



**NASSAU COUNTY SOIL & WATER
CONSERVATION DISTRICT**
Septic Environmental Program
To Improve Cleanliness (S.E.P.T.I.C)



CERTIFICATION OF NEW IA OWTS AND LEACHING STRUCTURE

This certification is not to be used as a substitute for inspections required by the State, County, Cities, Towns, or Villages. The purpose of this form is to provide necessary installation certification to comply with reporting requirements.

Property Information:

Property Address: _____

Owner / Point-of-Contact: _____

Phone: _____ Email: _____

Owner's Name: _____ Date Requested: _____

Abandonment Certification:

- The first septic tank/leaching pool, from the foundation, was located and uncovered; AND
- If liquid sewage was noted therein, was pumped dry by a licensed sewage hauler, AND
- Tank/pool was inspected for outlet line to an overflow pool; AND
- Overflow pool(s) was/were located, uncovered and items #2 and #3 were repeated until all parts of sanitary system were located; AND
- All parts of sanitary system were removed or filled with clean backfill and remaining structures collapsed

Please Indicate and Certify all components that were abandoned and removed or filled (circle item abandoned):

Septic Tank / Cesspool / Leaching Pool / Other Leaching Structure:

Material: _____ Diameter (or Length if trench system): _____ ft Depth: _____ ft

Septic Tank / Cesspool / Leaching Pool / Other Leaching Structure:

Material: _____ Diameter (or Length if trench system): _____ ft Depth: _____ ft

Septic Tank / Cesspool / Leaching Pool / Other Leaching Structure:

Material: _____ Diameter (or Length if trench system): _____ ft Depth: _____ ft

Company which pumped out sanitary system if different from certifying company:

Name of Company: _____

Nassau County Consumer Affairs License Number: _____ **** Attach Pumping Invoice ****

IA OWTS Treatment Unit Installed: ** 3-year Inspection and Maintenance Agreement must be attached **

Make: _____ Model #: _____

Rated Daily Treatment Capacity: _____ # of Bedrooms: _____

- covers and lids were installed with secondary safety device if the cover weighs less than 60lbs.

Leaching Structure(s) Installed:

Leaching Pool(s):

Precast Manufacturer: _____

of Pools: _____ Diameter: _____ feet Depth: _____ feet

Other Leaching Structure:

Type of Leaching Structure: _____

Manufacturer: _____

Number of Trenches _____ Width of Trenches: _____

Total Linear Feet of Leaching Trenches: _____

Installer Certification:

I hereby certify that the above information, described herein, has been installed by me in accordance with the State, County, City, Town, or Village Requirements and that I followed the Approved Plan. Any variations from the plan shown above were approved by the Design Professional of record and were necessary to complete the installation.

Installation Company Name: _____

Installers Name: _____

Installers Signature: _____

Nassau County Consumer Affairs License #: _____

Date Signed: _____ Date Installed: _____

Designer Certification (if required by permitting jurisdiction):

As the Licensed Professional Engineer or Architect, I or qualified personnel under my direct supervision, have inspected the work specified above in accordance with the New York State Education Law, and I hereby certify that all material and work conforms to approved plans and permit conditions, and/or standards issued, except as described in my attached addendum.

INDICATE BELOW IF THIS PROJECT INVOLVED THE BEST-FIT REPLACEMENT/RETROFIT OF AN EXISTING SEWAGE DISPOSAL SYSTEM

- I hereby certify that this sewage disposal system installation has been performed as a Best-Fit Replacement/Retrofit and conforms with the appropriate Standards to the greatest extent possible, and that other alternatives are not environmentally feasible. I also certify that the protection of public health and the environment was given priority over all other considerations, and this OWTS installation represents an improvement to existing sewage disposal conditions.

Engineer's / Architect's signature: _____ License Number: _____

Print Name _____ Date: _____

INSTALLER CERTIFICATION OF NEW IA OWTS AND LEACHING STRUCTURE

SKETCH FORM

Description of Work:

System Sketch:

Sketch Checklist:

- North arrow and street location
- Building in area of installed IA OWTS
- Measurements from Building to IA Unit
- Measurements from Building to Cleanouts
- Measurements from Building to Distribution Structure (if applicable)
- Measurements from Building to Leaching Structure(s)
- Location of utilities (water, electric, underground propane) if different from the approved plan

Company Name: _____

Installers Signature: _____

Nassau County Consumer Affairs License #: _____

Date Signed: _____

Date Installed: _____