

CERTIFICATION OF SEWAGE DISPOSAL SYSTEM BY INSTALLER

Leave blank any items that are not applicable to the installation. ****A sewage disposal system sketch along with location measurements from at least two building corners must be provided on the back, or on a separate sheet and attached to this form****

Health Department Reference Number: _____

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

Project Name or Address: _____

Applicant/Homeowner Name: _____

Date of System Installation: _____

I/A OWTS TREATMENT UNIT

Make and Model: _____

Rated Daily Treatment Capacity (gallons): _____

Material: Concrete Fiberglass/Plastic

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: _____

SEPTIC TANK

Volume (gallons): _____

Material: Concrete, Fiberglass/Plastic

Shape: Rectangular, Cylindrical

Top: Slab, Traffic Slab, Dome

Name of Tank Manufacturer: _____

GREASE TRAP

Volume (gallons): _____

Material: Concrete, Fiberglass/Plastic

Top: Slab, Traffic Slab, Dome

Name of Tank 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 components described herein, have been installed by me in accordance with the approved plans and/or standards of the Suffolk County Department of Health Services as well as any other municipal agency requirements; and any and all mechanical/electrical components have been tested and are operational in accordance with manufacturer's recommendations.

Installer's Signature: _____ Date _____

Installer's Name: _____

Company Name: _____ Phone _____

Company Address: _____

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

*****IN ADDITION TO ABOVE, COMPLETE BELOW FOR SANITARY REPLACEMENT/RETROFIT ONLY:***

In addition to the above information, I hereby certify that this OWTS replacement or retrofit meets the Department Replacement/Retrofit Standards, and that other alternatives are not environmentally feasible. I also certify that this OWTS replacement or retrofit installation represents an improvement to existing sewage disposal system conditions.

Installer's Signature: _____

Installer's Name: _____

THIS DOCUMENT MUST CONTAIN ORIGINAL SIGNATURES FROM THE INSTALLER