. OUT PUMP CHAMBER (if applicable)		
TOP OF CHAMBER		
INV. INTO D-BOX		
INV. OUT D-BOX		
TOP OF D-BOX		

**SEPTIC TANK:**

SIZE: \_\_\_\_\_ Gallon      TWO-COMPARTMENT TANK?      Yes      No

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

**SOIL ABSORPTION SYSTEM:**

DESIGN FLOW: \_\_\_\_\_ ACTUAL FLOW: \_\_\_\_\_

TYPE OF SYSTEM: TRENCHES FIELD OTHER \_\_\_\_\_

TRENCHES: Number: \_\_\_\_\_ Length: \_\_\_\_\_ Width: \_\_\_\_\_ Total Square Ft. \_\_\_\_\_

FIELD: SIZE: Length \_\_\_\_\_ Width \_\_\_\_\_ Total Square Ft. \_\_\_\_\_

STONE: Used Not used (if not –type of system) \_\_\_\_\_

If used: Depth of stone: \_\_\_\_\_ Stone size: \_\_\_\_\_ Double washed: \_\_\_\_\_  
(top of pipe –pea stone)Depth of stone: \_\_\_\_\_ Stone size: \_\_\_\_\_ Double washed: \_\_\_\_\_  
(under pipe)

	DESIGNED	AS-BUILT
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		

**WATER SUPPLY:**

Lot Serviced By:    DOMESTIC WELL                      TOWN WATER  
(SHOW LOCATION ON AS-BUILT PLAN – must note distance to SAS)

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

**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

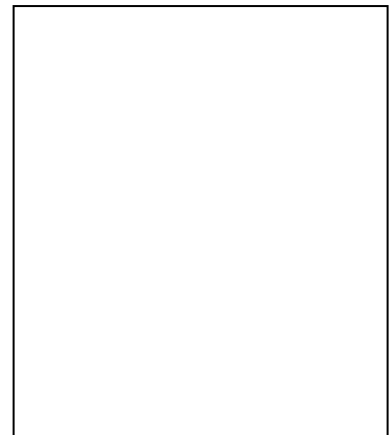
***SKETCH PLAN:***

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

***I CERTIFY THAT THE ABOVE INSTALLED SEPTIC SYSTEM HAS BEEN  
INSPECTED AND IS IN ACCORDANCE WITH ALL STATE & LOCAL  
REGULATIONS. ANY CHANGES FROM THE DESIGN PLAN HAVE BEEN  
REFLECTED IN THE AS-BUILT DOCUMENTS.***

\_\_\_\_\_  
Signature of Design Engineer or Sanitarian      Date

Professional Registration number: \_\_\_\_\_



STATE SEAL