



Town of Fairhaven
 Board of Health
 40 Center Street
 Fairhaven, Ma 02719



Public Health
 Prevent. Promote. Protect.

SEPTIC SYSTEM INSPECTION FORM

Person Requesting Information: _____ Today's Date: _____

System Inspector: _____ Anticipated Date of Inspection: _____

Inspector/Company: _____

Mailing Address: _____ City/Town: _____

Telephone #: _____ Cell Phone #: _____

Address to be Inspected: _____ Plat _____ Lot _____

Name of Property Owner: _____

Owner Address: _____ State/Zip: _____

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BOARD OF HEALTH TO COMPLETE

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Plans on File? Yes No As-Built on File? Yes No Date System Installed: _____

Number of Bedroom per BOH _____ Assessor _____ # Pump-outs Since 2010 _____

Flow Rate Design _____ Well Water _____ Town Water _____ GPD Usage _____

Type of Septic System: _____

GW Information: _____

Complaints on File: _____

Other Information: Bldg Dept _____ Con/Comm _____

Form Completed By: _____ Date of Completion: _____