



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**

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### 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 \_\_\_\_\_

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### B. Authorized Service Provider

O&M Firm \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

( ) - ext. \_\_\_\_\_

Telephone Number \_\_\_\_\_

Certified Operator Name \_\_\_\_\_

Certification Number \_\_\_\_\_

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### 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

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### 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.

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**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 \_\_\_\_\_

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**G. Inspection and Maintenance**

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

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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 as follows for each inspection performed:

**Remedial Use** – by January 31<sup>st</sup> of each year for the previous calendar year

**Piloting Use** - within 45 days of inspection date

**Provisional Use** – by March 31<sup>th</sup> of each year for the previous 12 months

**General Use** – by September 30<sup>th</sup> of each year for the previous 12 months

**Send to:**

Department of Environmental Protection  
Attention: Title 5 Program  
One Winter Street, 5<sup>th</sup> Floor  
Boston, MA 02108