



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**

A. Installation

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 _____

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