



**TOWN of OXFORD**  
**BOARD of HEALTH**  
TOWN HALL  
325 MAIN STREET  
OXFORD, MA 01540  
PH: 508-987-6045  
Email: boh@town.oxford.ma.us

Permit # \_\_\_\_\_

## **INSTALLER AS-BUILT CERTIFICATION FORM**

LOCATION: \_\_\_\_\_

NAME OF APPLICANT/OWNER: \_\_\_\_\_

NAME OF DESIGN ENGINEER: \_\_\_\_\_

DATE OF DESIGN: \_\_\_\_\_ DATE OF LATEST REVISION: \_\_\_\_\_

B.O. H. APPROVAL DATE: \_\_\_\_\_

### **EXCAVATION :**

Date : \_\_\_\_\_ Length & Width: \_\_\_\_\_

Was bottom scarified? \_\_\_\_\_

### **COMPONENTS:**

#### **SEPTIC TANK**

Size of concrete septic tank installed : \_\_\_\_\_ gallons Origin of tank: \_\_\_\_\_

If utilizing existing, tank was tank structurally sound: \_\_\_\_\_ Baffles/Tees/gas traps installed: \_\_\_\_\_

#### **DISTRIBUTION BOX**

No. of outlets: \_\_\_\_\_ Additional unused outlets cemented? \_\_\_\_\_

Tee required? \_\_\_\_\_ Tee installed? \_\_\_\_\_ Origin of d-box: \_\_\_\_\_

**TOWN OF OXFORD – INSTALLER AS-BUILT FORM – PAGE 2**

**PUMP CHAMBER** (if applicable)                      Origin of tank: \_\_\_\_\_

SIZE: \_\_\_\_\_ GALLON    WAS DESIGN PUMP INSTALLED? \_\_\_\_\_

ARE THERE SEPARATE AUDIO & VISUAL ALARMS? \_\_\_\_\_

**(Attach electrical permit and approval from Town electrical inspector)**

**GREASE TRAP** (if applicable)                      Origin of tank: \_\_\_\_\_

SIZE: \_\_\_\_\_ GALLON    WAS BAFFLES INSTALLED? \_\_\_\_\_

ARE THERE SEPARATE AUDIO & VISUAL ALARMS? \_\_\_\_\_

**(Attach plumbing permit and approval from Town plumbing inspector)**

**STONE DATA:** (if applicable)

Amount of 1 ½” stone installed: \_\_\_\_\_ Origin of Stone: \_\_\_\_\_

Amount of 3/8” stone installed: \_\_\_\_\_ Origin of Stone: \_\_\_\_\_

Was all stone installed double washed: \_\_\_\_\_ Attach copy of slip showing type & origin.

Name of company providing (selling) material: \_\_\_\_\_

Address of Company: \_\_\_\_\_ Phone: \_\_\_\_\_

**ALTERNATIVE TYPE SYSTEM INSTALLED:** (if applicable)

Infiltrators; \_\_\_\_\_ Supplier \_\_\_\_\_

Presby: \_\_\_\_\_ Supplier: \_\_\_\_\_

Other (describe): \_\_\_\_\_

\_\_\_\_\_

**TOWN OF OXFORD – INSTALLER AS-BUILT FORM – PAGE 3**

**CERTIFICATION OF SEPTIC SYSTEM FILL MATERIAL**

Name of company providing (selling) material: \_\_\_\_\_

Address of Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Amount of sand sold: \_\_\_\_\_ Origin of sand (pit): \_\_\_\_\_

Was sand free from rocks and other debris: \_\_\_\_\_ Attach copy of slip showing type & origin

I, \_\_\_\_\_ as a representative of the above-mentioned company do  
PRINT NAME

hereby certify that the material provided for use in the septic system installed in accordance with this  
Installers certificate meets the requirements of 310CMR 15.025 (3) Title 5. Furthermore I certify that  
the material installed has been tested on a regular on-going basis to provide the most current up-to-date  
results.

Signature of Company representative: \_\_\_\_\_  
(original signature – no copies, blue ink only)

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**(attach copy of the most recent Title 5 sand testing – no later than 2 months)**

**TRANSPORTATION OF SEWER SAND (SEPTIC SAND):**

Name of company transporting material: \_\_\_\_\_

Address of Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Amount of sand transported: \_\_\_\_\_ Was sand taken directly to job site? \_\_\_\_\_  
(sand not directly taken to job site will not be accepted)

I, \_\_\_\_\_ as a representative of the above-mentioned company do  
PRINT NAME

hereby certify that the material provided from \_\_\_\_\_

was transported directly to \_\_\_\_\_

for use in the septic system installed in accordance with the requirements of 310CMR 15.025 (3) Title 5

Signature of Company representative: \_\_\_\_\_  
(original signature – no copies, blue ink only)

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**TOWN OF OXFORD – INSTALLER AS-BUILT FORM – PAGE 4**

**SKETCH PLAN:**

Show swing ties from corners of house to all components: Show all underground utilities, bury areas, and/or stump dumps where applicable or state none exists.

*By my signature below I (the licensed Installer) certify I have installed the Sewage Disposal System at the above-mentioned address in accordance with the applicable design plans and specifications. Any Changes from the design plan have been reflected in the as-built documents submitted. Furthermore I take responsibility for all materials used for construction of the system including but not limited to the fill material used in the system.*

\_\_\_\_\_  
Print Name of licensed Installer

\_\_\_\_\_  
Signature of licensed Installer

\_\_\_\_\_  
Date

*(This form is to be signed in the presence of a Oxford Board of Health Board member, Agent, Staff member – Valid Drivers Lic. Required.)*

**Witness by:** \_\_\_\_\_ **Date** \_\_\_\_\_