

TOWN OF DOUGLAS  
BOARD OF HEALTH  
29 DEPOT STREET  
DOUGLAS, MA 01516



508-476-4000 Ext. 252  
508-476-0023 FAX  
508-476-1619 TTY

Douglas Permit # \_\_\_\_\_  
(obtain from Application for soils testing )

## 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 the 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:** \_\_\_\_\_ **ELEV.** \_\_\_\_\_

**TOWN OF DOUGLAS – ENGINEERING AS-BUILT FORM – PAGE 2**

**LOCATION:** \_\_\_\_\_ **PERMIT #** \_\_\_\_\_

COMPONET	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      INLET & OUTLET TEES INSTALLED? \_\_\_\_\_

LENGTH OF INLET TEE: \_\_\_\_\_ LENGTH OF OUTLET TEE: \_\_\_\_\_

WAS GAS BAFFLE INSTALLED? \_\_\_\_\_

WERE ADDITONAL UNUSED OUTLETS CEMENTED? \_\_\_\_\_

**PUMP CHAMBER:**

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

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

**DISTRIBUTION BOX:**

NO. OF OUTLETS: \_\_\_\_\_ ADDITIONAL UNUSED OUTLETS CEMENTED? \_\_\_\_\_

WAS TEE REQUIRED? \_\_\_\_\_ WAS IT INSTALLED? \_\_\_\_\_

**TOWN OF DOUGLAS – ENGINEERING AS-BUILT FORM – PAGE 3**

**SOIL ABSORPTION SYSTEM:**

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

TYPE OF SYSTEM: TRENCHES \_\_\_ FIELD \_\_\_ OTHER \_\_\_ (type) \_\_\_\_\_

TRENCHES: Number: \_\_\_\_\_ Length: \_\_\_\_\_ Width: \_\_\_\_\_ Total Square feet \_\_\_\_\_

FIELD: SIZE: Length \_\_\_\_\_ Width \_\_\_\_\_ Total Square feet \_\_\_\_\_

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)

	<b>DESIGNED</b>	<b>AS-BUILT</b>
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		

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**LOCATION:** \_\_\_\_\_ **PERMIT #** \_\_\_\_\_

**FINAL COVER & GRADING INSPECTION:**

Date Performed: \_\_\_\_\_ By: \_\_\_\_\_

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

***Spot Grade @ ground***

	<b>DESIGNED</b>	<b>AS-BUILT</b>
@ 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 the entire area stabilized? YES \_\_\_\_\_ NO \_\_\_\_\_

Method of stabilization: \_\_\_\_\_

Was site clear of all debris & trash? YES \_\_\_\_\_ NO \_\_\_\_\_

Were all slopes stabilized? YES \_\_\_\_\_ NO \_\_\_\_\_

**WATER SUPPLY:**

Lot serviced by: Town water \_\_\_\_\_ Domestic Well: \_\_\_\_\_ (distance from SAS)  
(show location on as-built)

Are there any other wells/water supplies within 200' of the septic system? YES \_\_\_\_\_ NO \_\_\_\_\_

Are there any other septic systems within 200' of the well? YES \_\_\_\_\_ NO \_\_\_\_\_

***If yes show location on as-built plan***

**TOWN OF DOUGLAS – ENGINEERING AS-BUILT FORM – PAGE 5**

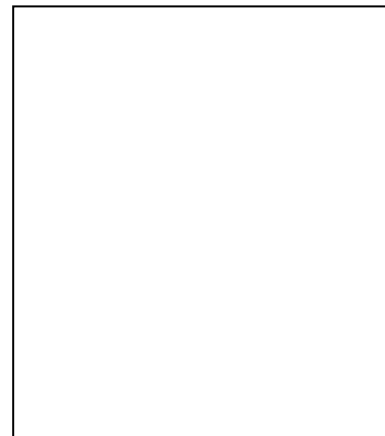
**SKETCH PLAN:**

Show swing ties from corners 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