



**CITY of NORTHAMPTON
PUBLIC HEALTH DEPARTMENT**

Public Health Director ~ Merridith O'Leary
Municipal Building ~ 212 Main Street ~ Northampton, MA 01060
Phone (413)587-1215 ~ Fax (413)587-1221
<http://www.northamptonma.gov/245/Health>

Application for Witnessing Official Title 5 Inspections

Fee: \$150.00 (2 hour field); \$75/hour thereafter

Date: _____

Site Address: _____ Parcel # _____

Property Owner: _____

Property Owner Address: _____

Telephone: _____ Cell: _____

Title 5 Inspector

Name of Inspector _____ License #: _____

Company Name _____

Mailing Address _____

City/State/Zip Code _____

Telephone: Office: _____ Cell: _____

Please answer the following:

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

Yes / No: T5 Inspector has pump-out records

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

Reason for Inspection: _____
Public Health

Date requested for Inspection: _____ Time: _____
Prevent. Promote. Protect.

Return Application Ten Days Prior to Requested Inspection Date to:

Northampton Board of Health
212 Main Street
Northampton, MA 01060

MAKE CHECKS PAYABLE TO THE CITY OF NORTHAMPTON

Application Fee is Non-Refundable