

Salem County Department of Health and Human Services

ENVIRONMENTAL DIVISION

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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): _____