

Owner information is required for every page.

## Commonwealth of Massachusetts

## Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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RHYS JONES				
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BOXFORD	MA	01921	12/29/16	
City/Town	State	Zip Code	Date of Inspection	. To the grand management agree of 1977 is

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.

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





A	. General Information		
1.	Inspector		
	JAMES H CURRIER II		
	Name of Inspector	y nor a making membang panahing pang pang manahin manahin na a manahin na manahin panahin panahin na manahin k Tanahin manahin pang manahin pang manahin manahin na manahin na manahin na manahin na manahin na manahin kaban	ing ing the medification of a supplementation of the supplemental of the formal supplementation in the supplementation of the supplementa
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	MIDDLETON	MA	01949
	City/Town	State	Zip Code
	978-774-6685	S12327	

## **B.** Certification

Telephone Number

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:

License Number

⊠ Passes	☐ Conditionally Passes	☐ Fails	
☐ Needs Further Evaluat	ion by the Local Approving Authority		
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Inspector's Signature	12/29/16 Date	entre d'année de la lighteannaise, Spart, and Before a constaint année de la companyance de la companyance de La companyance de la	e i de la companya de la formación de la companya de la formación de la companya de la companya de la companya

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.

<sup>\*\*\*\*</sup>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.