



TOWN OF CHARLTON
37 MAIN STREET
CHARLTON, MA. 01507
508-248-2210

Board of Health

Charlton Permit # _____

INSTALLER CERTIFICATION OF SEPTIC SYSTEM FILL MATERIAL

Location: _____

Name of System Installer: _____

Name of company providing (selling) material: _____

Address of Company: _____ Phone: _____

Amount of sand sold: _____ Origin of sand (pit): _____

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 – no later than 2 months)

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: _____

