

FEE: \$50.00



**TOWN OF STERLING
BOARD OF HEALTH**

TITLE 5 INSPECTION APPLICATION

PROPERTY LOCATION: _____

PROPERTY OWNER: _____

ADDRESS: _____

TELEPHONE DAYS: _____ **NIGHTS:** _____

EMAIL: _____

TITLE 5 INSPECTOR: _____

ADDRESS: _____

TELEPHONE DAYS: _____ **NIGHTS:** _____

EMAIL: _____

INSTRUCTIONS

This application must be accompanied by a check or money order made payable to the *Town of Sterling* for \$50.00. All Title 5 Inspections must be coordinated with the Board of Health Office @ 978-422-8111 X2305. D Box cover and Septic Tank cover must be opened. No components are to be pumped until viewed by the BOH Agent. Groundwater determinations are to be made by Title 5 accepted procedures. Components must be ready for visual inspection at the time scheduled by the BOH Agent. If additional inspections are required, additional inspection fees may be charged.

Applicants' Signature _____ Date: _____

Office Use:
Schedule Date _____ Inspector Signature _____ Completion Date _____