TOWN OF RUTLAND
BOARD OF HEALTH

TITLE 5 INSPECTION APPLICATION

Owner _________________________________________________________________
Address________________________________________________________________

Telephone Days ______________________ Night_______________________

Title 5 Inspector __________________________________________________
Address _______________________________________________________________

Telephone Days ________________________Night______________________

INSTRUCTIONS:
This application must be accompanied by a check or money order made payable to the Town of Rutland for $155.00. All Title 5 Inspections must be coordinated with the Board of Health Agent, Richard Stevens 774-314-5672/Office 508-886-4102. D. Box cover, Septic Tank cover and both inspection ports must be opened. No components are to be pumped until viewed by our Agent. Groundwater determinations are to be made by Title 5 accepted procedures. Components must be ready for visual inspection at the time scheduled by our agent. If additional inspections are required, additional inspection fees may be charged.

Applicant’s Signature__________________________________________Date__________________