



Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Title 5
**DEP Approved Inspection and O&M Form for Title 5 I/A
Treatment and Disposal Systems**

Important:

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



A. Installation

Owner

Facility Street Address

City

Zip

Mailing address of owner, if different:

Street Address/PO Box:

City

State

Zip

() - ext.

Telephone Number

B. Authorized Service Provider

O&M Firm

Street Address

City

State

Zip

() - ext.

Telephone Number

Certified Operator Name

Certification Number

C. Facility/System Information

DEP ID

Manufacturer ID

Model Number

Installation Date

Start of Operation

Approval Type: ☐ General ☐ Provisional ☐ Piloting ☐ Remedial

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

D. Operating Information

Inspection Date

Previous Inspection Date

Sludge Depth (to be checked yearly)

Pumping Recommended ☐ Yes ☐ No



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E. Field Testing

Field Inspection:

Color: ☐ gray ☐ brown ☐ clear ☐ turbid

☐ Other (specify): _____

Odor: ☐ musty ☐ earthy ☐ moldy ☐ offensive ☐ turbid

Effluent Solids: ☐ no ☐ some

pH $\frac{\text{SU}}{6 \text{ to } 9}$ DO $\frac{\text{mg/L}}{2 \text{ or greater}}$ Turbidity $\frac{\text{NTU}}{40 \text{ or less}}$

Should a Remedial or General Use system fail the Field Testing, effluent samples shall be collected per Standard Methods and analyzed for BOD and TSS.

F. Sampling Information

Samples Taken: ☐ Influent ☐ Effluent

Commercial systems or systems with a design flow of 2000 gpd and greater, and General Use nitrogen reducing systems:

_____ gpd

Parameters sampled: ☐ pH ☐ BOD ☐ CBOD ☐ TSS ☐ TN ☐ Other (list below)

Other 1 _____

Other 2 _____

Other 3 _____

G. Inspection and Maintenance

Description of any maintenance performed since previous inspection & during this inspection:

Notes and Comments:



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H. Certification

I certify: I have inspected the sewage treatment and disposal system at the address above, have conducted the required Field Testing and/or sample collection in accordance with Standard Methods, 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 certified operator in accordance with 257 CMR 2.00.

Operator Signature

Date

System owner must submit this report, technology O&M checklist, and any required sampling results to the local board of health and DEP as follows for each inspection performed:

Remedial Use – by January 31st of each year for the previous calendar year

Piloting Use - within 45 days of inspection date

Provisional Use – by March 31th of each year for the previous 12 months

General Use – by September 30th of each year for the previous 12 months

Send to:

Department of Environmental Protection
Attention: Title 5 Program
One Winter Street, 6th Floor
Boston, MA 02108