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TOWN OF SUTTON BOARD OF HEALTH

Permit # _____

ENGINEER AS-BUILT CERTIFICATION FORM

LOCATION: _____

APPLICANT: _____

INSTALLER: _____

EXCAVATION INSPECTION:

DATE PERFORMED: _____ BY: _____

MEASURED LENGTH & WIDTH:

DESIGNED: _____

AS-BUILT: _____

WAS BOTTOM AT THE PROPER DEPTH & SCARIFIED? _____

COMPONENT INSPECTION:

DATE PERFORMED: _____ BY: _____

DESIGN FLOW: _____ AS-BUILT FLOW: _____

NUMBER OF BEDROOMS: _____ NUMBER OF PERSONS: _____

OTHER DESIGN FLOW: _____

BENCHMARK USED: _____ ELEVATION: _____

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

WERE THE INLET & OUTLET TEES INSTALLED _____

LENGTH OF INLET TEE: _____ LENGTH OF OUTLET TEE: _____

WAS THE GAS BAFFLE INSTALLED: _____

WERE THE ADDITIONAL OUTLETS CEMENTED: _____

PUMP CHAMBER: SIZE: _____ GALLON

WAS DESIGNED PUMP INSTALLED: _____

IS THERE SEPARATE AUDIO & VISUAL ALARMS: _____

D-BOX:

NUMBER OF OUTLETS: _____

WERE THE ADDITIONAL OUTLETS CEMENTED: _____

WAS TEE REQUIRED: _____ IF SO, WAS IT INSTALLED: _____

LEACHING TRENCHES

NUMBER OF TRENCHES: _____ LENGTH: _____ WIDTH: _____

DEPTH OF STONE _____ STONE SIZE _____

WAS THE STONE DOUBLE WASHED AND CLEAN _____

DESIGN

AS-BUILT

BEGIN INV. TRENCH #1

BEGIN INV. TRENCH #2

BEGIN INV. TRENCH #3

BEGIN INV. TRENCH #4

BEGIN INV. TRENCH #5

BEGIN INV. TRENCH #6

END INV. TRENCH #1

END INV. TRENCH #2

END INV. TRENCH #3

END INV. TRENCH #4

END INV. TRENCH #5

END INV. TRENCH #6

TOTAL SQUARE FOOTAGE OF LEACHING TRENCHES_____

WATER SUPPLY

LOT SERVICE BY:TOWN WATER_____DOMESTIC WELL (show location on as-built plan)

ARE THERE OTHER WELLS/WATER SUPPLY WITHIN 200' OF THE SEPTIC SYSTEM
YES_____NO_____; IF YES SHOW LOCATION ON AS-BUILT PLAN

LEACHING FIELD

SIZE OF LEACH FIELD: LENGTH_____ WIDTH_____

DEPTH OF STONE _____ STONE SIZE_____

WAS THE STONE DOUBLE WASHED AND CLEAN_____

DESIGN

AS-BUILT

BEGIN INV. LINE #1

BEGIN INV. LINE #2

BEGIN INV. LINE #3

BEGIN INV. LINE #4

BEGIN INV. LINE #5 _____

BEGIN INV. LINE #6 _____

END INV. LINE #1 _____

END INV. LINE #2 _____

END INV. LINE #3 _____

END INV. LINE #4 _____

END INV. LINE #5 _____

END INV. LINE #6 _____

TOTAL SQUARE FOOTAGE OF LEACHING FIELD _____

WATER SUPPLY

LOT SERVICED BY: TOWN WATER _____ WELL WATER _____ (show location on as-built)

ARE THERE OTHER WELLS/WATER SUPPLY WITHIN 200' OF THE SEPTIC SYSTEM _____; IF YES, SHOW LOCATION ON AS-BUILT PLAN

FINAL COVER & GRADING

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

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: SHOW SWING TIES FROM CORNER OF HOUSE TO ALL COMPONENTS MUST SHOW ON AS-BUILT PLAN

***I CERTIFY THAT THE ABOVE INSTALLED SEPTIC SYSTEM HAS BEEN
INSPECTED AND MEETS ALL STATE & LOCAL REGULATIONS***

SIGNATURE OF DESIGN ENGINEER OR SANITARIAN

DATE

STAMP/SEAL