



**TOWN OF SOUTHAMPTON**

BOARD OF HEALTH

210 College Highway, Suite 4  
Southampton, Massachusetts 01073

Tel. 413-529-1003 ~ Fax. 413-529-6847  
healthdirector@Townofsouthampton.org

**APPLICATION FOR WITNESSING OFFICIAL TITLE 5 INSPECTIONS**

**FEE - \$300.00**

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

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OFFICIAL USE ONLY: