

CEP 6 Part B

ENGINEERS WASTEWATER TREATMENT AND DISPOSAL
SYSTEM CERTIFICATION

Company Name: _____
Engineer _____

Address: _____

Telephone Number:(_____)

Owner's Name: _____ Permit No. _____

Address: _____

Telephone Number:(_____)

Location of This Installation: Lot _____ Block _____

Section _____ Subdivision _____

Other _____

Installation Date: _____ Installation: New _____ Repair _____

System Description _____

“I hereby certify that the Onsite Sewage Treatment and Disposal System has been installed and completed in accordance to the construction plan and, plans and specifications for the project, and with the permit issued by the Local Health Department on (insert date) _____ and is in compliance with Chapter 420-3-1, Onsite Sewage Treatment and Disposal.

Signature _____ Date _____ Registration No. _____

For Cluster Wastewater Systems:

“I hereby certify that the Cluster Wastewater Systems _____ has been installed and completed in accordance with the construction plan and and conforms to design and testing requirements set out in “Minimum Construction and Testing Standards For Cluster and Community Wastewater Systems”

Signature _____ Date _____ Registration No. _____