

Onondaga County Health Department Fill Certification Form

Project Name: _____ Town: _____

Street: _____ Tax Map #: _____

Type of System: Mound Raised Other
 Shallow Supplemental Fill Layer

Please indicate that the following were satisfactorily completed:

- | | | Soil Conditions | | |
|--|-------------|------------------------------|--------------------------------|------------------------------|
| 1) Site Preparation: | Date: _____ | <input type="checkbox"/> Dry | <input type="checkbox"/> Moist | <input type="checkbox"/> Wet |
| 2) Fill Placement: | Date: _____ | <input type="checkbox"/> Dry | <input type="checkbox"/> Moist | <input type="checkbox"/> Wet |
| 3) a) If <u>onsite fill</u> or imported <u>general fill</u> material was used, 6 month stabilization including freeze/thaw. | | | | <input type="checkbox"/> |
| | | | | <i>OR</i> |
| ** b) If <u>imported sand</u> or <u>sandy loam</u> was used, mechanical compaction in max. 6" lifts. | | | | <input type="checkbox"/> |
| 4) Correct fill location | | | | <input type="checkbox"/> |
| 5) Correct length and width of fill (____ ft. x ____ ft.) | | | | <input type="checkbox"/> |
| 6) Correct depth of fill (____ ft., in absorption area) | | | | <input type="checkbox"/> |

Percolation testing: Date: _____

Allowable percolation range of fill (from approved plan) _____ min/in

Percolation test results of stabilized fill #1 _____ min/in

#2 _____ min/in

** Fill gradation attached? Yes No

If not, provide explanation: _____

I certify, to the best of my knowledge, that the above information is true and correct:

Signature _____ Date _____ NYS License# _____