



**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: _____

BOARD OF HEALTH TO COMPLETE

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: _____