

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

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: _____

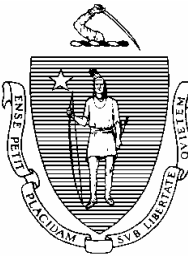
Date _____

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"/>



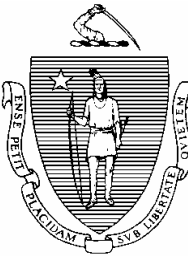
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B. Application Checklist (cont.)

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"/>

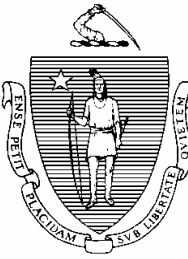
Notes:



Commonwealth of Massachusetts
 City/Town of
Septic System Installation Checklist

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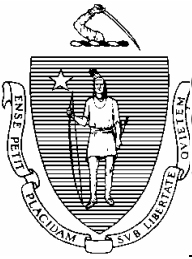
c) Distribution Box (310 CMR 15.232)		Approved	N/A	Problem
All outlet pipes at same elevation	Check by adding water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of outlets _____ per plan	Number of laterals _____ per plan			
Inlet tee min. 1" over outlet	Visual and 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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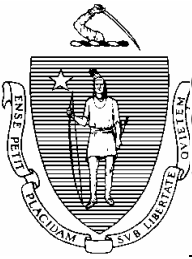
e) Leaching Facility (310 CMR 15.240)		Approved	N/A	Problem
No frozen material used including back fill	Visual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No clay, tailings or stones larger than 6" for cover material		<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>



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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"/>

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: