

Health Reference Number

### Certification of Existing Subsurface Sewage Disposal And Water Supply Facilities For A Single Family Residence

#### A. Property Information

- 1) Address of Residence: 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) Proposed changes in use (e.g., addition of apartment, bedrooms, office, etc.) \_\_\_\_\_  
\_\_\_\_\_

#### B. Sanitary System Evaluation:

\*\* Sanitary System(s) **must** be pumped out and physically examined by the certifying design professional.

- 1) Type of Water Supply:  Public Water  
 Private Well – Provide copy of water analysis dated within one calendar year
- 2) Date of sanitary 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, or dimensions if rectangular  
\_\_\_\_\_ 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, septic tank, leaching pools)

**Certification: The results and recommendations found in this report are based upon my evaluation and inspection of the above referenced property and pumped out sanitary system:**

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ON PAGE 2

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

**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 a separate report).
- c. \_\_\_\_\_ Other \_\_\_\_\_  
\_\_\_\_\_

**2. Water Supply**

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

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

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**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.