



Hunterdon County Department of Health



Public Health
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Karen DeMarco, MPH
Health Officer/Director

SEPTIC TANK WATER TIGHTNESS TEST CERTIFICATION

Engineer

Manufacturer

Township: _____ Block: _____ Lot: _____

Street Address: _____

Owner/Applicant: _____

I, _____, certify that the Septic Tank installed on the above referenced block and lot has passed the Watertightness 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 _____ Advanced Treatment _____

Type of Tank: Concrete Fiberglass Polyethylene

Type of Test: Vacuum Testing Hydrostatic

Name of Tester (Please Print)

Signature of Tester

*Engineer
Seal*

Company Name

Address

Phone Number with Area Code

Hunterdon County Health Department: Approved By

Date

Physical Address: 314 State RT. 12, County Complex, Bldg. #1, 2nd Floor
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