



TOWN OF HALIFAX COMMONWEALTH OF MASSACHUSETTS

Board of Health

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Halifax Checklist for Final Inspection

Address: _____

Date/Time: _____

Installer: _____ Designer: _____

Inspector: _____

1. **As-Built:** Three copies must be in hand with engineer's stamp & signature
 - a. Check & compare with proposed plan
 2. **Bring:** Level, tape measure (small 100'), plans and checklist
 3. **Septic Tank:**
 - a. Distance from house – at least 10'
 - b. At least 1,500 gallon
 - c. Inlet tee 10" below flow line
 - d. Outlet tee 2-3 " lower than inlet
 - e. Zabel filter (or equivalent) on outlet tee
 4. **D-Box:**
 - a. Pour enough water to flow past end of header
 - b. Look for even flow through all outlets
 - c. Allow speed levelers only when necessary. Stress getting it right without them.
 - d. 8% slope or more into box requires tee
 5. **SAS:**
 - a. Look at size of total square foot
 - b. Distance between trenches
 - c. Length of trenches
 - d. End caps on
 - e. Schedule 40 PVC pipe
 - f. Depth of SAS in layer of perc
 - g. Depth of stone beneath pipe (24") min.
 6. **Pumps:**
 - a. Test alarms
 - b. Circuit panel: separate circuits for pump & alarm & labeled
 - c. Test pump
 - d. Observe weep hole
 - e. If pressure dosing, check height of water at ends of line
 7. **Other:**
 - a. As noted on plan: such as 40 mil. barrier, retaining wall, vent
 8. **COC:** When I receive your signed check, I can sign COC for you
- Signature:** _____

Consultant/Inspector