



**TOWN of OXFORD**  
**B O A R D of H E A L T H**  
**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: \_\_\_\_\_

**ALTERNANTIVE 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:* \_\_\_\_\_