



# TOWN OF CHARLTON

37 MAIN STEET  
CHARLTON, MA. 01507  
508-248-2210

## BOARD OF HEALTH

Permit # \_\_\_\_\_

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

#### 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)**

SIZE: \_\_\_\_\_ GALLON WAS DESIGN PUMP INSTALLED? \_\_\_\_\_

ARE THERE SEPARATE AUDIO & VISUAL ALARMS? \_\_\_\_\_

**(Attach electrical permit and approval from Town electrical inspector)**

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**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.

**SEWER SAND (SEPTIC SAND):** (if applicable)

Amount of sand installed: \_\_\_\_\_ Origin of sand: \_\_\_\_\_

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

**CERTIFICATION OF SEPTIC SYSTEM FILL MATERIAL**

Name of company providing material: \_\_\_\_\_

Address of Company: \_\_\_\_\_ - Phone: \_\_\_\_\_

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: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

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

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**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.

***I CERTIFY THAT THE ABOVE INSTALLED SEPTIC SYSTEM HAS BEEN INSTALLED IN ACCORDANCE WITH THE APPROVED DESIGN PLAN . ANY CHANGES FROM THE DESIGN PLAN HAVE BEEN REFLECTED IN THE AS-BUILT DOCUMENT SUBMITTED BY THE DESIGN ENGINEER.***

\_\_\_\_\_  
Signature of Installer

\_\_\_\_\_  
Date