



**BOARD OF CHOSEN FREEHOLDERS
SALEM COUNTY DEPARTMENT OF HEALTH**

110 Fifth Street
Suite 400
SALEM, NEW JERSEY 08079

856-935-7510
856-358-3857
FAX 856-935-8483

WATER TIGHTNESS TESTING COMPLETION CERTIFICATION

Onsite System Location:

County: _____ Municipality: _____ Block: _____ Lot: _____

Street address: _____

Property owner: _____

I certify that the Tank installed on the block and lot identified above has passed the Watertightness Test as required by the "Standards for Individual Subsurface Disposal Systems" at N.J.A.C. 7:9A-8.2(m). The tank was tested after all manway risers were installed in a manner that included the highest joint in the risers after the tank was set at its final location within the system excavation.

_____	_____	_____
Name of Tester (printed)	Signature of Tester	Date of Test

_____	_____	_____
Name of Witness (printed)	Signature of Witness	Date

Tank Manufacturer:

_____	_____
Manufacturer	Address

Type of Tank: Septic Tank ___ Pump Tank ___ Advanced Treatment Tank _____

Tank Composition: Concrete ___ Polyethylene ___ Fiberglass ___ Other (specify) _____

Type of Test: Vacuum Test: ___ Hydrostatic Test: ___

Specify testing protocol (ASTM# or other methodology): _____