

TOWN OF DOUGLAS
BOARD OF HEALTH
29 DEPOT STREET
DOUGLAS, MA 01516



508-476-4000 Ext. 352
508-476-0023 FAX
508-476-1619 TTY

Douglas Permit # _____
(Obtain from Application for soils testing)

Request for System Inspection

FEE: \$275.00

Includes Bottom, Component Placement, Final Grading, & Stabilization Inspection)
(Check made payable to the Town of Douglas)

FEE: \$ 75.00 per inspection

Component Inspection: Septic Tank
SAS not included D-Box
Pump Chamber
Other

explain _____

(Check made payable to the Town of Douglas)

FEE: \$ 75.00 per inspection

Additional Inspection Fee for Inspection of Retaining Wall/Interceptor Trench/Clay Barrier
(Check made payable to the Town of Douglas)

I hereby make request to the Douglas Board of Health for an inspection of the installation of a subsurface sewage disposal system at: _____

The current owner of the property is _____

NAME OF INSTALLER _____
(Please print legibly)

Signature of Installer

This form is to be signed in the presence of a Douglas Board of Health Board member, Agent, Staff member – Valid Drivers Lic. required prior to any construction of the system.

Inspection Process: The installer shall contact the design engineer and the Board of Health agent to request an inspection. The Board of Health Agent will have **48** hours to conduct his inspection and notify the installer of his findings. To schedule an inspection contact Malley Engineering at 508-414-8493. Installer must follow The Town of Douglas Septic System Inspection Procedures.

For Office Use Only

Bottom Inspection Date: _____

Component Placement Inspection Date: _____

Final Grading Inspection Date: _____

Stabilization Inspection Date: _____