



TOWN OF UXBRIDGE

Board of Health
21 South Main Street
Uxbridge, Massachusetts 01569
Telephone: (508) 278-8600 Ext.8
boh@uxbridge-ma.gov

ENGINEERING AS-BUILT CERTIFICATION FORM

Property Address _____ Permit # _____

Once the system has been inspected and covered, the design engineer will submit the following to the Board of Health office, both by EMAIL in PDF form and Hard Copies. Hard Copies required for Review:

1. This signed form.
2. The Certificate of Compliance. (signed by engineer)
3. (2, folded copies) of the As-Built Plan for review and approval by the Board of Health Agent.

As Built Must Contain: Original Wet Stamp, signature and date on each (not copied). Must be superimposed in **RED INK** on the original approved design plan showing elevation and location of the system as it is constructed. Review will include groundwater offset and breakout slope constructed. All As-Built submittals will show the following information, all of which will be shown in **RED INK**:

- A. Location of the septic system as it appears in the field shown on the design plan.
- B. All proposed and as-built elevations which must include sill. Also, as-built spot elevation and contours, as necessary, are required to determine proper system grading is achieved.
- C. Swing ties from house corners to tank, d-box, inspection ports and ends of leaching system.
- D. All wells and septic systems within 200 feet.
- E. Bottom, Component, Grading and Stabilization (and method of stabilization), Inspection dates and who was present from the Engineering Firm.
- F. Name of the Licensed Installer and The Company Name.
- G. Location of house showing as-built footprint.
- H. State if an outlet filter was installed.
- I. Show statement that all d-box ports were cemented.
- J. ***THIS STATEMENT IS TO BE SHOWN ON THE AS-BUILT PLAN***

"I certify that the Septic System including final grading is constructed in accordance with 310 CMR: 15.000 - Title 5, the approved design plan and any approved field changes and local board of health regulations."

John Doe

00/00/0000

Design Engineer's Signature

Date

*I certify that the As-Built plan as submitted to the Uxbridge Board of Health is complete and has all pertinent required information for review by the Board of Health Agent.

Design Engineer's Signature

Date

Email

Engineering Firm