

TOWNSHIP OF MENDHAM
 Health Department
 P.O. Box 520, 2 West Main Street
 Brookside, NJ 07926

SEPTIC TANK WATER TIGHTNESS TEST CERTIFICATION

PERFORMED BY: Engineer Manufacturer

STREET ADDRESS:	BLOCK:	LOT:
OWNER/APPLICANT:		

I, _____, certify that the Septic Tank installed on the above referenced block and lot has passed the Water Tightness Test as described by the ASTM, C-1227, or the National Pre-Cast Concrete Association (NPCA) testing criteria as set by N.J.A.C 7:9A "Standards for Individual Subsurface Disposal Systems."

Signature

Date of Test

Size of Tank:	Septic _____	Pump _____	Advance Treatment _____
Type of Tank:	<input type="checkbox"/> Concrete	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Polyethylene
Type of Test:	<input type="checkbox"/> Vacuum Testing	<input type="checkbox"/> Hydrostatic	

Name of Tester (Please Print):		<i>Engineer Seal</i>
Signature of Tester:		
Company Name:		
Address:	Phone Number:	
REHS Review (Print Name):	Date:	

NOTE: Repairs of existing tanks, water tightness test shall be done by a professional engineer.