

CERTIFICATION OF SEWAGE DISPOSAL SYSTEM BY INSTALLER

This certification shall not be used in lieu of inspections required by personnel of the Department and may be duplicated on company letterhead, provided it contains the information below. Leave blank any items that are not applicable to the installation

Health Department Reference Number: _____

Suffolk Tax Map #: Dist: _____ Sect(s) _____ Blk(s) _____ Lot(s) _____

Project Name or Address: _____

Applicant's Name: _____

Date of System Installation: _____

I/A OWTS TREATMENT UNIT

Make and Model: _____

Rated Daily Treatment Capacity (gallons): _____

Material: Concrete Fiberglass/Plastic

Sketch below the measurements from building corners to the access covers/ports of disposal system, or attach a separate sketch prepared by installer:

SEPTIC TANK

Volume (gallons): _____

Material: Concrete Fiberglass/Plastic

Shape: Rectangular Cylindrical

Top: Slab Traffic Slab Dome

Name of Tank Manufacturer: _____

DISTRIBUTION LEACHING POOLS (If applicable)

Number of Pools _____

Diameter and Effective Depth _____

Top: Slab Traffic Slab Dome

Name of Precast Manufacturer: _____

LEACHING POOLS/GALLEYS

Total Number of Pools/Galleys _____

Diameter/Dimensions and Effective Depth _____

Top: Slab Traffic Slab Dome

N/A

Name of Precast Manufacturer: _____

OTHER LEACHING STRUCTURES

Make and Model (if applicable): _____

Total Linear Feet of Leaching Structure(s): _____

COVERS AND LIDS

Installed covers comply with current standards (secondary safety device installed if cover weight less than 60lbs.)

Yes N/A

I hereby certify that the subsurface sewage disposal system, described herein, has been installed by me in accordance with the approved plans and standards of the Suffolk County Department of Health Services; and any and all mechanical/electrical components have been tested and are operational.

Installer's Signature: _____ Date _____

Installer's Name: _____

Company Name: _____ Phone _____

Company Address: _____

Consumer Affairs Liquid Waste License Number and endorsement(s): _____

THIS DOCUMENT MUST CONTAIN AN ORIGINAL SIGNATURE FROM THE INSTALLER