

Title V Inspection

Date Called: _____ **Phone:** _____

Scheduled: _____

Owner(s): _____

Address: _____

Payment Method: _____

Number of Bedrooms: Plan: _____ **Actual:** _____

of Residents: _____

Laundry: System: _____ **Separate:** _____

\$125 Extra for separate laundry inspection

Garbage Disposal? _____

Sump pump? _____ **Location:** _____

Age of system: _____

Water Bills (2 yrs): _____ **Well:** _____

***Pump Records:** _____

***As Built:** _____

***Design Plan:** _____

***owner can call BOH**

If no as-built or design plan is available, BOH may require groundwater testing – up to \$300 additional

Service Report #: _____

Inspector: _____

Pass: _____ **Fail:** _____ **Conditional:** _____

Repair

Estimate: _____

