Board of Health
Sutton Municipal Center
4 Uxbridge Road
Sutton, Massachusetts 01590
Tel: 508-865-8724
Fax: 508-865-8721

BOARD OF HEALTH

Sutton Permit # _____
(taken 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 SUTTON – 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? _____

Revised 4-1-2013

TOWN OF SUTTON – ENGINEERING AS-BUILT FORM – PAGE 3

SOIL ABSORBTION 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)

	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		

TOWN OF SUTTON – ENGINEERING AS-BUILT FORM – PAGE 4

LOCATION: _____ PERMIT # _____

FINAL COVER & GRADING INSPECTION:

Date Performed: _____ By: _____

BENCHMARK USED: _____ ELEV. _____

Spot Grade @ ground

	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 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

Revised 4-1-2013

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