



TOWN OF SOUTHAMPTON

BOARD OF HEALTH

210 College Highway, Suite 4
Southampton, Massachusetts 01073

Tel. 413-529-1003 ~ Fax. 413-529-6847
Email: boardofhealth@townofsouthampton.org

APPLICATION FOR WITNESSING OFFICIAL TITLE 5 INSPECTIONS

FEE \$ 150.00

(2 hour field) - \$75/hour thereafter

Date: _____

Site Address: _____ Map _____ Lot _____

Property Owner _____

Property Owner Address: _____

Tel: _____ Cell: _____

TITLE 5 INSPECTOR

Name: _____ License #: _____

Company Name: _____

Telephone: _____ Office: _____ Cell: _____

Mailing Address: _____

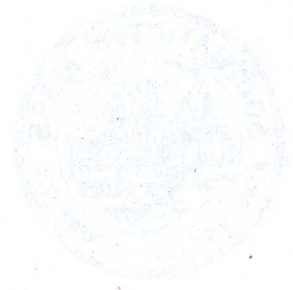
City/State/Zip Code _____

Please answer the following:

Yes/No T5 Inspector has most recent plans for system to be inspected

Yes/No T5 Inspector has pumping records

Yes/No T5 Inspector has location of private water supply wells (within 150 feet of system location)



Reason for Inspection: _____

Date Requested for Inspection: _____ Time: _____

Return Application Ten (10) Days Prior to Requested Inspection Date to:

**Southampton Board of Health
210 College Highway, Suite 4
Southampton, MA 01073**

MAKE CHECKS PAYABLE TO TOWN OF SOUTHAMPTON

Application Fee is Non-Refundable

OFFICIAL USE ONLY: