

Town of Harwich
Subsurface Sewage Disposal System As-Built Card

PLEASE TYPE OR PRINT CLEARLY

Street Address: _____

Owners Name: _____

Date of Installation: _____ Permit # _____

Installer's Name: _____

Installation of: (list all components installed under this permit): _____

Certification of Installation

As the Disposal Works Installer, I certify that the system has been constructed in compliance with 310 CMR 15.000, the approved design plans and all local requirements and the following:

Y ____	N ____	N/A ____	The septic system has been installed at the elevations shown on the approved design plan.
Y ____	N ____	N/A ____	The septic system was installed in the location shown on the approved design plan.
Y ____	N ____	N/A ____	The Design Engineer and Health Department were notified of changes to the approved plan.
Y ____	N ____	N/A ____	All unsuitable material was removed and excavated five feet laterally in all directions beyond the outer perimeter of the soil absorption system to the depth of naturally occurring pervious material and replaced with clean fill.
Y ____	N ____	N/A ____	The building sewer has been connected to the building.
Y ____	N ____	N/A ____	The septic tank inlet and outlet covers, distribution box cover and leaching facility cover(s) have been brought to within 6" of finished grade.
Y ____	N ____	N/A ____	The pre-existing septic system was pumped, filled or collapsed.
Y ____	N ____	N/A ____	Final grade over the septic system components does not exceed 3 feet.
Y ____	N ____	N/A ____	All other permits obtained and inspected as required (electrical, plumbing, water).

Signed: _____ Date: _____

System Installer

SEE DIAGRAM ON REVERSE SIDE

Subsurface Sewage Disposal System Diagram

PLEASE PRINT CLEARLY

	A	B	C	D		
1						
2						
3						
4						