



BOARD OF HEALTH

Town of Boylston
221 Main Street
Boylston, MA 01505
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508-869-6828 (Direct)
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INSTALLER AS-BUILT CERTIFICATION FORM

Location: _____

Name of Applicant/Owner: _____

Name of Design Engineer: _____

Date of Design: _____ BOH Approval Date: _____

EXCAVATION: Date: _____ Length & Width: _____

COMPONENTS

TANK (Septic, Tight Tank, Waste Water Holding Tank): Size Installed: _____ gallons

Origin of Tank: _____

If utilizing existing tank, was tank structurally sound? _____ Baffles/Tees/Gas Traps Installed? _____

Audio & visual alarms? _____ (attach Electrical Permit and approval from town Electrical Inspector)

DISTRIBUTION BOX: Number of Outlets: _____ Additional Unused Outlets Cemented? _____

Tee Required? _____ Tee Installed? _____ Origin of D-Box: _____

PUMP CHAMBER (if applicable): Size: _____ gallon Was Design Pump Installed? _____

Audio & visual alarms? _____ (attach Electrical Permit and approval from town Electrical Inspector)

STONE DATA (if applicable):

Amount of 1 1/2" Stone Installed: _____ Origin of Stone: _____

Amount of 2/8" Stone Installed: _____ Origin of Stone: _____

Was all stone installed double washed? _____ (attach copy of slip showing type and 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 and origin)

CERTIFICATION OF SEPTIC SYSTEM FILL MATERIAL:

Name of Company providing Material: _____

Address: _____

Phone: _____

ATTACH COPY OF THE MOST RECENT TITLE 5 TESTING (NO LATER THAN 2 MONTHS)

