Commonwealth of Massachusetts
Title 5 Official Inspection Form
Subsurface Sewage Disposal System Form • Not for Voluntary Assessments

Property Address

Owner’s Name

City/Town
State
Zip Code
Date of Inspection

Inspection results must be submitted on this form. Inspection forms may not be altered in any way. Please see completeness checklist at the end of the form.

A. General Information

1. Inspector:
   
   Name of Inspector

   Company Name

   Company Address

   City/Town
   State
   Zip Code

   Telephone Number

   License Number

B. Certification

I certify that I have personally inspected the sewage disposal system at this address and that the
information reported below is true, accurate and complete as of the time of the inspection. The inspection
was performed based on my training and experience in the proper function and maintenance of on site
sewage disposal systems. I am a DEP approved system inspector pursuant to Section 15.340 of
Title 5 (310 CMR 15.000). The system:

☐ Passes  ☐ Conditionally Passes  ☐ Fails

☐ Needs Further Evaluation by the Local Approving Authority

Inspector’s Signature

Date

The system inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP) within 30 days of completing this inspection. If the system is a shared system or
has a design flow of 10,000 gpd or greater, the inspector and the system owner shall submit the
report to the appropriate regional office of the DEP. The original should be sent to the system owner
and copies sent to the buyer, if applicable, and the approving authority.

****This report only describes conditions at the time of inspection and under the conditions of use
at that time. This inspection does not address how the system will perform in the future under
the same or different conditions of use.
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B. Certification (cont.)

Inspection Summary: Check A, B, C, D or E / always complete all of Section D

A) System Passes:

☐ I have not found any information which indicates that any of the failure criteria described in 310 CMR 15.303 or in 310 CMR 15.304 exist. Any failure criteria not evaluated are indicated below.

Comments:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

B) System Conditionally Passes:

☐ One or more system components as described in the “Conditional Pass” section need to be replaced or repaired. The system, upon completion of the replacement or repair, as approved by the Board of Health, will pass.

Check the box for “yes”, “no” or “not determined” (Y, N, ND) for the following statements. If “not determined,” please explain.

The septic tank is metal and over 20 years old* or the septic tank (whether metal or not) is structurally unsound, exhibits substantial infiltration or exfiltration or tank failure is imminent. System will pass inspection if the existing tank is replaced with a complying septic tank as approved by the Board of Health.

* A metal septic tank will pass inspection if it is structurally sound, not leaking and if a Certificate of Compliance indicating that the tank is less than 20 years old is available.

☐ Y ☐ N ☐ ND (Explain below):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
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B. Certification (cont.)

☐ Pump Chamber pumps/alarms not operational. System will pass with Board of Health approval if pumps/alarms are repaired.

B) System Conditionally Passes (cont.):

☐ Observation of sewage backup or break out or high static water level in the distribution box due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. System will pass inspection if (with approval of Board of Health):

☐ broken pipe(s) are replaced ☐ Y ☐ N ☐ ND (Explain below):

☐ obstruction is removed ☐ Y ☐ N ☐ ND (Explain below):

☐ distribution box is leveled or replaced ☐ Y ☐ N ☐ ND (Explain below):

C) Further Evaluation is Required by the Board of Health:

☐ Conditions exist which require further evaluation by the Board of Health in order to determine if the system is failing to protect public health, safety or the environment.

1. System will pass unless Board of Health determines in accordance with 310 CMR 15.303(1)(b) that the system is not functioning in a manner which will protect public health, safety and the environment:

☐ Cesspool or privy is within 50 feet of a surface water

☐ Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh
B. Certification (cont.)

2. System will fail unless the Board of Health (and Public Water Supplier, if any) determines that the system is functioning in a manner that protects the public health, safety and environment:

- The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet of a surface water supply or tributary to a surface water supply.
- The system has a septic tank and SAS and the SAS is within a Zone 1 of a public water supply.
- The system has a septic tank and SAS and the SAS is within 50 feet of a private water supply well.
- The system has a septic tank and SAS and the SAS is less than 100 feet but 50 feet or more from a private water supply well**.

   Method used to determine distance: ____________________________

** This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.

3. Other:

D) System Failure Criteria Applicable to All Systems:

You must indicate “Yes” or “No” to each of the following for all inspections:

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B. Certification (cont.)

Yes  No

- **Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s). Number of times pumped:** [Blank].

- **Any portion of the SAS, cesspool or privy is below high ground water elevation.**

- **Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.**

- **Any portion of a cesspool or privy is within a Zone 1 of a public well.**

- **Any portion of a cesspool or privy is within 50 feet of a private water supply well.**

- **Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. [This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis and chain of custody must be attached to this form.]**

- **The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd.**

- **The system fails.** I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure.

E) **Large Systems:** To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.

For large systems, you must indicate either "yes" or "no" to each of the following, in addition to the questions in Section D.

Yes  No

- **the system is within 400 feet of a surface drinking water supply**

- **the system is within 200 feet of a tributary to a surface drinking water supply**

- **the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area – IWPA) or a mapped Zone II of a public water supply well**

If you have answered "yes" to any question in Section E the system is considered a significant threat, or answered "yes" in Section D above the large system has failed. The owner or operator of any large system considered a significant threat under Section E or failed under Section D shall upgrade the system in accordance with 310 CMR 15.304. The system owner should contact the appropriate regional office of the Department.
C. Checklist

Check if the following have been done. You must indicate "yes" or "no" as to each of the following:

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The size and location of the Soil Absorption System (SAS) on the site has been determined based on:

| ☐   | ☐  | Existing information. For example, a plan at the Board of Health. |
| ☐   | ☐  | Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(5)] |

D. System Information

Residential Flow Conditions:

Number of bedrooms (design): ________ Number of bedrooms (actual): ________

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): ________
## D. System Information

Description:

| Number of current residents: |  
| Does residence have a garbage grinder? | □ Yes □ No |
| Is laundry on a separate sewage system? (Include laundry system inspection information in this report.) | □ Yes □ No |
| Laundry system inspected? | □ Yes □ No |
| Seasonal use? | □ Yes □ No |
| Water meter readings, if available (last 2 years usage (gpd)): |  
| Detail: |  
| Sump pump? | □ Yes □ No |
| Last date of occupancy: | Date |

### Commercial/Industrial Flow Conditions:

| Type of Establishment: |  
| Design flow (based on 310 CMR 15.203): | Gallons per day (gpd) |
| Basis of design flow (seats/persons/sq.ft., etc.): |  
| Grease trap present? | □ Yes □ No |
| Industrial waste holding tank present? | □ Yes □ No |
| Non-sanitary waste discharged to the Title 5 system? | □ Yes □ No |
| Water meter readings, if available: |  

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D. System Information (cont.)

Last date of occupancy/use: ____________________________ Date ______________

Other (describe below):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

General Information

Pumping Records:
Source of information: ____________________________

Was system pumped as part of the inspection? Yes ☐ No ☐

If yes, volume pumped: ____________________________ gallons

How was quantity pumped determined: ____________________________

Reason for pumping: ____________________________

Type of System:

☐ Septic tank, distribution box, soil absorption system

☐ Single cesspool

☐ Overflow cesspool

☐ Privy

☐ Shared system (yes or no) (if yes, attach previous inspection records, if any)

☐ Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from system owner) and a copy of latest inspection of the I/A system by system operator under contract

☐ Tight tank. Attach a copy of the DEP approval.

☐ Other (describe): ____________________________
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D. System Information (cont.)

Approximate age of all components, date installed (if known) and source of information:

Were sewage odors detected when arriving at the site?  □ Yes  □ No

Building Sewer (locate on site plan):

Depth below grade: ____________________________  feet

Material of construction:

□ cast iron  □ 40 PVC  □ other (explain): ____________________________

Distance from private water supply well or suction line: ____________________________  feet

Comments (on condition of joints, venting, evidence of leakage, etc.):

__________________________________________________________________________

Septic Tank (locate on site plan):

Depth below grade: ____________________________  feet

Material of construction:

□ concrete  □ metal  □ fiberglass  □ polyethylene  □ other (explain)

If tank is metal, list age: ____________________________  years

Is age confirmed by a Certificate of Compliance? (attach a copy of certificate)  □ Yes  □ No

Dimensions: ____________________________

Sludge depth: ____________________________
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Owner information is required for every page.

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D. System Information (cont.)

Septic Tank (cont.)

Distance from top of sludge to bottom of outlet tee or baffle

Scum thickness

Distance from top of scum to top of outlet tee or baffle

Distance from bottom of scum to bottom of outlet tee or baffle

How were dimensions determined?

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):

Grease Trap (locate on site plan):

Depth below grade: feet

Material of construction:

☐ concrete ☐ metal ☐ fiberglass ☐ polyethylene ☐ other (explain):

Dimensions:

Scum thickness

Distance from top of scum to top of outlet tee or baffle

Distance from bottom of scum to bottom of outlet tee or baffle

Date of last pumping:

Date
## D. System Information (cont.)

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):

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**Tight or Holding Tank** (tank must be pumped at time of inspection) (locate on site plan):

- **Depth below grade:** ________________
- **Material of construction:**
  - [ ] concrete
  - [ ] metal
  - [ ] fiberglass
  - [ ] polyethylene
  - [ ] other (explain):

- **Dimensions:** ________________
- **Capacity:** ________________ gallons
- **Design Flow:** ________________ gallons per day
- **Alarm present:**
  - [ ] Yes
  - [ ] No
- **Alarm level:** ________________
- **Alarm in working order:**
  - [ ] Yes
  - [ ] No
- **Date of last pumping:** ________________
- **Comments (condition of alarm and float switches, etc.):**
  - ________________
  - ________________
  - ________________
  - ________________

* Attach copy of current pumping contract (required). Is copy attached?  
  - [ ] Yes
  - [ ] No
D. System Information (cont.)

Distribution Box (if present must be opened) (locate on site plan):

Depth of liquid level above outlet invert

Comments (note if box is level and distribution to outlets equal, any evidence of solids carryover, any evidence of leakage into or out of box, etc.):


Pump Chamber (locate on site plan):

Pumps in working order:  □ Yes  □ No*

Alarms in working order:  □ Yes  □ No*

Comments (note condition of pump chamber, condition of pumps and appurtenances, etc.):


* If pumps or alarms are not in working order, system is a conditional pass.

Soil Absorption System (SAS) (locate on site plan, excavation not required):

If SAS not located, explain why:


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D. System Information (cont.)

Type:

☐ leaching pits number:  

☐ leaching chambers number:  

☐ leaching galleries number:  

☐ leaching trenches number, length:  

☐ leaching fields number, dimensions:  

☐ overflow cesspool number:  

☐ innovative/alternative system

Type/name of technology:  

Comments (note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.):

________________________________________________________________________________________

________________________________________________________________________________________

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________________________________________________________________________________________

________________________________________________________________________________________

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Cesspools (cesspool must be pumped as part of inspection) (locate on site plan):

Number and configuration

Depth – top of liquid to inlet invert

Depth of solids layer

Depth of scum layer

Dimensions of cesspool

Materials of construction

Indication of groundwater inflow ☐ Yes ☐ No
D. System Information (cont.)

Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________

Privy (locate on site plan):

Materials of construction: _____________________________________________________________

Dimensions: _____________________________________________________________

Depth of solids: _____________________________________________________________

Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________
D. System Information (cont.)

Sketch Of Sewage Disposal System: Provide a view of the sewage disposal system, including ties to at least two permanent reference landmarks or benchmarks. Locate all wells within 100 feet. Locate where public water supply enters the building. Check one of the boxes below:

☐ hand-sketch in the area below
☐ drawing attached separately
## D. System Information (cont.)

**Site Exam:**

- [ ] Check Slope
- [ ] Surface water
- [ ] Check cellar
- [ ] Shallow wells

Estimated depth to high ground water: __________ feet

Please indicate all methods used to determine the high ground water elevation:

- [ ] Obtained from system design plans on record
  
  If checked, date of design plan reviewed: __________ Date

- [ ] Observed site (abutting property/observation hole within 150 feet of SAS)

- [ ] Checked with local Board of Health - explain:

- [ ] Checked with local excavators, installers - (attach documentation)

- [ ] Accessed USGS database - explain:

You must describe how you established the high ground water elevation:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Before filing this Inspection Report, please see Report Completeness Checklist on next page.
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E. Report Completeness Checklist

☐ Inspection Summary: A, B, C, D, or E checked

☐ Inspection Summary D (System Failure Criteria Applicable to All Systems) completed

☐ System Information – Estimated depth to high groundwater

☐ Sketch of Sewage Disposal System either drawn on page 15 or attached in separate file