



Massachusetts Department of Environmental Protection Bureau of Resource Protection - Title 5 Permitting DEP Inspection and O&M Form and Checklist for Title 5 Greywater Disposal Systems Piloting

Greywater piloting inspection results must be submitted on this DEP form.

A. Facility

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Owner _____

Facility Street Address _____

City/Town _____ Zip Code _____

2. Mailing address of owner, if different:

Street Address _____

City/Town _____ State _____ Zip Code _____

() - ext _____

Telephone Number

B. Authorized Provider

O&M Firm _____

Facility Street Address _____

City/Town _____ State _____ Zip Code _____

() - ext _____

Telephone Number

Inspector Name _____ PE RS

C. Facility/System Information

DEP Transmittal Number _____

GW
Greywater Project ID Number _____

Installation Date _____

Start of Operation _____

Date of Inspection _____

Previous Inspection Date _____

System is: Remedial New Construction

System facility is occupied? Yes No

Seasonal Residence: used less than 6 mo./year: Yes No

Pumping Recommended Yes No



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D. Indicate whether the following items have been inspected

Inspection of absorption system:

SAS Modified SAS Greywater Garden Other

Condition of soil absorption system

Ponding anywhere in system? Yes No

Location of ponding: _____

Pressure distribution Gravity distribution

If pressure distribution, has system been inspected in accordance with 310 CMR 15.254? Yes No

E. System Components Inspected

Septic Tank: Yes No N/A

Condition of septic tank

Pump Chamber: Yes No N/A

Condition of pump chamber

Recirculation Tank: Yes No N/A

Condition of recirculation tank

Overflow/Storage Tank: Yes No N/A

Condition of overflow/storage tank

System Alarms: Yes No N/A

Condition of alarms

Level Controls: Yes No N/A

Condition of level controls

Pump(s) inspected: Yes No N/A

Number _____

Distribution laterals: Yes No N/A

Cleaned: Yes No

Effluent tee filter: Yes No N/A

Cleaned: Yes No

Located _____



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E. System Components Inspected (continued)

Lint filter: Yes No N/A Cleaned: Yes No

Located

Grease trap: Yes No N/A Cleaned: Yes No

Located

F. Greywater Garden

If a GW garden, is it: Indoors Outdoors

GW garden components inspected:

Humidistat Yes No

Thermostat Yes No

Other controls (describe below) Yes No

Aerator Yes No

Planting bed media: wet? Yes No

Planting bed liner: watertight? Yes No

Comments on GW garden components:

Condition of plants used for transpiration:

G. General

System facility is occupied? Yes No

Number of days since last inspection

Water use metered in gallons:

gallons

Gallons in overflow tank (last inspection)

gallons

Gallons in overflow tank (current inspection)

gallons

Number of people using facility regularly



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G. General (continued)

Maintenance performed:

Comments/Deficiencies:

H. Sampling Information

Samples Taken: Influent Effluent None

Parameters sampled:

pH BOD TSS Oil & Grease Surfactants

Ammonia Nitrate TKN Fecal coliform* E. coli*

Enterococci Water Use No. of Users

Other (specify): _____

* Please attach laboratory test results.

I. Certification

I certify: I have inspected the greywater disposal system at the address above, have completed this report and the attached technology operation and maintenance checklist, and the information reported is true, accurate, and complete as of the time of the inspection. I am a Massachusetts Registered Professional Engineer or Massachusetts Registered Sanitarian.

PE or RS Signature

Date

System owner must submit this report and any required sampling results to the local board of health and DEP for Greywater Piloting Use within 30 days of inspection date.

Address for DEP copy:

Department of Environmental Protection
Title 5 Permitting Program
1 Winter Street, 6th floor
Boston, MA 02108