

**Suffolk County Department of Health Services
Office of Wastewater Management
360 Yaphank Avenue, Suite 2C, Yaphank, New York 11980
(631) 852-5700 OR HealthWWM@suffolkcountyny.gov**

CERTIFICATION OF CONSTRUCTED WORKS BY DESIGN PROFESSIONAL

Health Department Reference Number: _____

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

Project Name/Address: _____

Applicant/Property Owner Name: _____

ITEMS BEING CERTIFIED (Check all that apply)

- Community Sewer Lines and/or Community Sewer Collection System Components
- Retaining Walls (installed as part of the sewage disposal system)
- Sewage Pump Station / Valve Chamber
- Subsurface Sewage Disposal System and all Related Components (Septic tank, grease trap, leaching system, I/A OWTS, etc.)
If Applicable---I/A OWTS Manufacturer: _____ Model: _____
- Sewage Treatment Plant and all Related Components
- Water Supply Components
- Abandonment of Pre-existing Sewage Disposal System Components
- Abandonment of Pre-existing Water Supply Components
- Other _____

As the Licensed Professional Engineer or Architect, I or qualified personnel under my direct supervision, have inspected the work specified above in accordance with the New York State Education Law, and (check one):

- I hereby certify that all material and work conforms to approved plans and permit conditions, and/or standards issued pursuant to the Suffolk County Sanitary Code. (Attach any inspection or test reports required by the Department.)
- I hereby certify that all material and work conforms to approved plans and permit conditions, and/or standards issued pursuant to the Suffolk County Sanitary Code, except as described in my attached addendum. (Also attach any inspection or test reports required by the Department.)

INDICATE BELOW IF THIS PROJECT INVOLVED THE BEST-FIT REPLACEMENT/RETROFIT OF AN EXISTING SEWAGE DISPOSAL SYSTEM

- I hereby certify that this sewage disposal system installation has been performed as a Best-Fit Replacement/Retrofit, and conforms with the appropriate Standards to the greatest extent possible, and that other alternatives are not environmentally feasible. I also certify that the protection of public health and the environment was given priority over all other considerations, and this OWTS installation represents an improvement to existing sewage disposal conditions.

Engineer's / Architect's signature: _____

Print Name _____ Date: _____

License Number: _____

Affix seal

**When inspections are required, this certification shall not be used in lieu of inspections by personnel of the Department.
THIS DOCUMENT MUST CONTAIN AN ORIGINAL SIGNATURE**