

## FILTER MEDIA CERTIFICATION

Date of Delivery: \_\_\_\_\_

Northeast Tri County Health District Sewage Permit Number: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Property Address/Legal Description: \_\_\_\_\_

Installer Name: \_\_\_\_\_

As per the Washington State Department of Health Technical Review Committee Guidelines, this is to certify that the filter media supplied for the above referenced project conforms to ASTM C-33, sand gradation, as determined by ASTM C-136 and ASTM C-117 standard methods of testing.

This material has been tested while being produced. The company listed below takes no responsibility for circumstances beyond their control, such as contamination or re-handling at the job site.

Company Name: \_\_\_\_\_

Signature of Company Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_