

Health Reference Number

## Certification of Existing Subsurface Sewage Disposal Systems And Water Supply Facilities For Other Than Single Family Residence

**A. Name of establishment:** \_\_\_\_\_

1) Address of establishment: Street \_\_\_\_\_

Hamlet \_\_\_\_\_ Zip \_\_\_\_\_

2) Tax Map Number: District \_\_\_\_\_ Section \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_

3) Owner's Name \_\_\_\_\_ Phone \_\_\_\_\_

4) Client's Name (if different than owner) \_\_\_\_\_

5) Type of proposed use (e.g., deli, restaurant, office...) \_\_\_\_\_

**B. Sanitary System Evaluation:**

1) Type of Water Supply:  Public Water  
 Private Well – Provide copy of water analysis dated within one calendar year

2) Date of system pumping \_\_\_\_\_ total gallons removed \_\_\_\_\_

3) Materials of construction of sanitary system  Precast  Block\*

**\*NOTE:** Block pools are no longer accepted – sanitary system must be replaced

4) Size of Sanitary components\*: Septic tank \_\_\_\_\_ gallons  
\_\_\_\_\_ diameter  
\_\_\_\_\_ effective depth

Grease trap \_\_\_\_\_ diameter  
\_\_\_\_\_ effective depth

Leaching Pools \_\_\_\_\_ diameter  
\_\_\_\_\_ effective depth  
\_\_\_\_\_ total number of pools

**\*NOTE:** Sanitary components must meet current standards for proposed use or upgrading will be required.

5) Overall condition of sanitary components:  acceptable  unacceptable  
(waste lines, drop tees, baffle walls, covers, grease trap, septic tank, leaching pools)

6) Dye testing completed on \_\_\_\_\_ confirmed proper routing of kitchen and sanitary waste lines  
(date)

yes  no

7) Comments \_\_\_\_\_  
\_\_\_\_\_

**C. Recommendations And Results** (Check applicable items):

**1. Sewage System**

- a. \_\_\_\_\_ System(s) functioned properly at time of inspection and is adequate for the proposed use.
- b. \_\_\_\_\_ System(s) is not adequate for the proposed use (explain and make recommendations in Section D below or attach separate report).
- c. \_\_\_\_\_ Other \_\_\_\_\_  
\_\_\_\_\_

**2. Water Supply**

- a. \_\_\_\_\_ Water supply is adequate for proposed use (if private well, attach recent water analysis).
- b. \_\_\_\_\_ Water supply is not adequate (explain and make recommendations in Section D below or attach a separate report).
- c. \_\_\_\_\_ Other \_\_\_\_\_  
\_\_\_\_\_

**D. Other Comments/Recommendations:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Certification: The results and recommendations found in this report are based upon my evaluation and inspection of the above referenced property:** SEAL HERE

Name of Architect/Engineer \_\_\_\_\_ License Number \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_  
Mailing Address: Street \_\_\_\_\_  
Hamlet \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Disclaimer: This inspection report indicates the present condition of the private on-site subsurface sewage disposal system and water supply based on recommended inspection procedures. The results of this inspection do not guarantee or warranty future performance. The recipient of this report should discuss any deficiencies found by this inspection with the individual who prepared the report.**