



Wastewater Treatment System Certification

Property Owner _____ Permit # _____
Site Address _____ Inspection Date _____

Septic Tanks [] Yes [] No

Size of Septic Tank(s) (gallons) _____ Manufacturer _____

Size of Dose Tank (gallons) _____ Manufacturer _____

Compartment [] Single [] Double Pump (size & model) _____

Effluent Filter Installed [] Yes [] No Sanitary T Installed [] Yes [] No

Level II Component [] Yes [] No

Type of System _____

Service Representative _____ Phone # _____

*Signed Service Agreement (Must attach copy)

Drainfield [] Yes [] No

Total Sq/Ft Installed _____ Distance to test pit _____

[] Gravelless [] Gravel & Pipe [] Other _____

Lateral Length(s) _____ Max Trench Depth _____ Trench Width _____

Distribution Method [] Gravity [] Dosed [] Pressure Distribution [] Other _____

Ball Valves [] Yes [] No Orifice Size _____ Squirt Height _____ Less than 10% variation [] Yes [] No

Was the drainfield staked prior to construction [] Yes [] No By whom _____

I certify that:

- The wastewater treatment system was installed according to state and local regulations and any conditions on the Authorization to Construct.
The wastewater treatment system was installed in the approved location and in the approved orientation.
All required setbacks maintained.
All materials used in construction of the wastewater treatment system comply with state and local regulations.

Installer Name _____ Date _____

Company _____ Signature _____

Certifying: [] Septic / Pump Tanks [] Drainfield (Installer must always sign to certify above statements)

PE/SE Name _____ Date _____

Company _____ Signature _____

Certifying: [] Stake Drainfield Prior to construction [] Septic / Pump Tanks [] Level II Component [] Drainfield

Service Rep Name _____ Date _____

Company _____ Signature _____

Certifying: [] Level II Component