

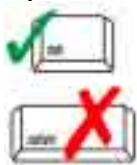


Commonwealth of Massachusetts
 City/Town of
Septic System Installation Checklist

DEP has provided this form for use by local Boards of Health if they wish to do so.

A. Applicant Information

Important:
 When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Name _____

Address _____

City _____ State _____ Zip Code _____

Disposal System Construction Permit # _____ Map _____ Lot _____

Installer _____

Designer _____

Board of Health Representative _____

Inspection Dates:

Tank: _____ Date _____ Leach Area: _____ Date _____

Final: _____ Date _____ Other: _____ Date _____

B. Application Checklist

| 1. Pre-Construction Conference | Approved | N/A | Problem |
|--|--------------------------|--------------------------|--------------------------|
| Sieve analysis supplied for sand | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Current approved plans (3 copies) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| System staked prior to construction | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| On-site check for tank water-tightness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Abandonment of existing system (repairs) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Plan revision(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Conditions/Approvals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| O/M Plan on file | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| DEP approval on file | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



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B. Application Checklist (cont.)

2. Construction Inspection

| | | Approved | N/A | Problem | |
|----|--|------------------------|--------------------------|--------------------------|--------------------------|
| a) | Building Sewer (310 CMR 15.222) | | | | |
| | All waste pipes tied into building sewer | Basement check | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Schedule 40 PVC 4" or cast iron | Verify by reading pipe | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Minimum slope of 0.01-0.02 | Visual | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Pipe laid in continuous straight line | Visual | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Pipe laid on compact, firm base | Visual | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Cleanouts precede all changes in alignment/grade | Verify by visual/tape | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Cleanout provided every 100 ft. | Verify by visual/tape | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Backfill material clean | Visual | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) | Septic Tank (310 CMR 15.223) | | | | |
| | Tank is set level with 6" stone under (15.228) | Check with level | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Tank is required size/loading per plan | Verify with plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Inlet and outlet are at proper location (15.227) | Verify with plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Tank is water tight (15.226) | Test | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Outlet tees extend 6" above flow line | Verify by visual/tape | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Approved filter device placed at outlet | DEP list | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Gas baffle installed at outlet tee | Visual | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Inlet and outlet tees on center line | Visual | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Tank is backfilled with acceptable material | Visual | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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B. Application Checklist (cont.)

| c) Distribution Box (310 CMR 15.232) | | Approved | N/A | Problem |
|---|--------------------------------------|--------------------------|--------------------------|--------------------------|
| All outlet pipes at same elevation | Check by adding water | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Number of outlets _____ per plan | Number of laterals _____ per plan | | | |
| Inlet tee min. 1" over outlet | Visual and w/tape | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D box set on level base | Visual | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Top of D box 36" max depth | Visual and w/tape | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D box is water-tight | Add water | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D box has a minimum of 2" thick wall and 12" inside dimension | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Pump Chamber (310 CMR 15.231) | | Approved | N/A | Problem |
| Tank is set level | Visual and w/level | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Proper volume is provided | Check plan and tank | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Float elevations set per plan | Measure w/tape | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Min. 2" delivery line to D box | Visual | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Number of pumps: _____ | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Specified pump provided or designers approval for equal pump | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Correct pump sequence | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Covers set to grade | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Electrical permit provided | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6" of stone beneath chamber | Visual | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Chamber is water-tight | Test | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Min. 9" cover provided | Visual | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Correct loading provided per plan | Visual on tank | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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B. Application Checklist (cont.)

| e) Leaching Facility (310 CMR 15.240) | | Approved | N/A | Problem |
|---|-------------------|--------------------------|--------------------------|--------------------------|
| No frozen material used including back fill | Visual | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No clay, tailings or stones larger than 6" for cover material | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Soil at bottom/sides of excavation matches info on deep holes | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| All impervious layers removed | Visual | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No remaining A/B horizons | Visual | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Groundwater conditions match plan and deep holes | Visual/check plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vented if under impervious cover per plan (15.241) | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vent is protected from precipitation and animal entry | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cover of a minimum of 9" over leach area | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pipe slope equal to 0.005 | Check w/transit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Leach area per design (15.241) | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Excavation is level and at required depth | Visual/check plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Removal of 5 ft material and replacement (if in fill) | Visual/check plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Back fill material is acceptable | Visual | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Final contours correct per plan | Check with plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Surface/subsurface drainage away from leach area | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Final grade and side slopes are stable | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Distribution lines are capped, vented, or connected together | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Impermeable barrier (15.255[2]) | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Retaining wall inspected by PE | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Retaining wall is water-proofed | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Retaining wall/barrier is at correct depth/height | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



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| | | Approved | N/A | Problem |
|----|---|--------------------------|--------------------------|--------------------------|
| f) | Leaching trenches (310 CMR 15.251) | | | |
| | Number of trenches: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Depth of trenches: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Width of trenches: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Trench spacing per plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Stone is double-washed [3/4" to 1½"] (15.247) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g) | Leaching fields (310 CMR 15.242) | | | |
| | Length of field: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Width of field: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Min. of 2 distribution lines | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Separation distance conforms to plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Stone is double-washed [3/4" to 1½"] (15.247) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h) | Leaching Pits (310 CMR 15.253) | | | |
| | Number of pits: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Depth of pits: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Stone is double-washed [3/4" to 1½"] (15.247) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Each pit has min. 1 20" access cover | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Piping network and configuration of pits/chambers per plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i) | Tight Tank (310 CMR 15.260) | | | |
| | Tank is set level with 6" stone under Visual and with level | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Tank is proper size per plan Visual with plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Pumping contract has been provided | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Covers to grade Visual | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | A/V alarm set at 3/5 tank capacity Check floats by raising | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | A/V alarm test on separate circuit Set off alarm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



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B. Application Checklist (cont.)

j) Certificate of Compliance (310 CMR 15.021)

As Built Plan Submitted _____
Date

Signed by Installer _____
Date

Signed by Designer _____
Date

Certificate of Compliance Issued _____
Date

Notes:
