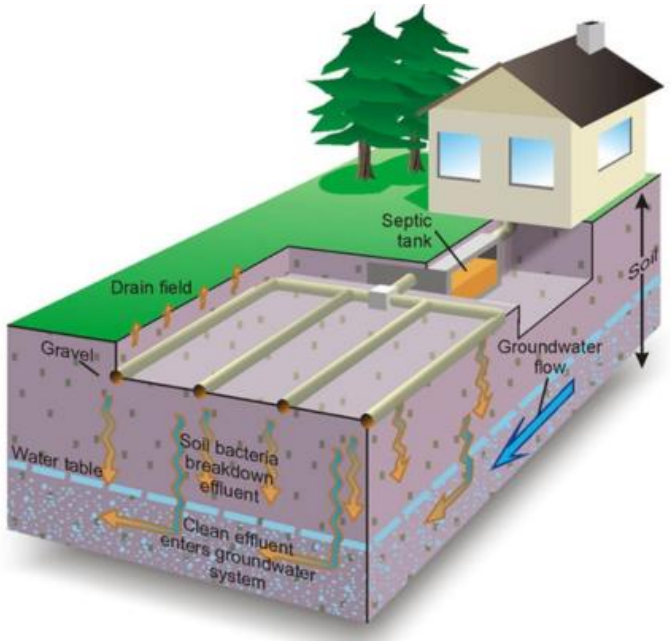


TITLE 5 FORMS AND APPLICATIONS FOR LOCAL AND REGIONAL HEALTH INSPECTORS

Paige Aldenberg and Dan Ottenheimer

November 15, 2025

Disclaimer

- This presentation is intended to provide helpful information about implementing Title 5.
- This material is the sole creation of the authors and has not been reviewed or endorsed by MassDEP.
- The authors currently do work for MassDEP; however, this presentation was conceived prior to employment.

Topics

1. Introduction
2. Forms associated with **permit applications** and **approvals**
3. Other forms and supporting information
4. Common issues with unclear guidance

Sub-Topics

- Design
- Construction
- Operation and Maintenance
- Oversight and Administration

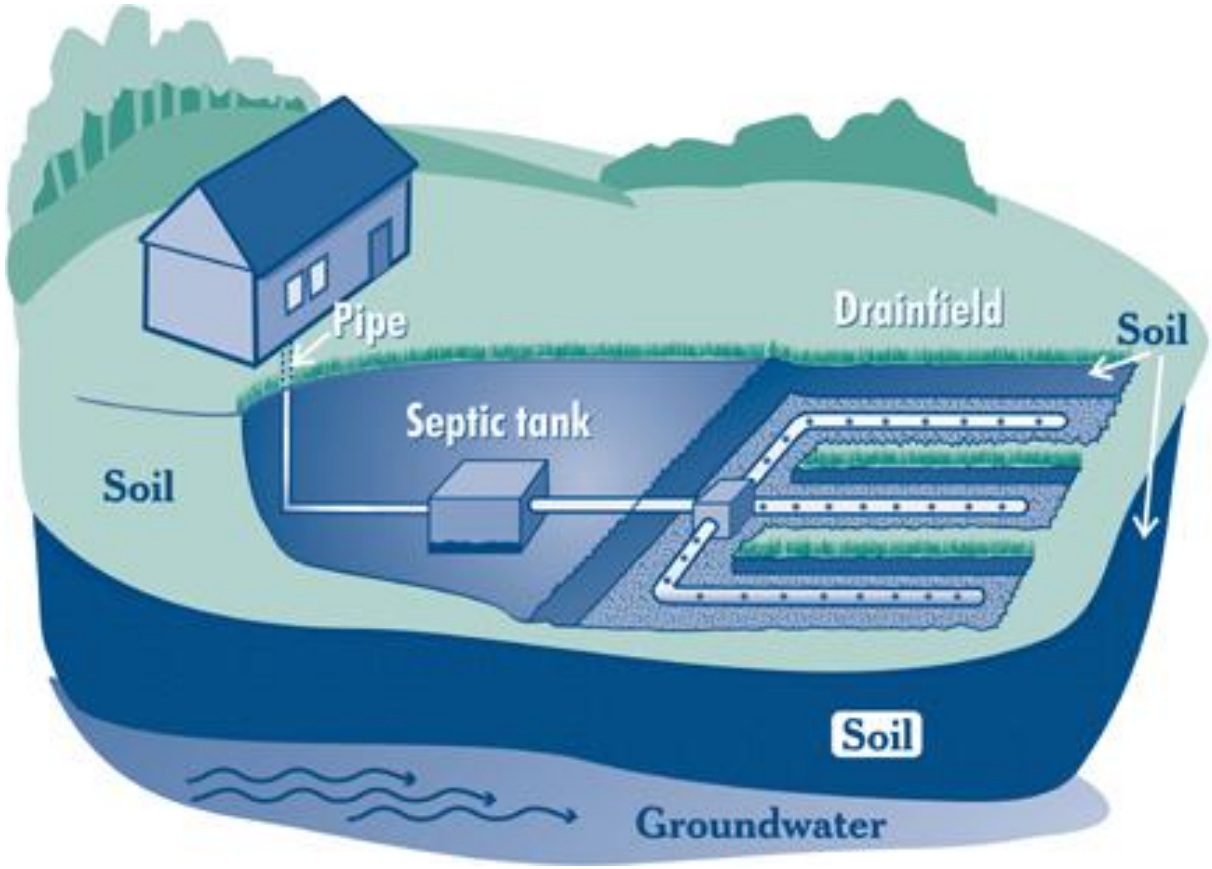
DEP Forms and Applications

- Most applications made under Title 5 are administered by the local or regional health department
- Some applications under Title 5 are made to the MassDEP
- This presentation will only focus on local or regional health department applications

1. INTRODUCTION

Introduction to Onsite Wastewater

- An effective means to accept, treat and disperse sewage back to the natural environment as treated effluent



Introduction to Onsite Wastewater

- Used at roughly 30% of houses in Massachusetts
- Viewed as a permanent solution for that property
- Environmentally equivalent to sanitary sewer

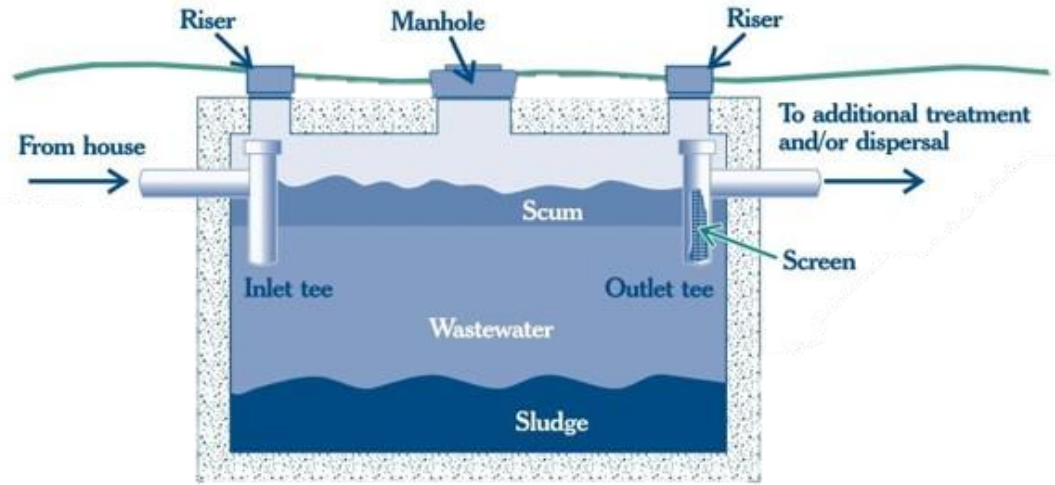
Introduction to Onsite Wastewater

Long-term success depends on the

system being:

- Properly designed
- Properly built
- Properly operated and maintained

Additionally, the local regulatory authority needs to have the tools available to implement compliance when needed



Introduction to Title 5

- Title 5 of the Massachusetts Environmental Code, commonly termed "Title 5"
- 15.003 (1) – In general full compliance with the provisions of 310 CMR 15.000 is presumed….to be protective of the public health, safety, welfare and the environment”

Introduction to Title 5 - Background

- Flows under 10,000 gallons per day fall under the Title 5 rules
- 97-page set of rules, plus multiple approval and guidance documents
- Title 5 is implemented almost exclusively by local and regional health departments

MassDEP's Involvement

- DEP writes Title 5
  - handles federal and state facilities
  - approves innovative system components (I/A technologies)
  - answers questions for local and regional health departments
- DEP **regional** office staff should be the point of contact
- DEP has greatly reduced staffing, and has growing responsibilities

DEP Regional Staff for Onsite Wastewater

- **WERO:** Sean Gonsalves, 781-400-4272 Sean.Gonsalves@mass.gov
- **CERO:** Dan Kurpaska, daniel.j.kurpaska@mass.gov
- **SERO (Mainland):** Martha Sullivan, 617-913-1218 martha.sullivan@mass.gov
- **SERO (Cape Cod):** Ian Jarvis, 781-898-8636 Ian.Jarvis@mass.gov
- **NERO:** Claire Golden, 617-997-8874 claire.golden@mass.gov

  Areeg O'Roak, 857-292-3814 Areeg.ORoak@mass.gov

Introduction to Title 5 - Complexity

- Implementing Title 5 can be a challenge
  - Voluminous regulations and policies
  - Engineering and construction practice oversight not taught in public health curriculum
  - Multiple parties with different interests

Parties Involved

Design

- Health Inspector
- Property Owner
- Designer
- Product vendor
- Attorney
- Soil Evaluator
- Backhoe Operator
- Surveyor

Construction

- Health Inspector
- Property Owner
- Designer
- Product vendor
- Installer
- Electrician
- Plumber
- Electrical inspector
- Plumbing inspector

Operation and Maintenance

- Health inspector
- Property Owner
- System pumper
- O&M service provider
- System Inspector

Administration of regulations

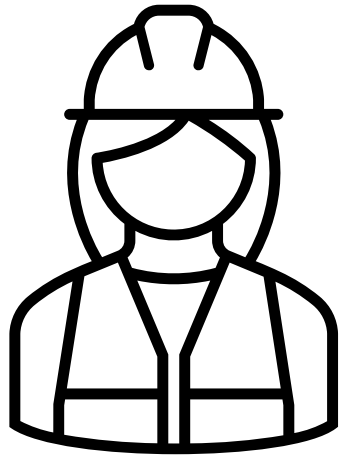
- Health Inspector
- Property Owner
- Attorney
- Pumper
- Service provider

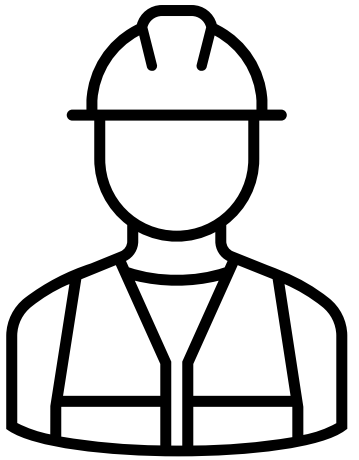
Introduction to Title 5 – Key Aspects

- Application and permit paperwork and tracking systems to keep matters consistent and uniform
- These actions help assure proper management by the local or regional health department

Title 5 is implemented at the local or regional health department level

- **Remember: You Set the Bar** – Designers and Installers and Haulers will rise to the level of professionalism that you establish





2. PERMIT APPLICATION AND APPROVAL FORMS

Title 5 Implementation

- Local or regional health departments are required to review and act on a number of applications or permits pursuant to Title 5
- Some of these have forms created by DEP for your use
- Some of these will require you to develop you own application or permit form

Forms on DEP's Website

PERMITS AND APPROVALS REQUIRED IN TITLE 5 WITH FORMS PROVIDED BY DEP

1. Application for Disposal System Construction Permit (DSCP) (310CMR15.020)
2. Disposal System Construction Permit (DSCP) (310CMR15.020)
3. Certificate of Compliance (310CMR15.021)
4. Local Upgrade Approval (LUA) (310CMR15.403(1))
5. Septage hauler (310CMR15.502)
6. Septage hauling vehicle (310CMR15.505)
7. Shared System Application for Disposal System Construction Permit (DSCP) (310CMR15.010,290-292)
8. Shared System Disposal System Construction Permit (DSCP) (310CMR15.010,290-292)
9. Shared System Certificate of Compliance (310CMR15.010,290-292)

PERMITS AND APPROVALS REQUIRED IN TITLE 5 WITHOUT FORMS PROVIDED BY DEP

1. Septage transfer between vehicles (310CMR15.503)
2. Disposal System Installers Permit (310CMR15.019)
3. System abandonment (310CMR15.354(3))
4. Variance (310CMR15.411)
5. Facility Aggregation Plan for nitrogen loading (310CMR15.216 (5))
6. System Inspection outcome for cesspool or soil absorption system near water supply or water resource (310CMR15.303(1))
7. Deadline for system Upgrade other than 2 years (310CMR15.305(1))
8. Pumping to a septic tank (310CMR15.229)
9. Disposal of composting toilet solids by off-site burial or other manner (310CMR15.289)
10. Use of material other than sand to fill abandoned septic tank (310CMR15.354)

PERMIT AND APPROVAL FORMS

DESIGN

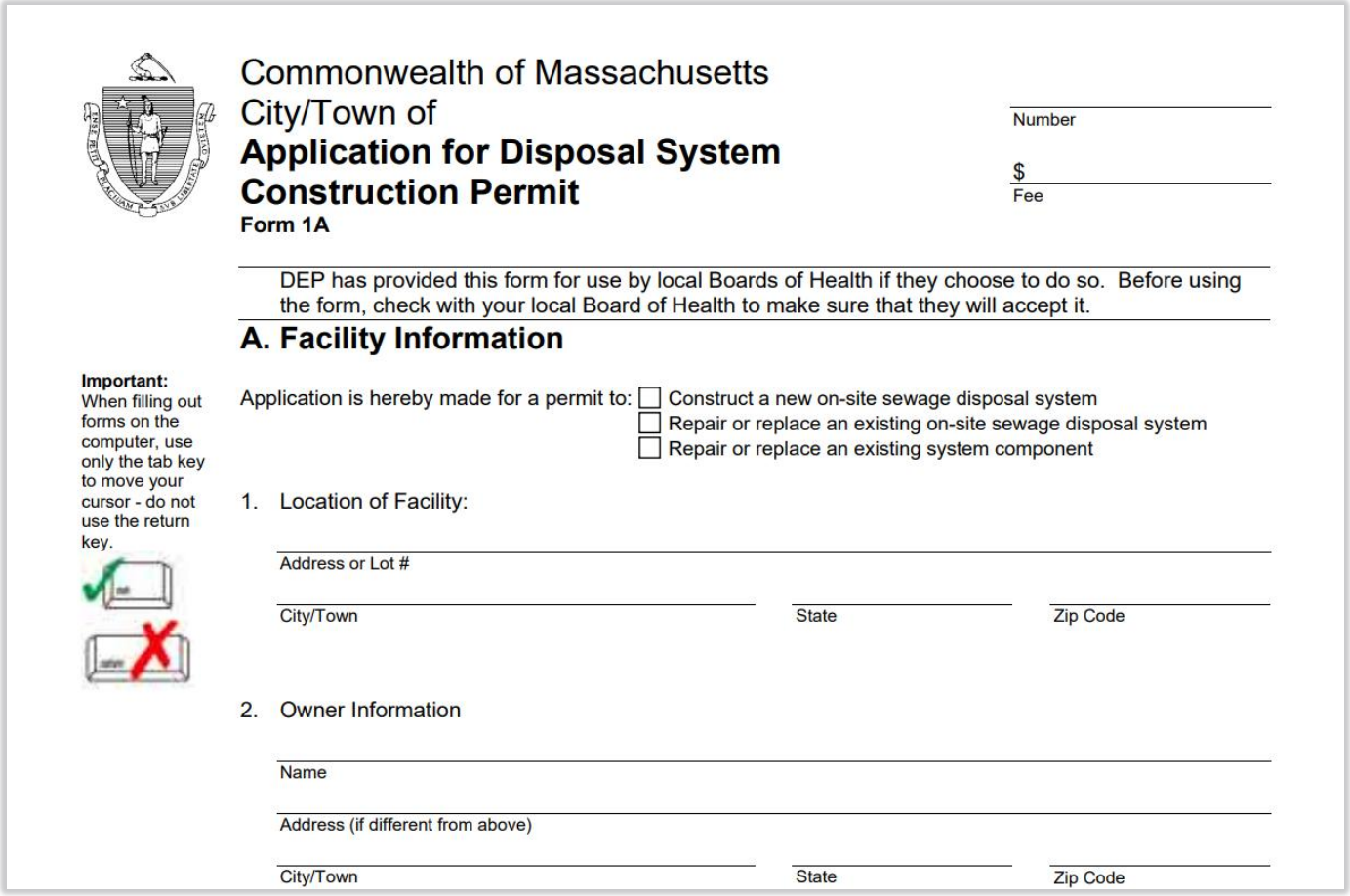
PERMITS AND APPROVALS

- Do not act on an application unless all material has been provided by the applicant to make an informed decision

"…the Approving Authority may require the applicant to provide information and analyses as it may reasonably require to determine whether such applicant meets the requirements of 310 CMR 15.000." (310 CMR 15.020 (5))

Form 1A: Application for Disposal System Construction Permit

- Indicated in 310CMR15.020(2).
- 3 years to build and certify a system starts from date of approval of the Application for a DSCP
- "Construction of all systems for which a DSCP application has been approved....shall be completed...within three years of issuance"



Commonwealth of Massachusetts
City/Town of
Application for Disposal System Construction Permit
Form 1A

Number

$ Fee

DEP has provided this form for use by local Boards of Health if they choose to do so. Before using the form, check with your local Board of Health to make sure that they will accept it.

A. Facility Information

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.

Application is hereby made for a permit to:
- ☐ Construct a new on-site sewage disposal system
- ☐ Repair or replace an existing on-site sewage disposal system
- ☐ Repair or replace an existing system component

1. Location of Facility:

Address or Lot #

City/Town | State | Zip Code

2. Owner Information

Name

Address (if different from above)

City/Town | State | Zip Code

Form 1A: Application for Disposal System Construction Permit

7. Plan:

Date of Original

Number of Sheets

Revision Date

Title of Plan

Form 1A: Application for Disposal System Construction Permit

Commonwealth of Massachusetts
City/Town of
Application for Disposal System Construction Permit
Form 1A

Number

$
Fee

B. Agreement

The undersigned agrees to ensure the construction and maintenance of the aforedescribed on-site sewage disposal system in accordance with the provisions of Title 5 of the Environmental Code and not to place the system in operation until a Certificate of Compliance has been issued by this Board of Health.

Signature

Date

Application Approved By:

Name

Date

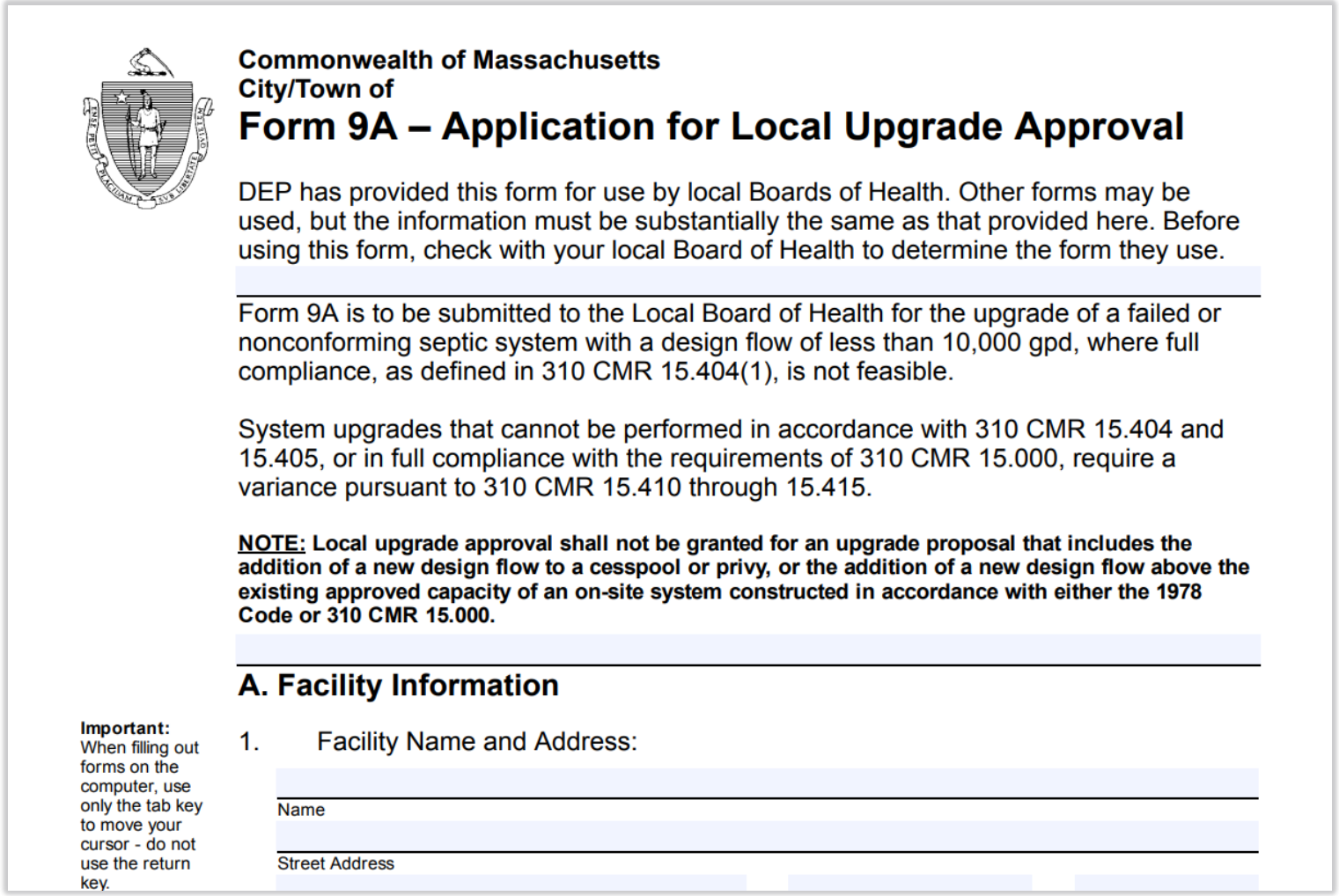
Application **Disapproved** for the following reasons:

Application for Disposal System Construction Permit (DEP Form 1A)

- If Application is approved:
  - provide any relevant conditions of approval
  - do not issue a DSCP until all conditions of approval have been met
- If Application not approved, explain why

Form 9A: Application for Local Upgrade Approval

- Relief being asked for
- "Maximum Feasible Compliance"
- Only for Upgrades



Commonwealth of Massachusetts
City/Town of

Form 9A – Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

Form 9A is to be submitted to the Local Board of Health for the upgrade of a failed or nonconforming septic system with a design flow of less than 10,000 gpd, where full compliance, as defined in 310 CMR 15.404(1), is not feasible.

System upgrades that cannot be performed in accordance with 310 CMR 15.404 and 15.405, or in full compliance with the requirements of 310 CMR 15.000, require a variance pursuant to 310 CMR 15.410 through 15.415.

NOTE: Local upgrade approval shall not be granted for an upgrade proposal that includes the addition of a new design flow to a cesspool or privy, or the addition of a new design flow above the existing approved capacity of an on-site system constructed in accordance with either the 1978 Code or 310 CMR 15.000.

A. Facility Information

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.

1. Facility Name and Address:

Name

Street Address

Form 9B: Local Upgrade Approval

- Documenting relief which was acted on

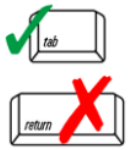
Commonwealth of Massachusetts
City/Town of
Local Upgrade Approval
Form 9B

DEP has provided this form for use by local Boards of Health if they choose to do so.

The Local Upgrade Approval is to be completed by the local Board of Health and a signed copy provided to the system owner.

A. Facility Information

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. Facility Name and Address

Name

Street Address

City/Town | State | Zip Code

2. Owner Name and Address (if different from above):

Name | Street Address

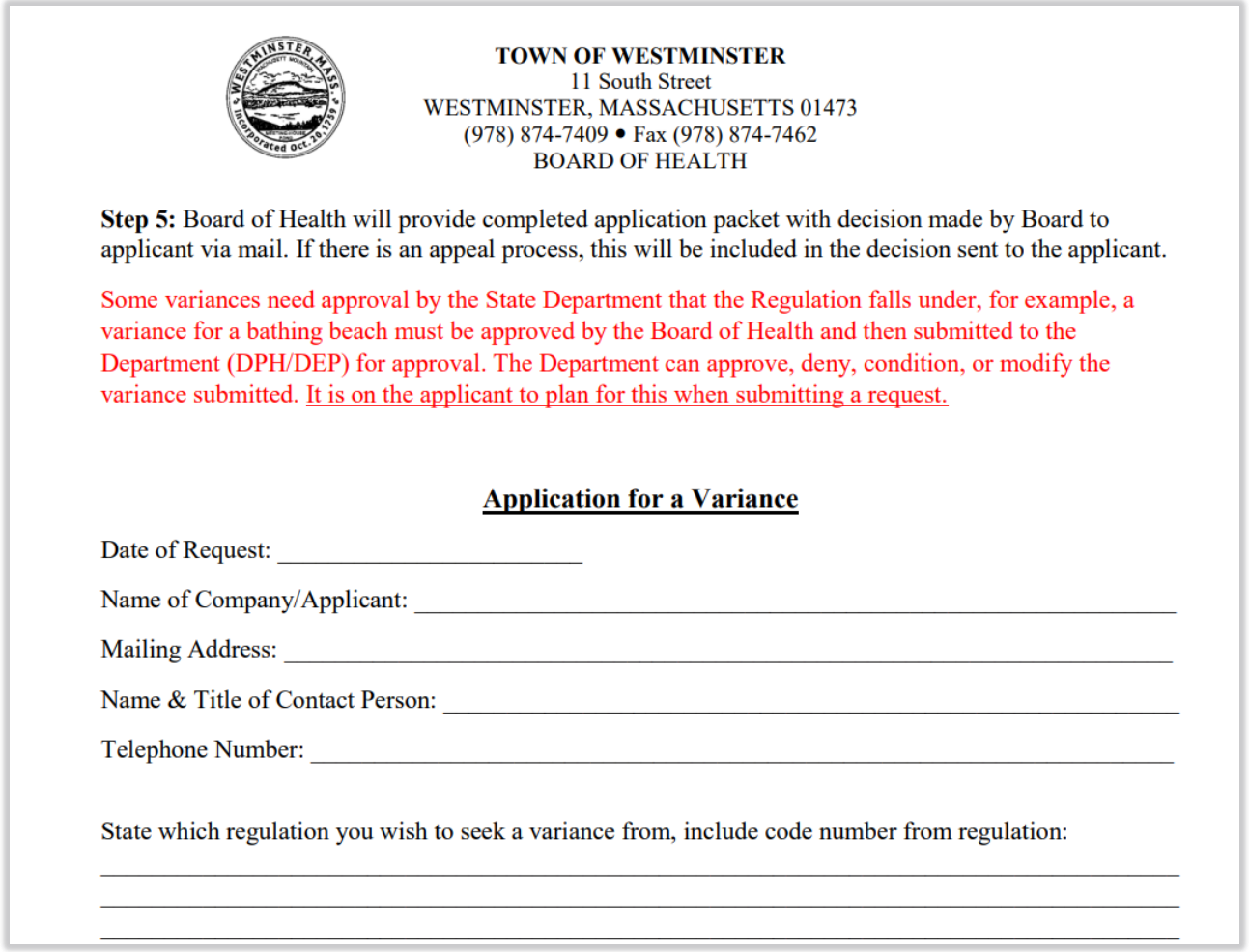
City/Town | State

Zip Code | Telephone Number

3. Type of Facility (check all that apply):

Variance (310CMR15.411)

- Local or regional health department might wish to develop an application form for this approval



TOWN OF WESTMINSTER
11 South Street
WESTMINSTER, MASSACHUSETTS 01473
(978) 874-7409 • Fax (978) 874-7462
BOARD OF HEALTH

Step 5: Board of Health will provide completed application packet with decision made by Board to applicant via mail. If there is an appeal process, this will be included in the decision sent to the applicant.

Some variances need approval by the State Department that the Regulation falls under, for example, a variance for a bathing beach must be approved by the Board of Health and then submitted to the Department (DPH/DEP) for approval. The Department can approve, deny, condition, or modify the variance submitted. It is on the applicant to plan for this when submitting a request.

Application for a Variance

Date of Request: _____

Name of Company/Applicant: _____

Mailing Address: _____

Name & Title of Contact Person: _____

Telephone Number: _____

State which regulation you wish to seek a variance from, include code number from regulation:

_____

_____

_____

Form 10A: Application for Shared Disposal System Construction Permit

- Just for use with shared systems

Commonwealth of Massachusetts
City/Town of
Application for Shared Disposal System Construction Permit
Form 10A

Number

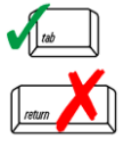
$
Fee

DEP has provided this form for use by local Boards of Health if they choose to do so. Before using the form, check with your local Board of Health to make sure that they will accept it.

Shared Systems must be approved by DEP prior to construction.

A. Facility Information

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Application is hereby made for a Permit under ☐ 310 CMR 15.291 or ☐ 310 CMR 15.292 to

☐ Construct a new shared on-site sewage disposal system
☐ Repair or replace an existing shared on-site sewage disposal system
☐ Repair or replace an existing component of a shared system

1. Location and Owner Information

Location 1 Address or Lot #

City/Town | State | Zip Code

Owner Name | Telephone Number

Owner Address (if different from location)

City/Town | State | Zip Code

Facility Aggregation Plan for nitrogen loading (310CMR15.216 (5))

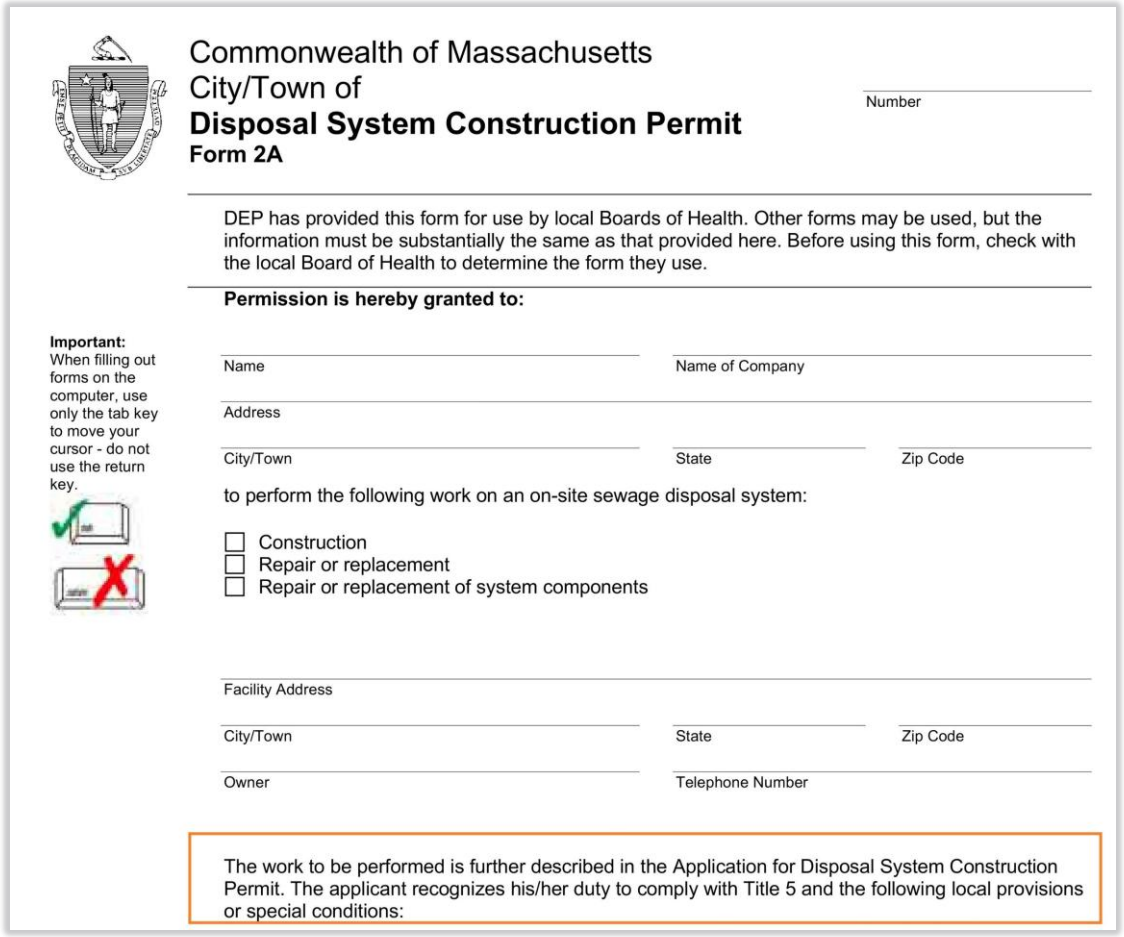
- Local or regional health department might wish to develop an application form for this approval

PERMIT AND APPROVAL FORMS

CONSTRUCTION

Form 2A: Disposal System Construction Permit

- DSCP shall be on a form approved by the Department (310CMR15.020(1))
- DSCP is tied into the approved Application for a DSCP



Commonwealth of Massachusetts
City/Town of
Disposal System Construction Permit
Form 2A

Number

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with the local Board of Health to determine the form they use.

Permission is hereby granted to:

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.

Name | Name of Company

Address

City/Town | State | Zip Code

to perform the following work on an on-site sewage disposal system:

- ☐ Construction
- ☐ Repair or replacement
- ☐ Repair or replacement of system components

Facility Address

City/Town | State | Zip Code

Owner | Telephone Number

The work to be performed is further described in the Application for Disposal System Construction Permit. The applicant recognizes his/her duty to comply with Title 5 and the following local provisions or special conditions:

Form 2A: Disposal System Construction Permit

The work to be performed is further described in the Application for Disposal System Construction Permit. The applicant recognizes his/her duty to comply with Title 5 and the following local provisions or special conditions:

Form 10B: Shared Disposal System Construction Permit

- Just for use with shared systems

Commonwealth of Massachusetts
City/Town of
Shared Disposal System Construction Permit
Form 10B

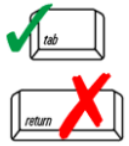
Number

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with the Board of Health to determine the form they use.

Shared systems must be approved by DEP prior to construction.

Permission is hereby granted to:

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Name | Name of Company

Address

City/Town | State | Zip Code | Telephone Number

to perform the following work on a shared on-site sewage disposal system:

- ☐ Construction
- ☐ Repair or replacement
- ☐ Repair or replacement of system components

Facility Address

City/Town | State | Zip Code

Form 3: Certificate of Compliance

- No flow to system until this is issued
- Copy to municipal building inspector or commissioner

Commonwealth of Massachusetts
City/Town of
Certificate of Compliance
Form 3

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with the local Board of Health to determine the form they use.

This is to Certify that the following work on an On-Site Sewage Disposal System

- ☐ Construction of a new system
- ☐ Repair or replacement of an existing system
- ☐ Repair or replacement of an existing system component

Has been done in accordance with Title 5 and the Disposal System Construction Permit (DSCP):

DSCP Number _____ DSCP Date _____

Facility Owner _____

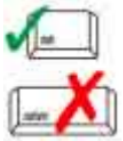
Street Address or Lot # _____

City/Town _____ State _____ Zip Code _____

Designer Information:

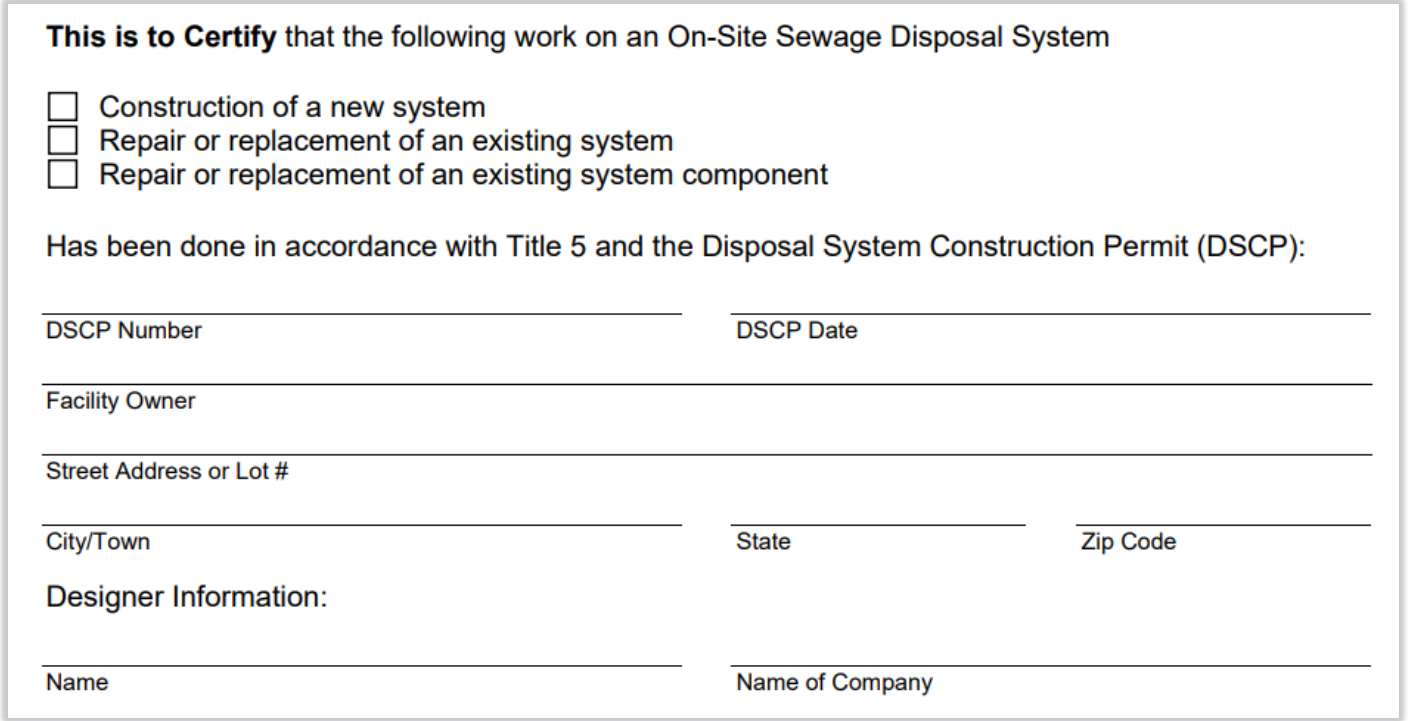
Name _____ Name of Company _____

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Form 3: Certificate of Compliance

- Designer and Installer certify construction was in compliance with Title 5 and design plan
- Local health official does not certify compliance



This is to Certify that the following work on an On-Site Sewage Disposal System

☐ Construction of a new system
☐ Repair or replacement of an existing system
☐ Repair or replacement of an existing system component

Has been done in accordance with Title 5 and the Disposal System Construction Permit (DSCP):

DSCP Number _____ DSCP Date _____

Facility Owner _____

Street Address or Lot # _____

City/Town _____ State _____ Zip Code _____

Designer Information:

Name _____ Name of Company _____

Form 3: Certificate of Compliance

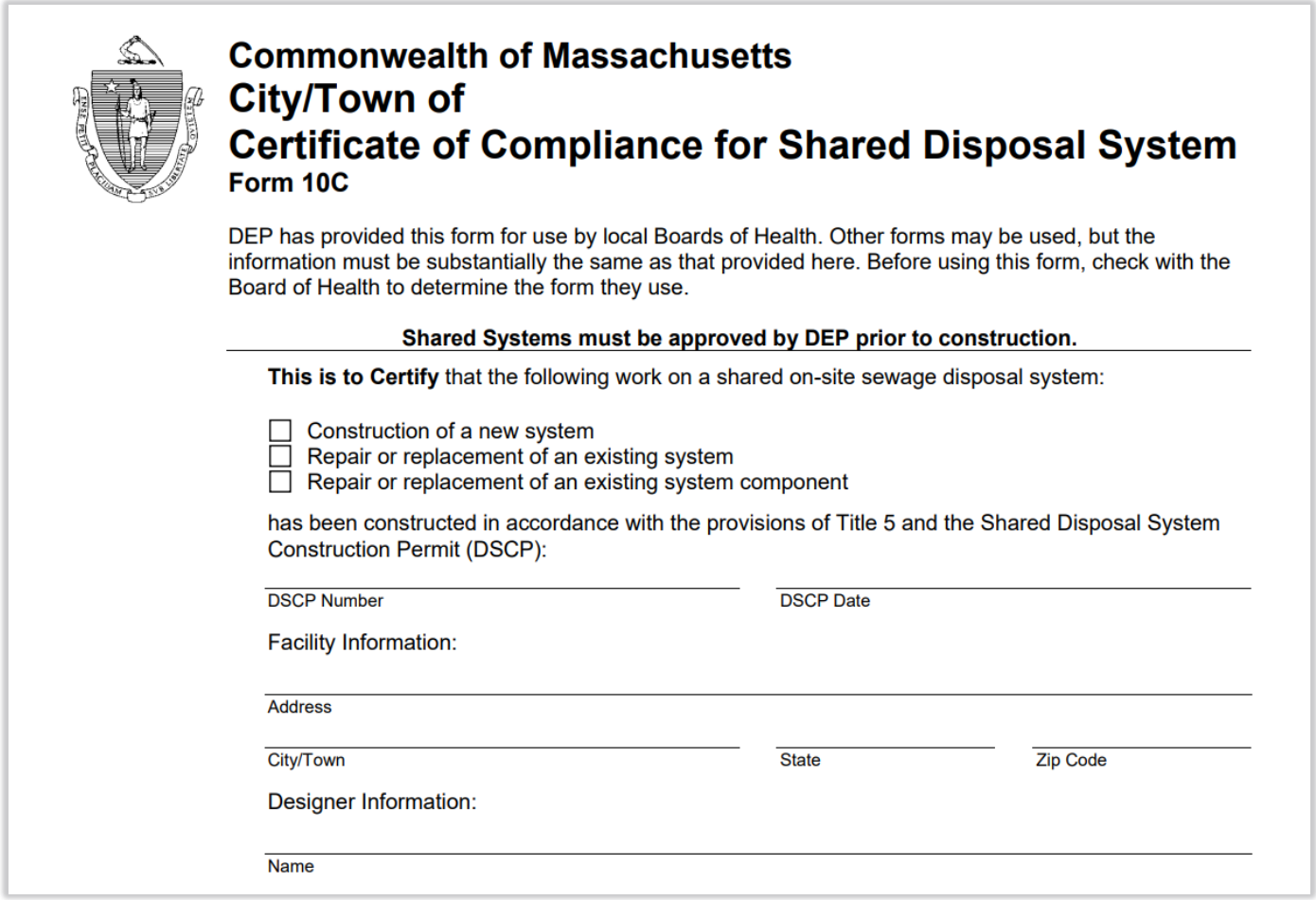
The issuance of this certificate shall not be construed as a guarantee that the system will function as designed.

_____
Approving Authority

_____ _____
Signature Date

Form 10C: Certificate of Compliance for Shared Disposal System

- Just for use with shared systems



Commonwealth of Massachusetts
City/Town of
Certificate of Compliance for Shared Disposal System
Form 10C

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with the Board of Health to determine the form they use.

Shared Systems must be approved by DEP prior to construction.

This is to Certify that the following work on a shared on-site sewage disposal system:

☐ Construction of a new system
☐ Repair or replacement of an existing system
☐ Repair or replacement of an existing system component

has been constructed in accordance with the provisions of Title 5 and the Shared Disposal System Construction Permit (DSCP):

DSCP Number _____ DSCP Date _____

Facility Information:

Address _____

City/Town _____ State _____ Zip Code _____

Designer Information:

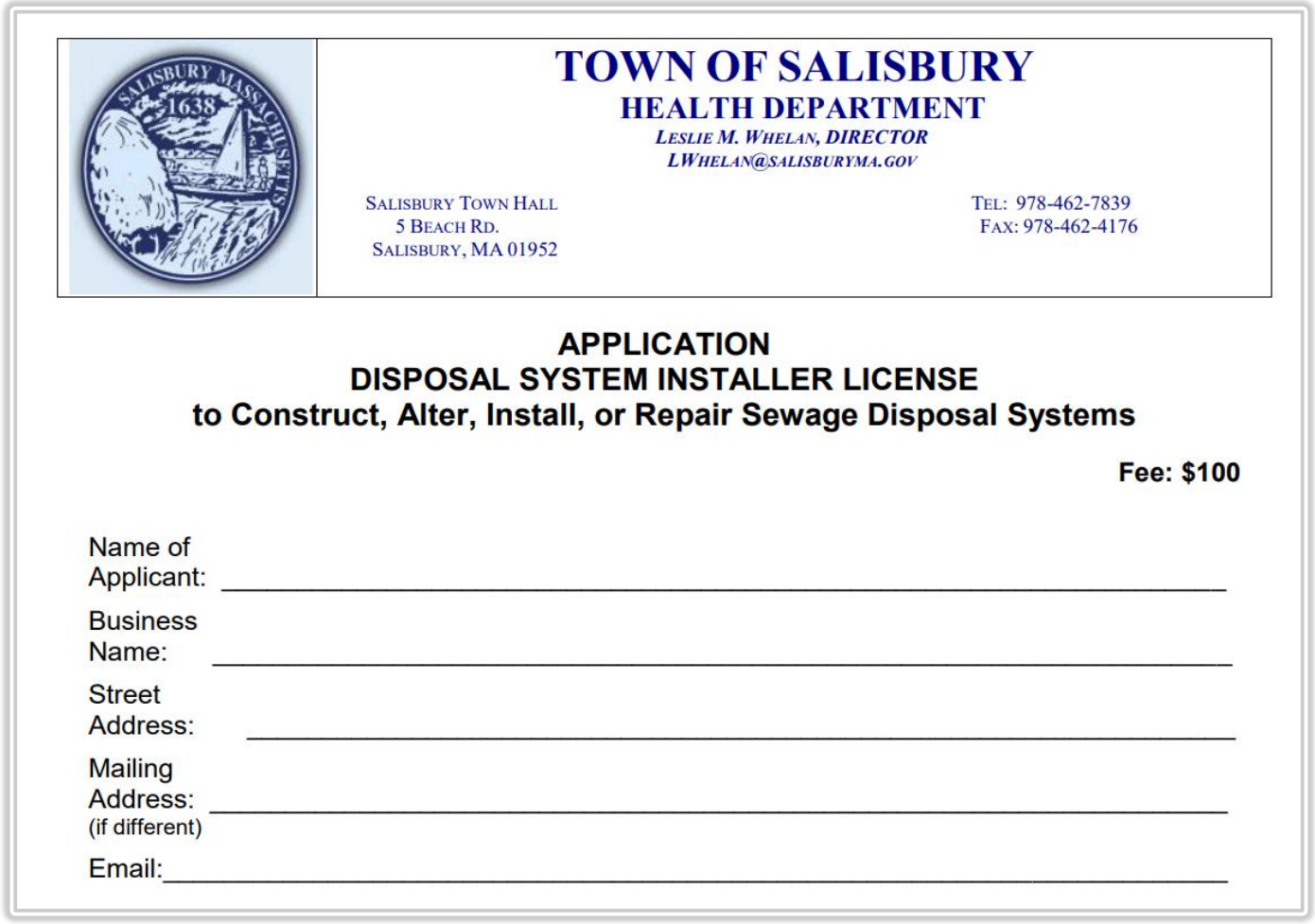
Name _____

PERMIT AND APPROVAL FORMS

OVERSIGHT AND ADMINISTRATION

Application for Septic Installer Permit

- Local or regional health department might wish to develop an application form for this license



TOWN OF SALISBURY
HEALTH DEPARTMENT
LESLIE M. WHELAN, DIRECTOR
LWHELAN@SALISBURYMA.GOV

SALISBURY TOWN HALL
5 BEACH RD.
SALISBURY, MA 01952

TEL: 978-462-7839
FAX: 978-462-4176

APPLICATION
DISPOSAL SYSTEM INSTALLER LICENSE
to Construct, Alter, Install, or Repair Sewage Disposal Systems

Fee: $100

Name of Applicant: _____

Business Name: _____

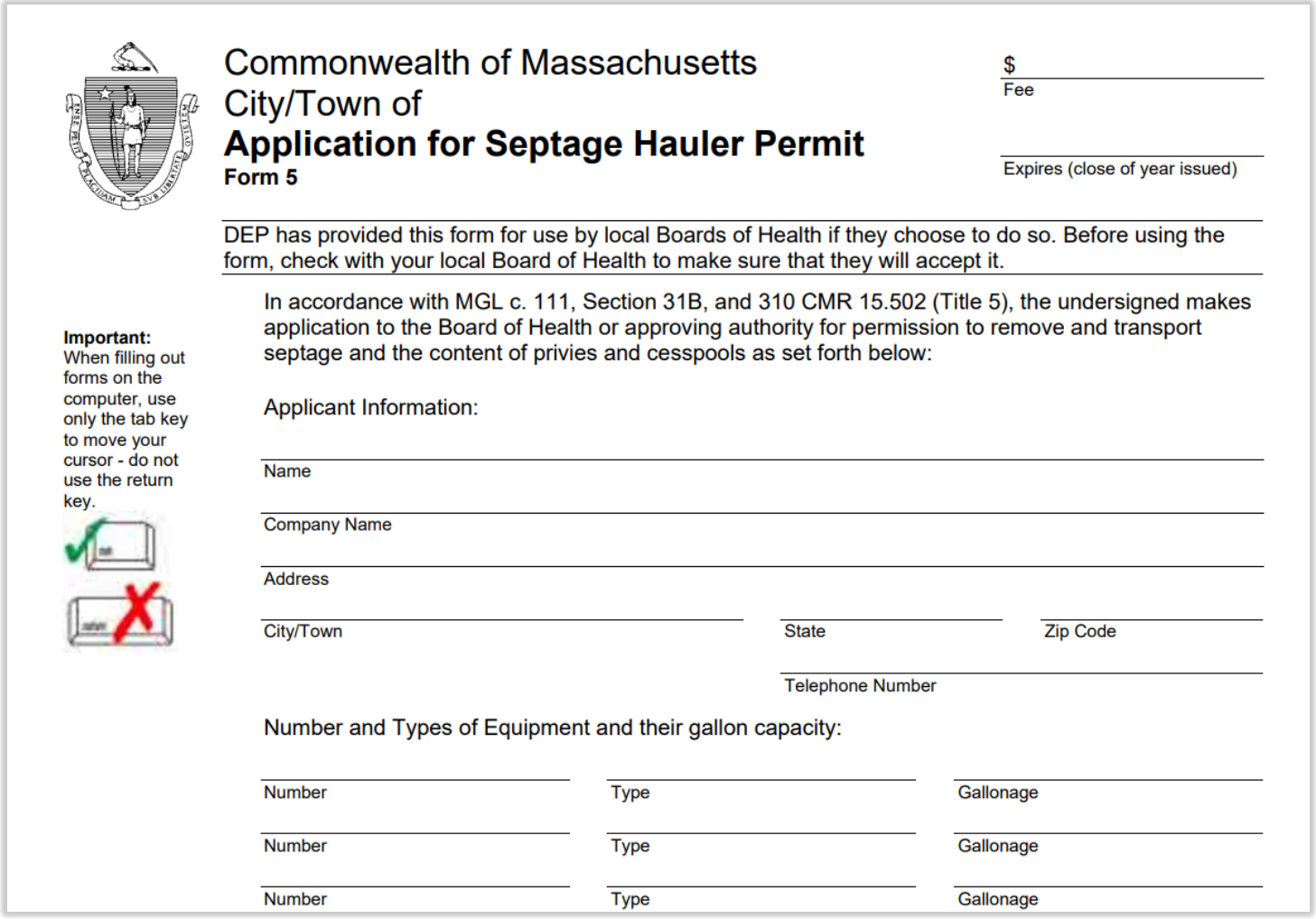
Street Address: _____

Mailing Address: _____
(if different)

Email: _____

Form 5: Application for Septage Hauler Permit

- Application for pumper to operate in community plus application to use specific vehicles



Commonwealth of Massachusetts
City/Town of
Application for Septage Hauler Permit
Form 5

$ Fee

Expires (close of year issued)

DEP has provided this form for use by local Boards of Health if they choose to do so. Before using the form, check with your local Board of Health to make sure that they will accept it.

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.

In accordance with MGL c. 111, Section 31B, and 310 CMR 15.502 (Title 5), the undersigned makes application to the Board of Health or approving authority for permission to remove and transport septage and the content of privies and cesspools as set forth below:

Applicant Information:

Name

Company Name

Address

City/Town | State | Zip Code

Telephone Number

Number and Types of Equipment and their gallon capacity:

Number	Type	Gallonage
Number	Type	Gallonage
Number	Type	Gallonage

Form 6: Septage Hauler Permit

- Authorization for pumper to operate in community
- Renewable annually

Commonwealth of Massachusetts
City/Town of
Septage Hauler Permit
Form 6

DEP has provided this form for use by local Boards of Health if they choose to do so.

Board of Health or Approving Authority

Approves this application to haul septage and the content of privies and cesspools. This permit expires on the date set forth below. All transport must be in accordance with 310 CMR 15.500-15.505 and applicable local regulations. A copy of this permit shall be kept in every vehicle in which the permittee carries septage over the roads of the Commonwealth.

Permit Number

Permit Expiration Date (close of year issued)

Approved by

Date

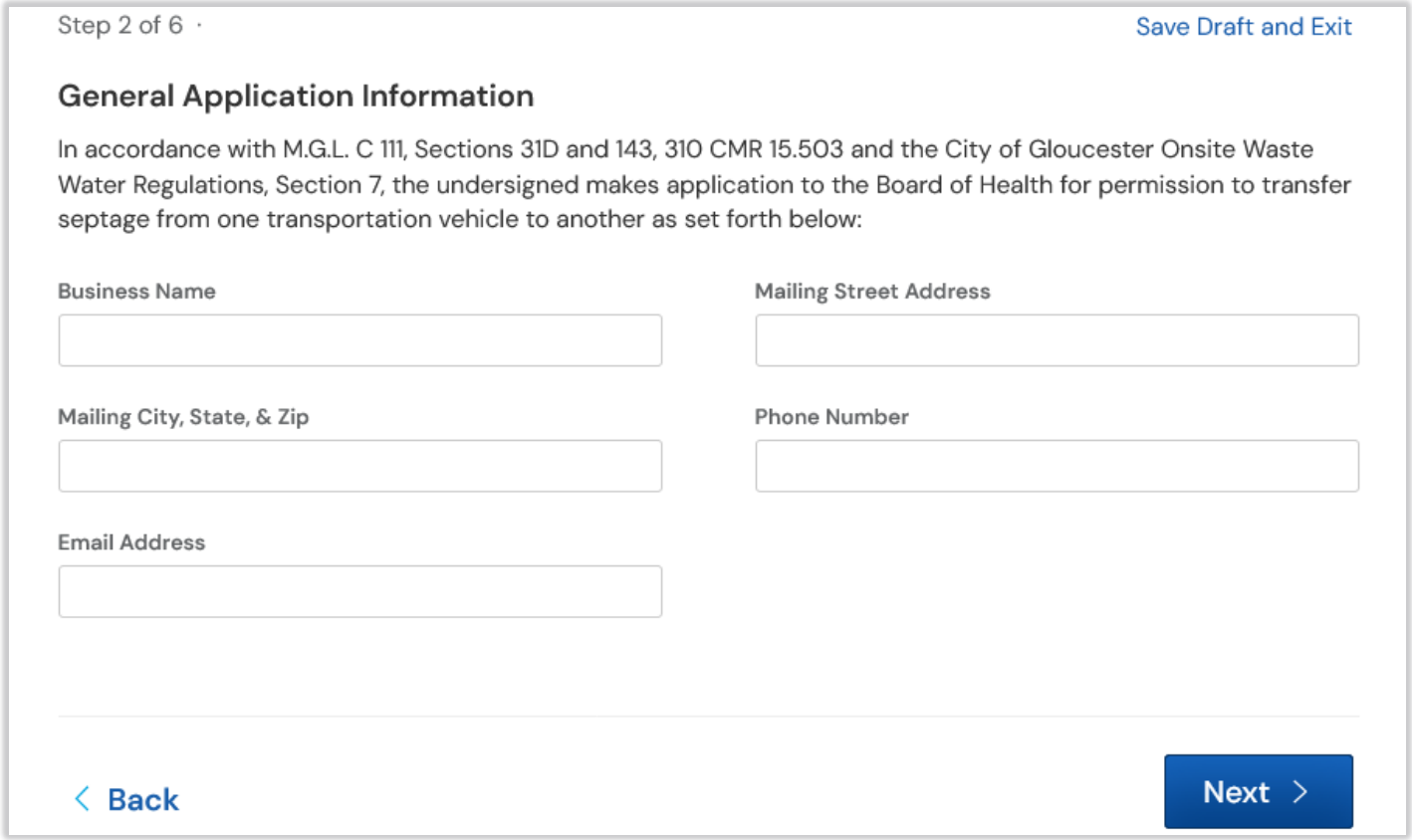
Signature

Septage hauling vehicle (310CMR15.505)

- Local or regional health department might wish to develop an approval form for each vehicle allowed to be used in the community

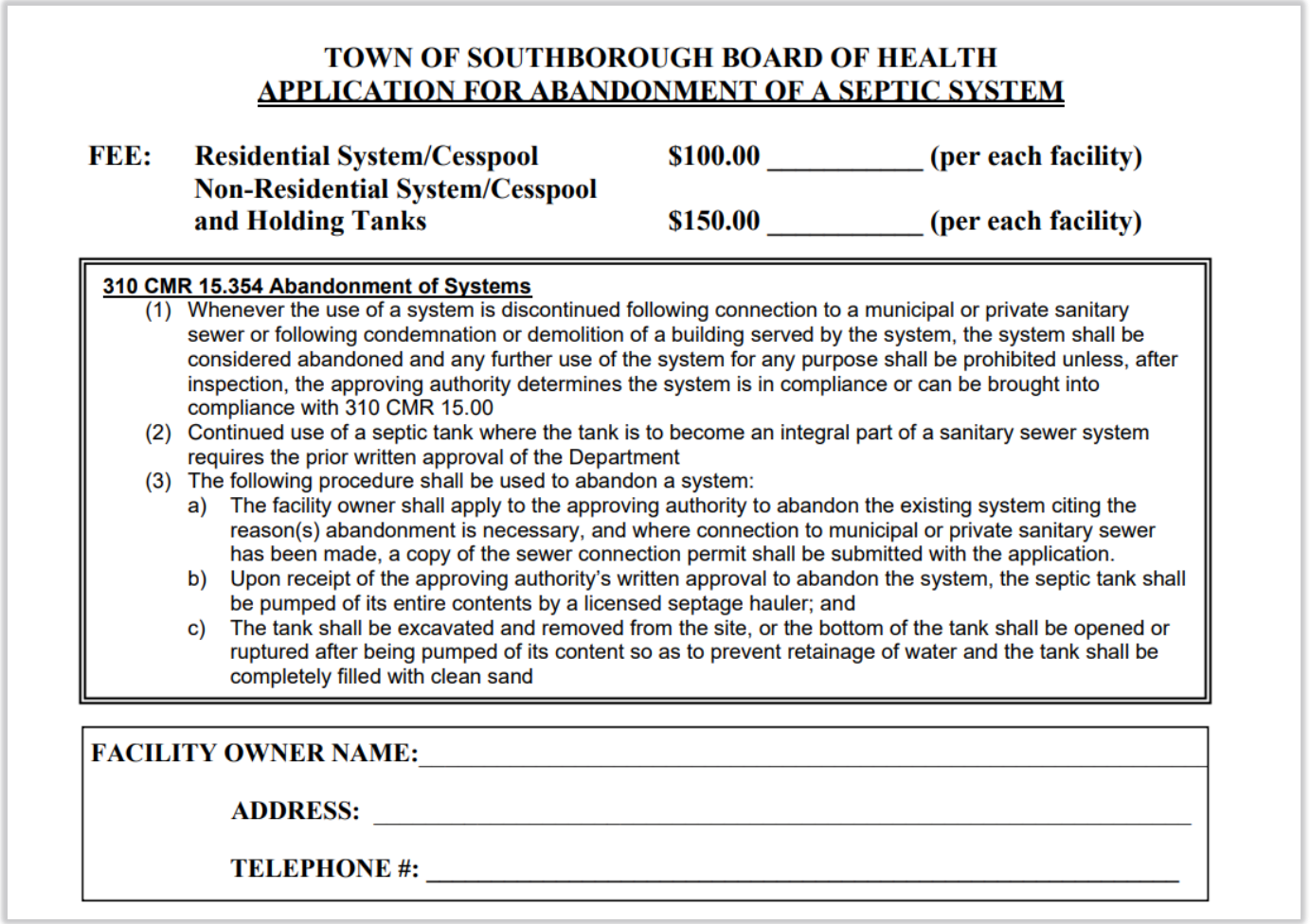
Septage transfer between vehicles (310CMR15.503)

- Local or regional health department might wish to develop an application form for this approval



System abandonment (310CMR15.354(3))

- Local or regional health department might wish to develop an application form for this approval



TOWN OF SOUTHBOROUGH BOARD OF HEALTH
APPLICATION FOR ABANDONMENT OF A SEPTIC SYSTEM

FEE: **Residential System/Cesspool** **$100.00** _____ **(per each facility)**
Non-Residential System/Cesspool and Holding Tanks **$150.00** _____ **(per each facility)**

310 CMR 15.354 Abandonment of Systems

(1) Whenever the use of a system is discontinued following connection to a municipal or private sanitary sewer or following condemnation or demolition of a building served by the system, the system shall be considered abandoned and any further use of the system for any purpose shall be prohibited unless, after inspection, the approving authority determines the system is in compliance or can be brought into compliance with 310 CMR 15.00

(2) Continued use of a septic tank where the tank is to become an integral part of a sanitary sewer system requires the prior written approval of the Department

(3) The following procedure shall be used to abandon a system:

a) The facility owner shall apply to the approving authority to abandon the existing system citing the reason(s) abandonment is necessary, and where connection to municipal or private sanitary sewer has been made, a copy of the sewer connection permit shall be submitted with the application.

b) Upon receipt of the approving authority's written approval to abandon the system, the septic tank shall be pumped of its entire contents by a licensed septage hauler; and

c) The tank shall be excavated and removed from the site, or the bottom of the tank shall be opened or ruptured after being pumped of its content so as to prevent retainage of water and the tank shall be completely filled with clean sand

FACILITY OWNER NAME: _____

ADDRESS: _____

TELEPHONE #: _____

System Inspection outcome for "Needing Further Evaluation by the local Approving Authority"

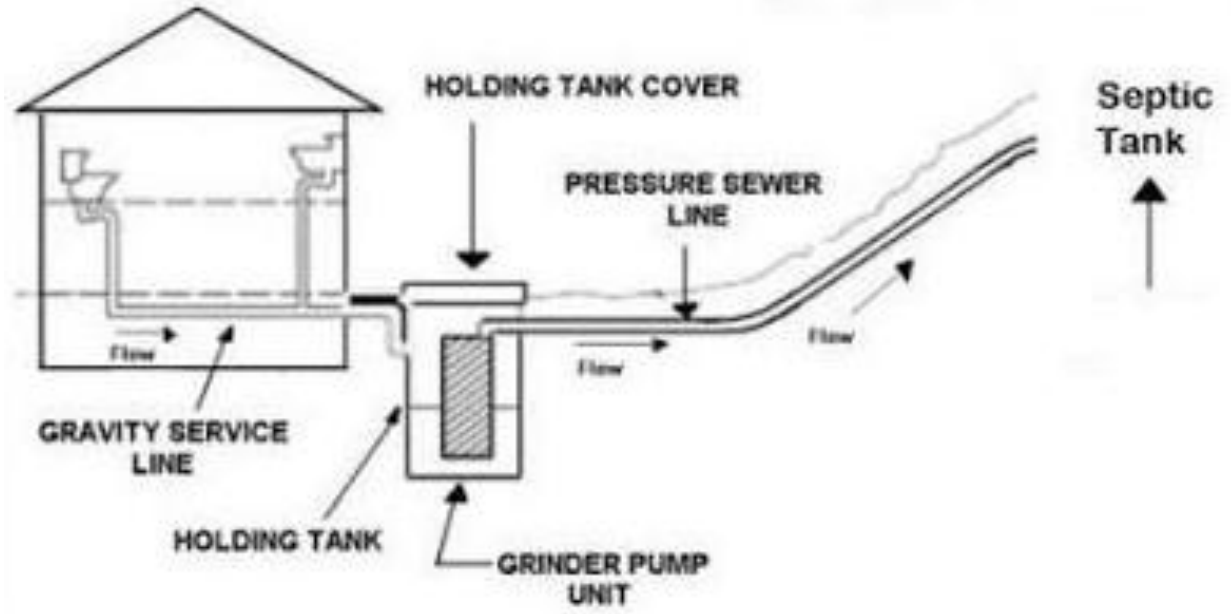
- Cesspool or soil absorption system near water supply or water resource (310CMR15.303(1)(b)&(c))
- Local or regional health department might wish to develop an application form for this approval

Deadline for system Upgrade other than 2 years (310CMR15.305(1))

- Local or regional health department might wish to develop an application form for this approval to adjust the standard required 2-year time period after a System Inspection to complete an Upgrade
- Only allowable when there is an enforceable schedule proposed to be implemented

Pumping to a septic tank (310CMR15.229)

- Any configuration which pumps sewage into the inlet of a septic tank needs approval



Other Approvals in Title 5

- Disposal of composting toilet solids by off-site burial or other manner (310CMR15.289)
- Use of material other than sand to fill abandoned septic tank (310CMR15.354)

3. NON-APPLICATION OR NON-PERMIT FORMS

NON-APPLICATION OR NON-PERMIT FORMS

DESIGN

Form 11: Soil Suitability Assessment for On-Site Sewage Disposal

- Document findings of site and soil evaluation
- Due within 60 days of completion of field work

Commonwealth of Massachusetts
City/Town of

Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

A. Facility Information

Owner Name

Street Address | Map/Lot #

City | State | Zip Code

B. Site Information

1. (Check one) ☐ New Construction ☐ Upgrade
2. Soil Survey — Source | Soil Map Unit | Soil Series

Landform | Soil Limitations

Soil Parent material

3. Surficial Geological Report — Year Published/Source | Map Unit

Description of Geologic Map Unit:

Form 12: Percolation Test

- Document findings of percolation testing

Commonwealth of Massachusetts
City/Town of
Percolation Test
Form 12

Percolation test results must be submitted with the Soil Suitability Assessment for On-site Sewage Disposal. DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with the local Board of Health to determine the form they use.

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.

A. Site Information

Owner Name

Street Address or Lot #

City/Town | State | Zip Code

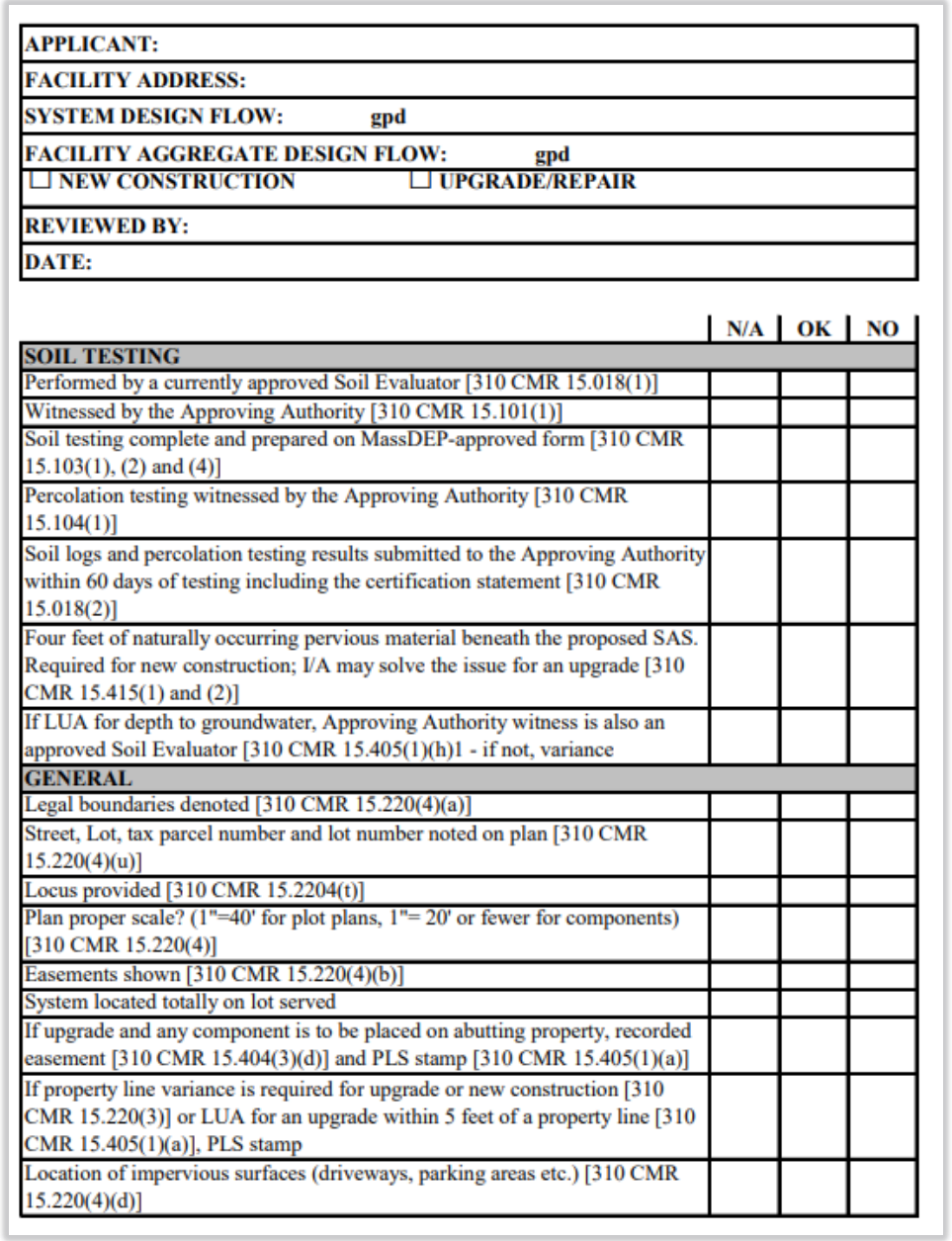
Contact Person (if different from Owner) | Telephone Number

B. Test Results

	Date	Time	Date	Time
Observation Hole #				
Depth of Perc				
Start Pre-Soak				

Model Plan Review Checklist

- Tool to help local or regional health departments review a plan

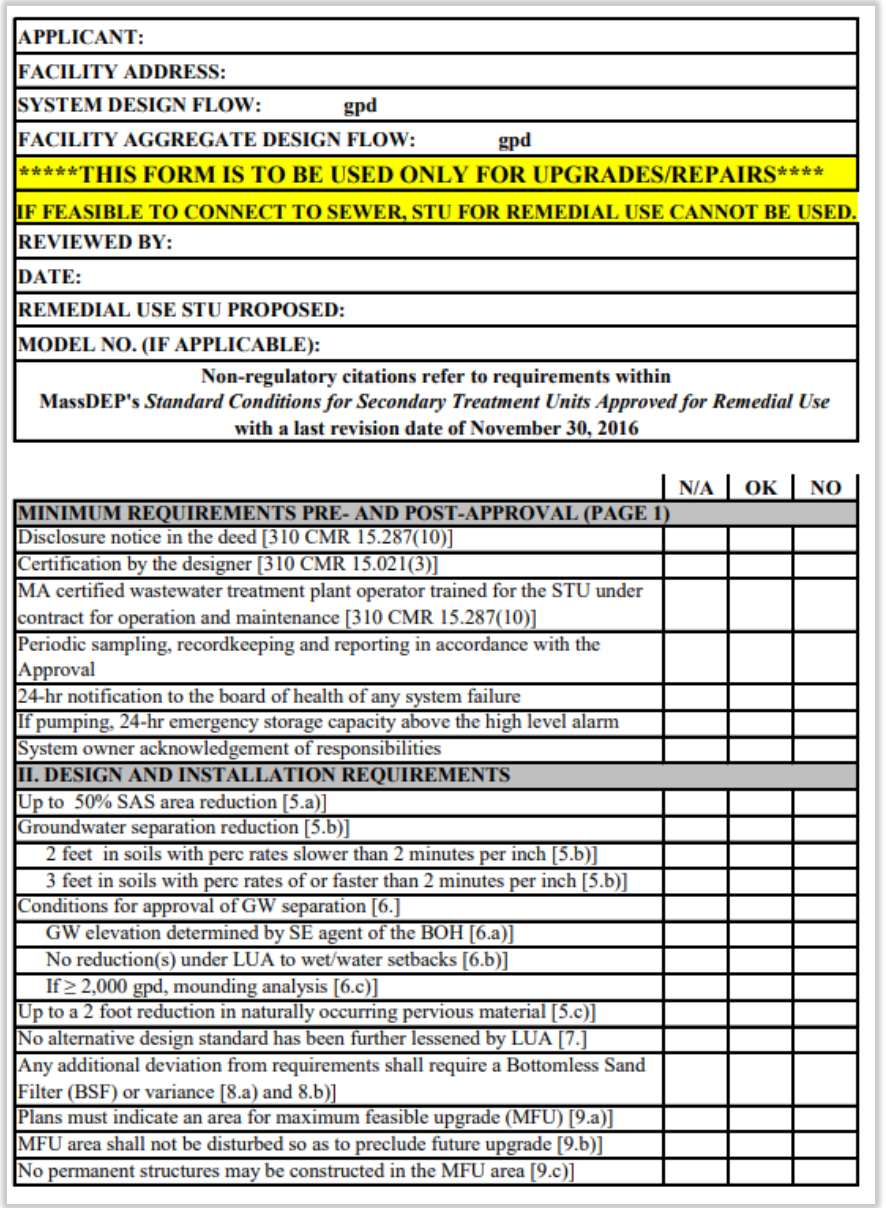


APPLICANT:			
FACILITY ADDRESS:			
SYSTEM DESIGN FLOW: gpd			
FACILITY AGGREGATE DESIGN FLOW: gpd			
☐ NEW CONSTRUCTION ☐ UPGRADE/REPAIR			
REVIEWED BY:			
DATE:			

	N/A	OK	NO
SOIL TESTING			
Performed by a currently approved Soil Evaluator [310 CMR 15.018(1)]			
Witnessed by the Approving Authority [310 CMR 15.101(1)]			
Soil testing complete and prepared on MassDEP-approved form [310 CMR 15.103(1), (2) and (4)]			
Percolation testing witnessed by the Approving Authority [310 CMR 15.104(1)]			
Soil logs and percolation testing results submitted to the Approving Authority within 60 days of testing including the certification statement [310 CMR 15.018(2)]			
Four feet of naturally occurring pervious material beneath the proposed SAS. Required for new construction; I/A may solve the issue for an upgrade [310 CMR 15.415(1) and (2)]			
If LUA for depth to groundwater, Approving Authority witness is also an approved Soil Evaluator [310 CMR 15.405(1)(h)1 - if not, variance			
GENERAL			
Legal boundaries denoted [310 CMR 15.220(4)(a)]			
Street, Lot, tax parcel number and lot number noted on plan [310 CMR 15.220(4)(u)]			
Locus provided [310 CMR 15.2204(t)]			
Plan proper scale? (1"=40' for plot plans, 1"= 20' or fewer for components) [310 CMR 15.220(4)]			
Easements shown [310 CMR 15.220(4)(b)]			
System located totally on lot served			
If upgrade and any component is to be placed on abutting property, recorded easement [310 CMR 15.404(3)(d)] and PLS stamp [310 CMR 15.405(1)(a)]			
If property line variance is required for upgrade or new construction [310 CMR 15.220(3)] or LUA for an upgrade within 5 feet of a property line [310 CMR 15.405(1)(a)], PLS stamp			
Location of impervious surfaces (driveways, parking areas etc.) [310 CMR 15.220(4)(d)]			

STU Plan Review Checklist

- Tool to help local or regional health departments review a plan which contains a Secondary Treatment Unit



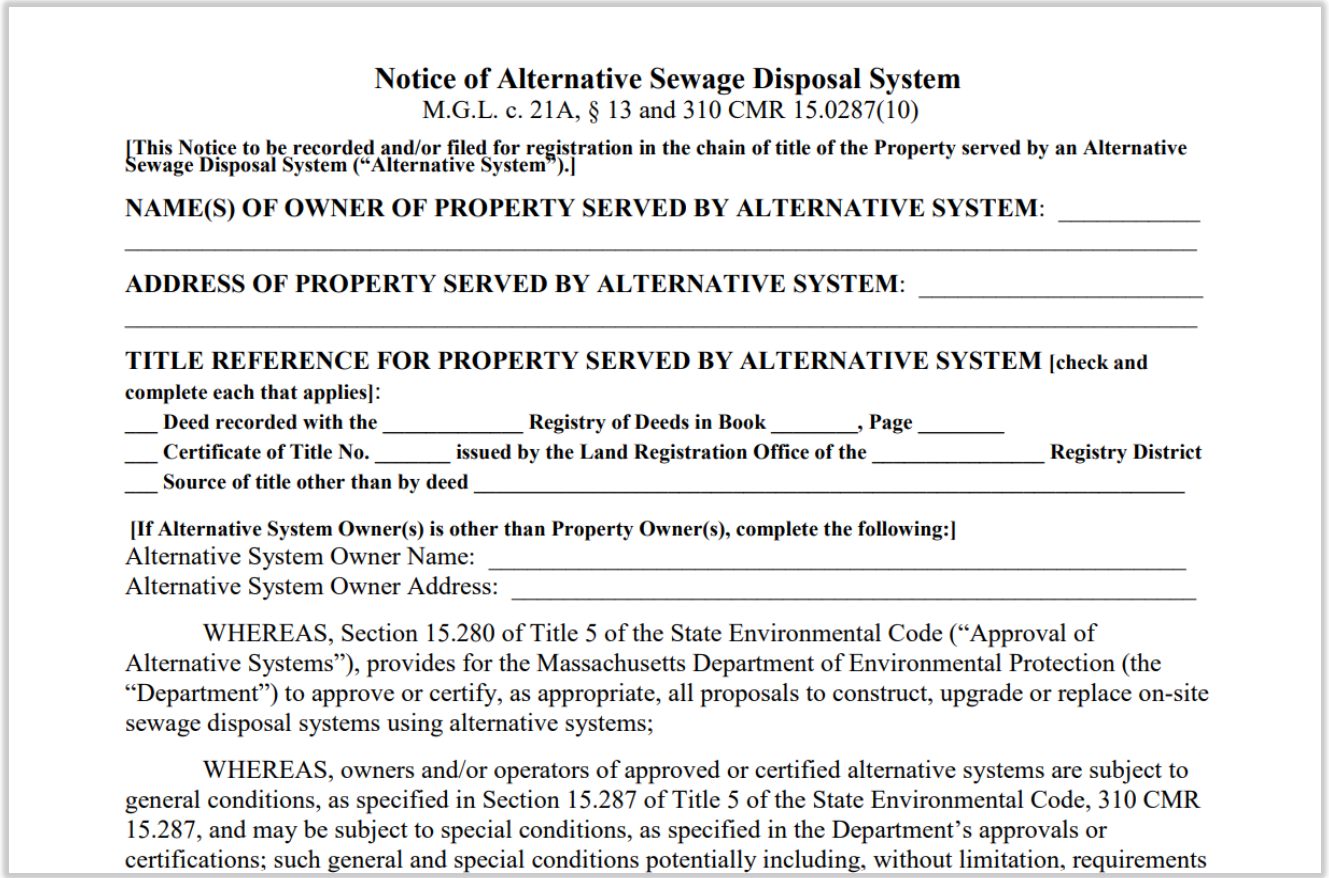
APPLICANT:	
FACILITY ADDRESS:	
SYSTEM DESIGN FLOW:	**gpd**
FACILITY AGGREGATE DESIGN FLOW:	**gpd**
*******THIS FORM IS TO BE USED ONLY FOR UPGRADES/REPAIRS******	
IF FEASIBLE TO CONNECT TO SEWER, STU FOR REMEDIAL USE CANNOT BE USED.	
REVIEWED BY:	
DATE:	
REMEDIAL USE STU PROPOSED:	
MODEL NO. (IF APPLICABLE):	

Non-regulatory citations refer to requirements within MassDEP's *Standard Conditions for Secondary Treatment Units Approved for Remedial Use* with a last revision date of November 30, 2016

	N/A	OK	NO
MINIMUM REQUIREMENTS PRE- AND POST-APPROVAL (PAGE 1)			
Disclosure notice in the deed [310 CMR 15.287(10)]			
Certification by the designer [310 CMR 15.021(3)]			
MA certified wastewater treatment plant operator trained for the STU under contract for operation and maintenance [310 CMR 15.287(10)]			
Periodic sampling, recordkeeping and reporting in accordance with the Approval			
24-hr notification to the board of health of any system failure			
If pumping, 24-hr emergency storage capacity above the high level alarm			
System owner acknowledgement of responsibilities			
II. DESIGN AND INSTALLATION REQUIREMENTS			
Up to 50% SAS area reduction [5.a)]			
Groundwater separation reduction [5.b)]			
2 feet in soils with perc rates slower than 2 minutes per inch [5.b)]			
3 feet in soils with perc rates of or faster than 2 minutes per inch [5.b)]			
Conditions for approval of GW separation [6.]			
GW elevation determined by SE agent of the BOH [6.a)]			
No reduction(s) under LUA to wet/water setbacks [6.b)]			
If ≥ 2,000 gpd, mounding analysis [6.c)]			
Up to a 2 foot reduction in naturally occurring pervious material [5.c)]			
No alternative design standard has been further lessened by LUA [7.]			
Any additional deviation from requirements shall require a Bottomless Sand Filter (BSF) or variance [8.a) and 8.b)]			
Plans must indicate an area for maximum feasible upgrade (MFU) [9.a)]			
MFU area shall not be disturbed so as to preclude future upgrade [9.b)]			
No permanent structures may be constructed in the MFU area [9.c)]			

Notice of Alternative Sewage Disposal System

- Notice placed on deed
- Purpose is to let future property owners know there is a component in the ground that is outside of the traditional components allowed under Title 5
- Is a "deed notice", not a "deed restriction"



Notice of Alternative Sewage Disposal System
M.G.L. c. 21A, § 13 and 310 CMR 15.0287(10)

[This Notice to be recorded and/or filed for registration in the chain of title of the Property served by an Alternative Sewage Disposal System ("Alternative System").]

NAME(S) OF OWNER OF PROPERTY SERVED BY ALTERNATIVE SYSTEM: _____
_____

ADDRESS OF PROPERTY SERVED BY ALTERNATIVE SYSTEM: _____
_____

TITLE REFERENCE FOR PROPERTY SERVED BY ALTERNATIVE SYSTEM [check and complete each that applies]:
___ **Deed recorded with the** _____ **Registry of Deeds in Book** _____, **Page** _____
___ **Certificate of Title No.** _____ **issued by the Land Registration Office of the** _____ **Registry District**
___ **Source of title other than by deed** _____

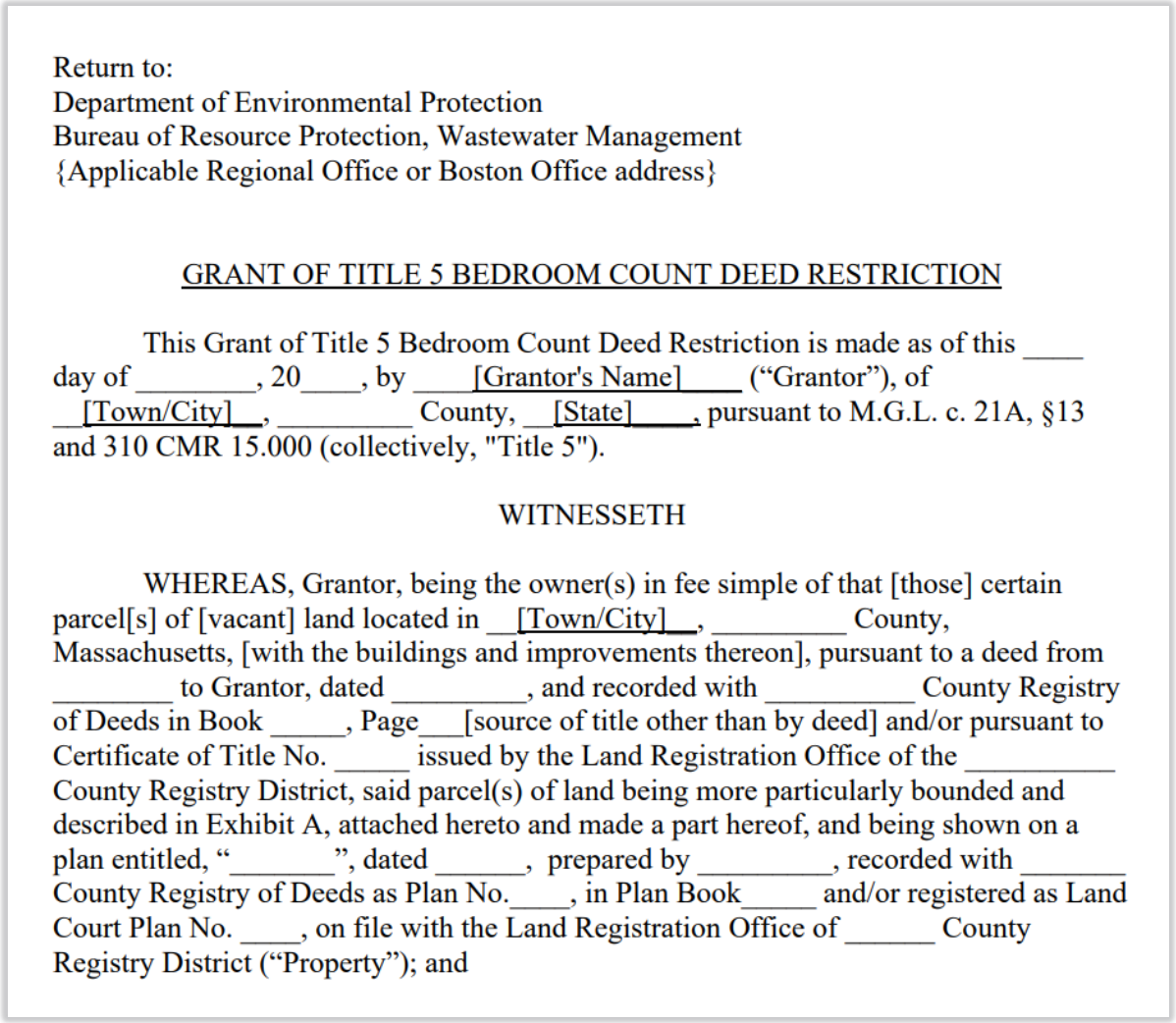
[If Alternative System Owner(s) is other than Property Owner(s), complete the following:]
Alternative System Owner Name: _____
Alternative System Owner Address: _____

WHEREAS, Section 15.280 of Title 5 of the State Environmental Code ("Approval of Alternative Systems"), provides for the Massachusetts Department of Environmental Protection (the "Department") to approve or certify, as appropriate, all proposals to construct, upgrade or replace on-site sewage disposal systems using alternative systems;

WHEREAS, owners and/or operators of approved or certified alternative systems are subject to general conditions, as specified in Section 15.287 of Title 5 of the State Environmental Code, 310 CMR 15.287, and may be subject to special conditions, as specified in the Department's approvals or certifications; such general and special conditions potentially including, without limitation, requirements

Bedroom Count Deed Restriction

- Notice placed on deed
- Purpose is to let future property owners know there is a limit to the number of bedrooms which can be used
- Must be offered by the property owner, not imposed
- Needs to be endorsed by Health Department before recording on deed
- Is a "deed restriction"



Return to:
Department of Environmental Protection
Bureau of Resource Protection, Wastewater Management
{Applicable Regional Office or Boston Office address}

GRANT OF TITLE 5 BEDROOM COUNT DEED RESTRICTION

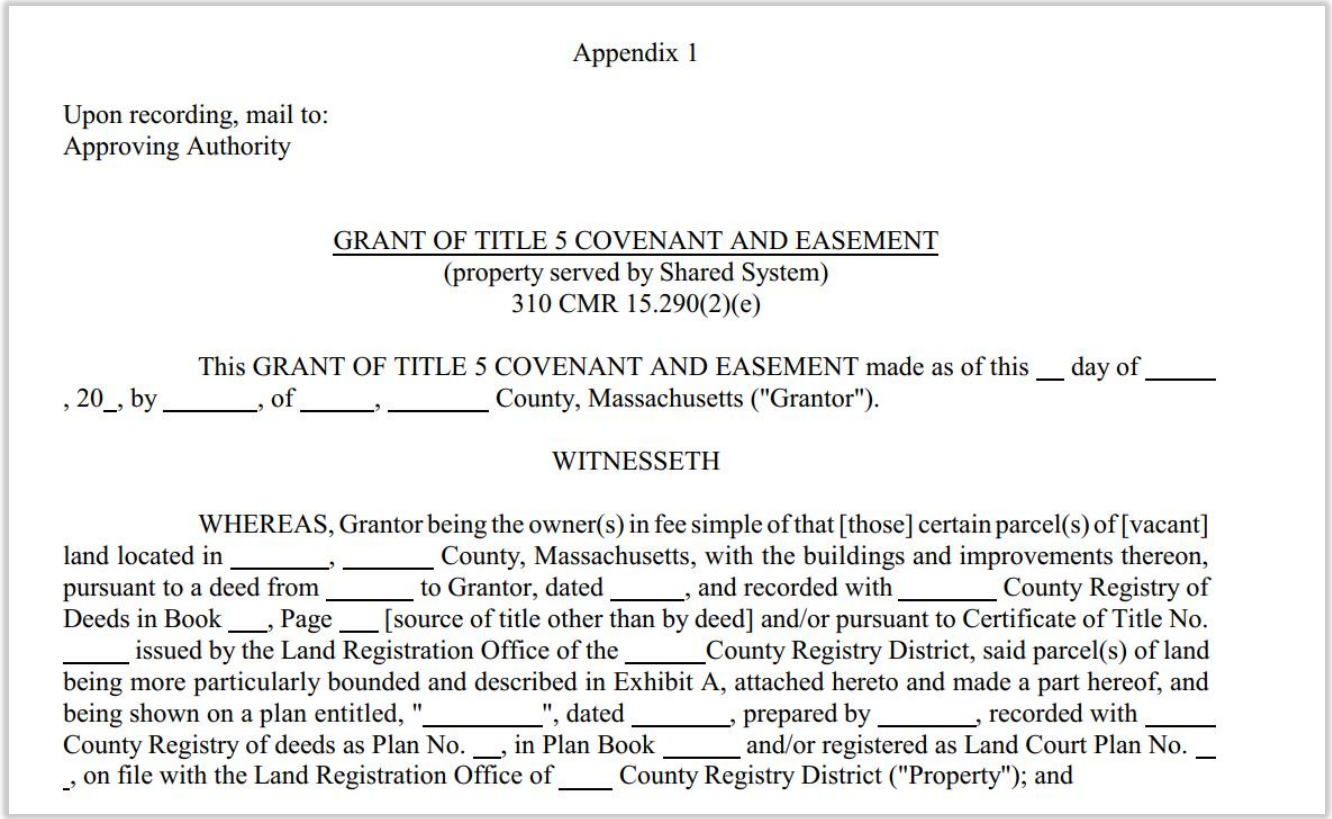
This Grant of Title 5 Bedroom Count Deed Restriction is made as of this ____ day of _____, 20____, by ____[Grantor's Name]____ ("Grantor"), of __[Town/City]__, _____ County, __[State]____, pursuant to M.G.L. c. 21A, §13 and 310 CMR 15.000 (collectively, "Title 5").

WITNESSETH

WHEREAS, Grantor, being the owner(s) in fee simple of that [those] certain parcel[s] of [vacant] land located in __[Town/City]__, _____ County, Massachusetts, [with the buildings and improvements thereon], pursuant to a deed from _____ to Grantor, dated _____, and recorded with _____ County Registry of Deeds in Book _____, Page___[source of title other than by deed] and/or pursuant to Certificate of Title No. _____ issued by the Land Registration Office of the _____ County Registry District, said parcel(s) of land being more particularly bounded and described in Exhibit A, attached hereto and made a part hereof, and being shown on a plan entitled, "_____", dated _____, prepared by _____, recorded with _____ County Registry of Deeds as Plan No.____, in Plan Book_____ and/or registered as Land Court Plan No. ____, on file with the Land Registration Office of _____ County Registry District ("Property"); and

GRANT OF TITLE 5 COVENANT AND EASEMENT

- For Shared Systems
- To allow all property owners to get access to the septic system for preventative maintenance and repairs



Appendix 1

Upon recording, mail to:
Approving Authority

GRANT OF TITLE 5 COVENANT AND EASEMENT
(property served by Shared System)
310 CMR 15.290(2)(e)

This GRANT OF TITLE 5 COVENANT AND EASEMENT made as of this __ day of _____ , 20_, by _____, of _____, _____ County, Massachusetts ("Grantor").

WITNESSETH

WHEREAS, Grantor being the owner(s) in fee simple of that [those] certain parcel(s) of [vacant] land located in _____, _____ County, Massachusetts, with the buildings and improvements thereon, pursuant to a deed from _____ to Grantor, dated _____, and recorded with _____ County Registry of Deeds in Book ___, Page ___ [source of title other than by deed] and/or pursuant to Certificate of Title No. _____ issued by the Land Registration Office of the _____County Registry District, said parcel(s) of land being more particularly bounded and described in Exhibit A, attached hereto and made a part hereof, and being shown on a plan entitled, "_____", dated _____, prepared by _____, recorded with _____ County Registry of deeds as Plan No. __, in Plan Book _____ and/or registered as Land Court Plan No. __, on file with the Land Registration Office of ____ County Registry District ("Property"); and

NON-APPLICATION OR NON-PERMIT FORMS

CONSTRUCTION

Septic System Installation Checklist

- Tool to help a local or regional health department inspect construction

Commonwealth of Massachusetts
City/Town of
Septic System Installation Checklist

DEP has provided this form for use by local Boards of Health if they wish to do so.

A. Applicant Information

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.

Name

Address

City | State | Zip Code

Disposal System Construction Permit # | Map | Lot

Installer

Designer

Board of Health Representative

Inspection Dates:

Tank: Date | Leach Area: Date

Final: Date | Other: Date

NON-APPLICATION OR NON-PERMIT FORMS

MAINTENANCE AND OPERATION

Form 4: System Pumping Record

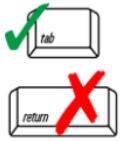
- Form approved by DEP required to be used to document pumping of septage
- Pumper to submit within 14 days of pumping of contents (310CMR15.351)

Commonwealth of Massachusetts
City/Town of _____
System Pumping Record
Form 4

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use. The System Pumping Record must be submitted to the local Board of Health or other approving authority within 14 days from the pumping date in accordance with 310 CMR 15.351.

A. Facility Information

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. System Location:

Address

City/Town | State | Zip Code

2. System Owner:

Name

Address (if different from location)

City/Town | State | Zip Code

Telephone Number

B. Pumping Record

DEP Approved Inspection and O&M Form for Title 5 I/A Treatment and Disposal Systems

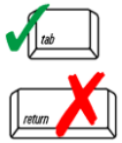
- Checklist to be used by operator of an onsite system
- Used to document conditions found and if any repairs or adjustments were made

Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Title 5

DEP Approved Inspection and O&M Form for Title 5 I/A Treatment and Disposal Systems

A. Installation

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Owner

Facility Street Address

City Zip

Mailing address of owner, if different:

Street Address/PO Box:

City State Zip

( ) - ext.
Telephone Number

B. Authorized Service Provider

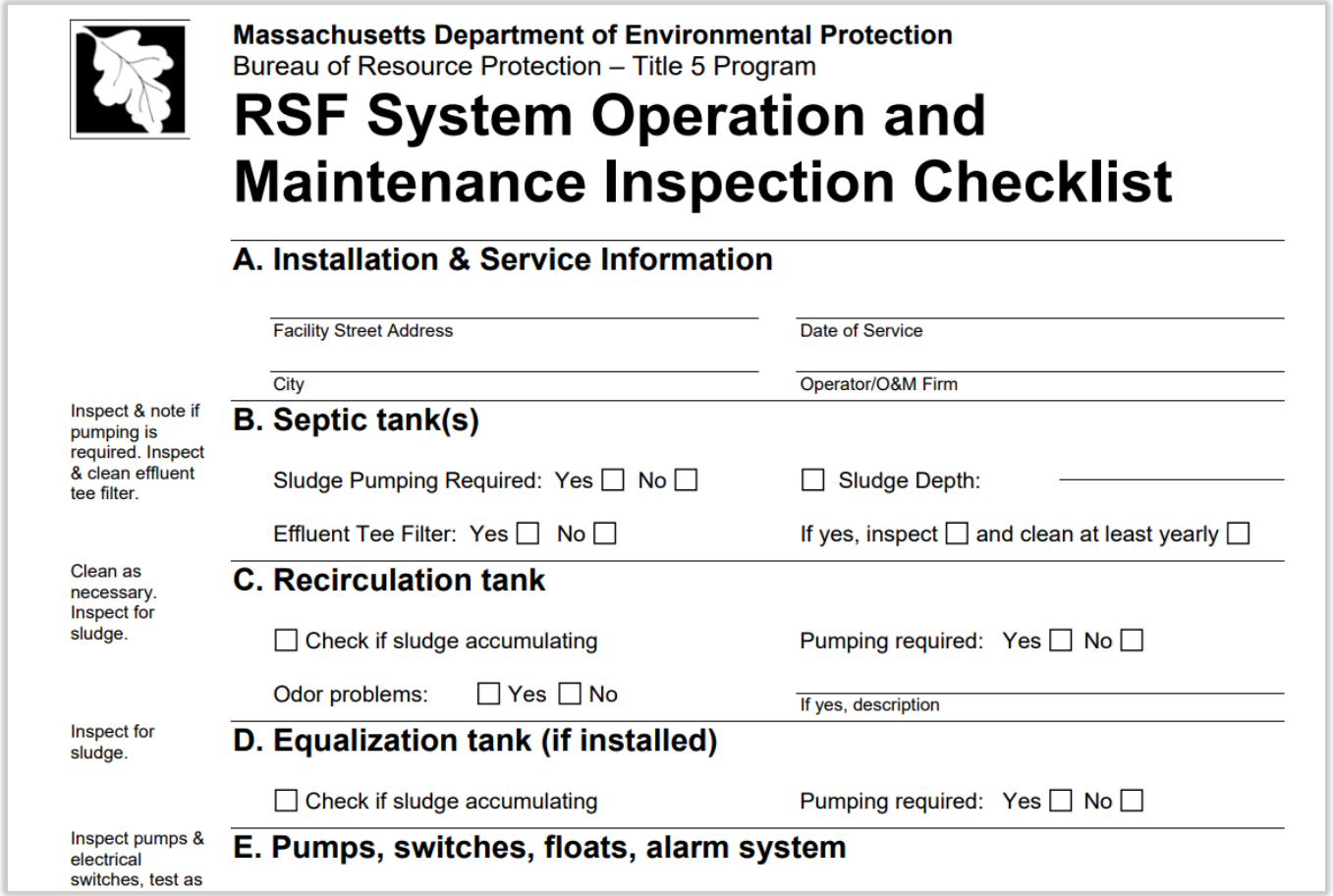
O&M Firm

Street Address

City State Zip

Recirculating Sand Filter (RSF) System Operation and Maintenance Inspection Checklist

- Checklist to be used by operator of an RSF onsite system
- Used to document conditions found and if any repairs or adjustments were made



Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Title 5 Program

RSF System Operation and Maintenance Inspection Checklist

A. Installation & Service Information

Facility Street Address _____ Date of Service _____

City _____ Operator/O&M Firm _____

Inspect & note if pumping is required. Inspect & clean effluent tee filter.

B. Septic tank(s)

Sludge Pumping Required: Yes ☐ No ☐ ☐ Sludge Depth: _____

Effluent Tee Filter: Yes ☐ No ☐ If yes, inspect ☐ and clean at least yearly ☐

Clean as necessary. Inspect for sludge.

C. Recirculation tank

☐ Check if sludge accumulating Pumping required: Yes ☐ No ☐

Odor problems: ☐ Yes ☐ No _____ If yes, description

Inspect for sludge.

D. Equalization tank (if installed)

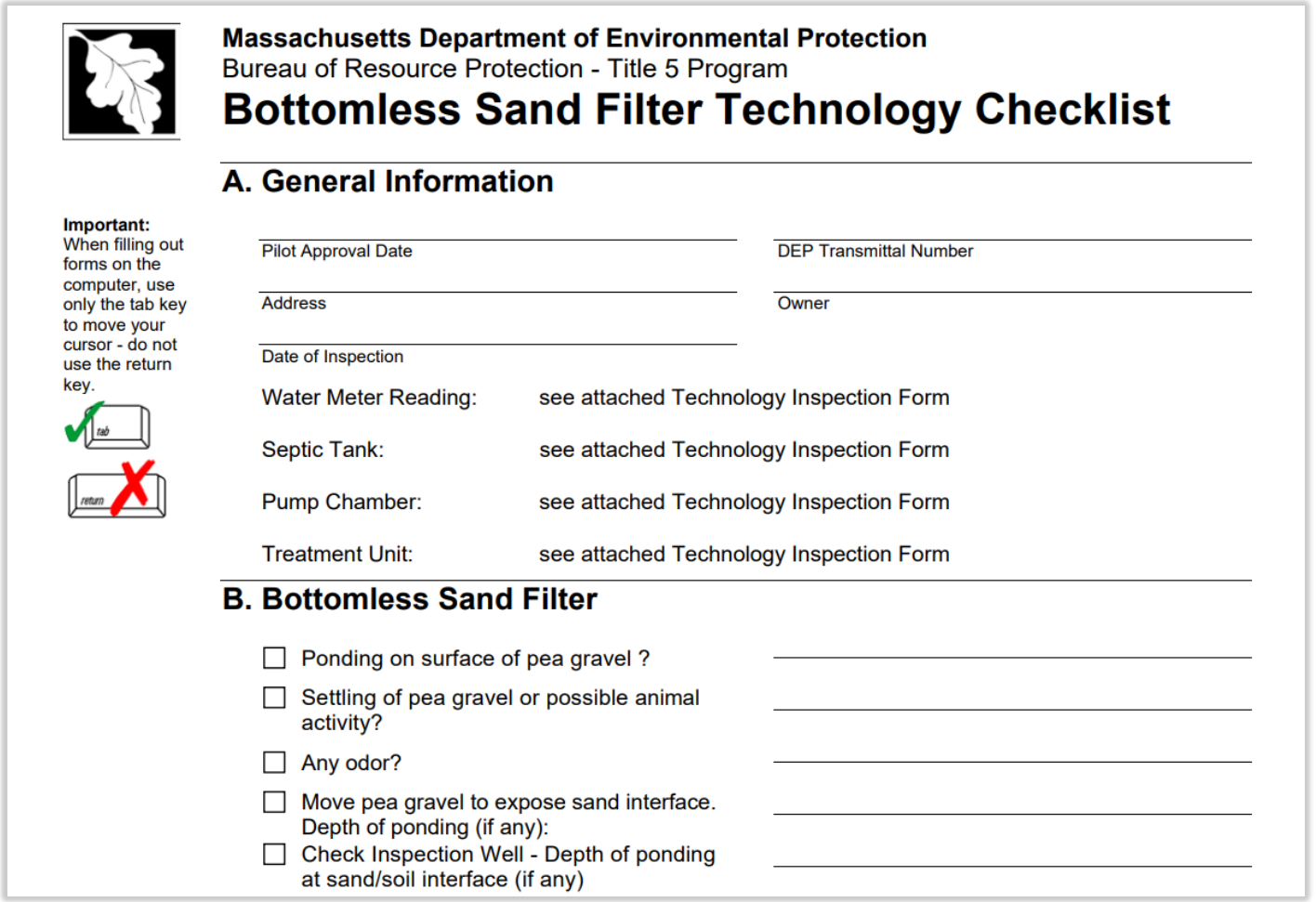
☐ Check if sludge accumulating Pumping required: Yes ☐ No ☐

Inspect pumps & electrical switches, test as

E. Pumps, switches, floats, alarm system

Bottomless Sand Filter (BSF) Operation and Maintenance Checklist

- Checklist to be used by operator of a BSF onsite wastewater soil absorption system
- Used to document conditions found and if any repairs or adjustments were made



Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Title 5 Program

Bottomless Sand Filter Technology Checklist

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.

A. General Information

Pilot Approval Date _____ DEP Transmittal Number _____

Address _____ Owner _____

Date of Inspection _____

Water Meter Reading: see attached Technology Inspection Form

Septic Tank: see attached Technology Inspection Form

Pump Chamber: see attached Technology Inspection Form

Treatment Unit: see attached Technology Inspection Form

B. Bottomless Sand Filter

☐ Ponding on surface of pea gravel ? _____

☐ Settling of pea gravel or possible animal activity? _____

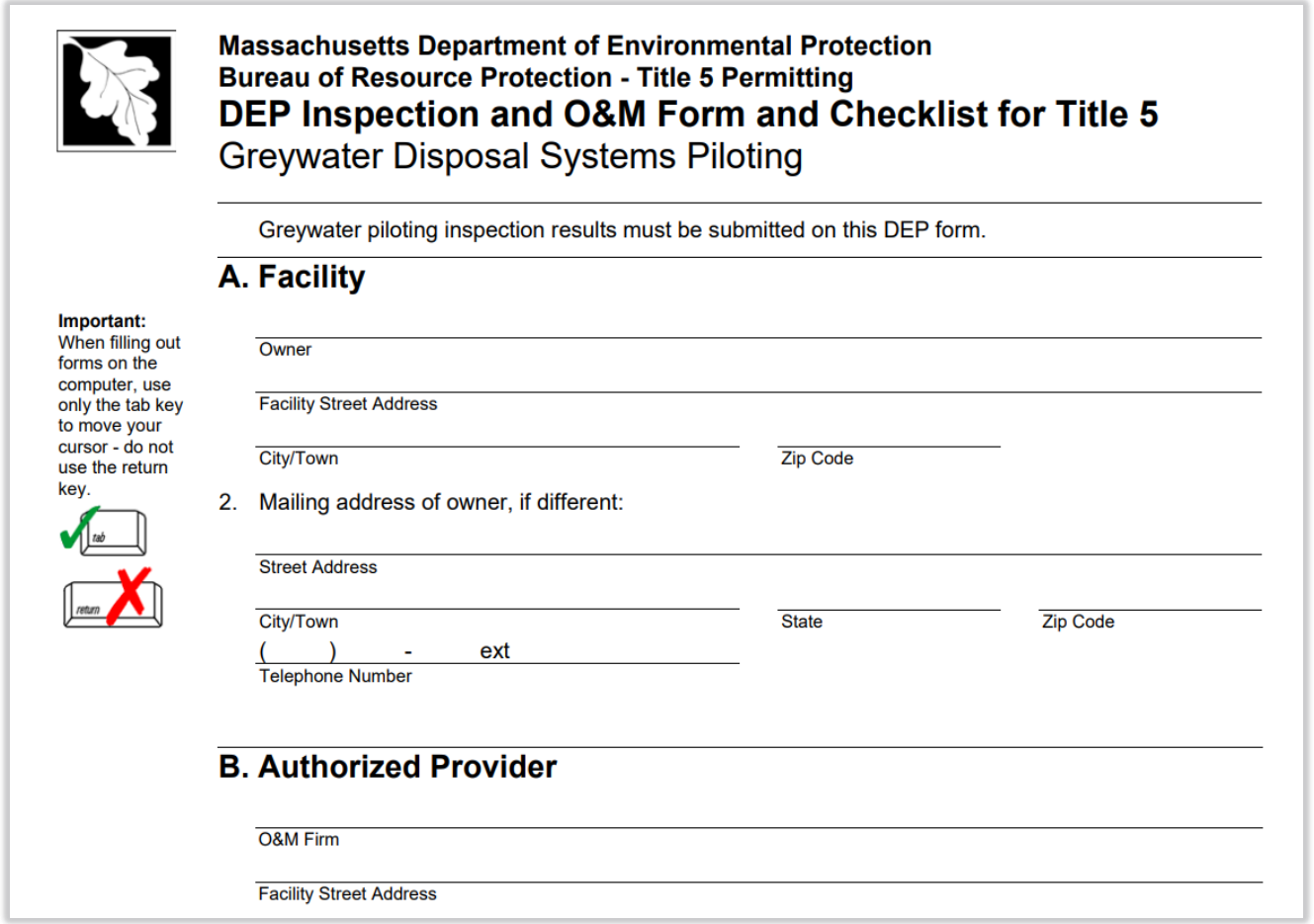
☐ Any odor? _____

☐ Move pea gravel to expose sand interface. Depth of ponding (if any): _____

☐ Check Inspection Well - Depth of ponding at sand/soil interface (if any) _____

DEP Inspection and O&M Form and Checklist for Graywater Piloting

- Checklist to be used by operator of a graywater-only onsite system
- Used to document conditions found and if any repairs or adjustments were made



Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Title 5 Permitting

DEP Inspection and O&M Form and Checklist for Title 5
Greywater Disposal Systems Piloting

Greywater piloting inspection results must be submitted on this DEP form.

A. Facility

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.

Owner

Facility Street Address

City/Town | Zip Code

2. Mailing address of owner, if different:

Street Address

City/Town | State | Zip Code

( ) - ext
Telephone Number

B. Authorized Provider

O&M Firm

Facility Street Address

Title 5 Official Inspection Form

- Form used by an approved System Inspector
- To examine an existing onsite system and determine its condition

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Property Address

Owner's Name

Owner information is required for every page.

City/Town | State | Zip Code | Date of Inspection

Inspection results must be submitted on this form. Inspection forms may not be altered in any way. Please see completeness checklist at the end of the form.

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.

A. Inspector Information

Name of Inspector

Company Name

Company Address

City/Town | State | Zip Code

Telephone Number | License Number

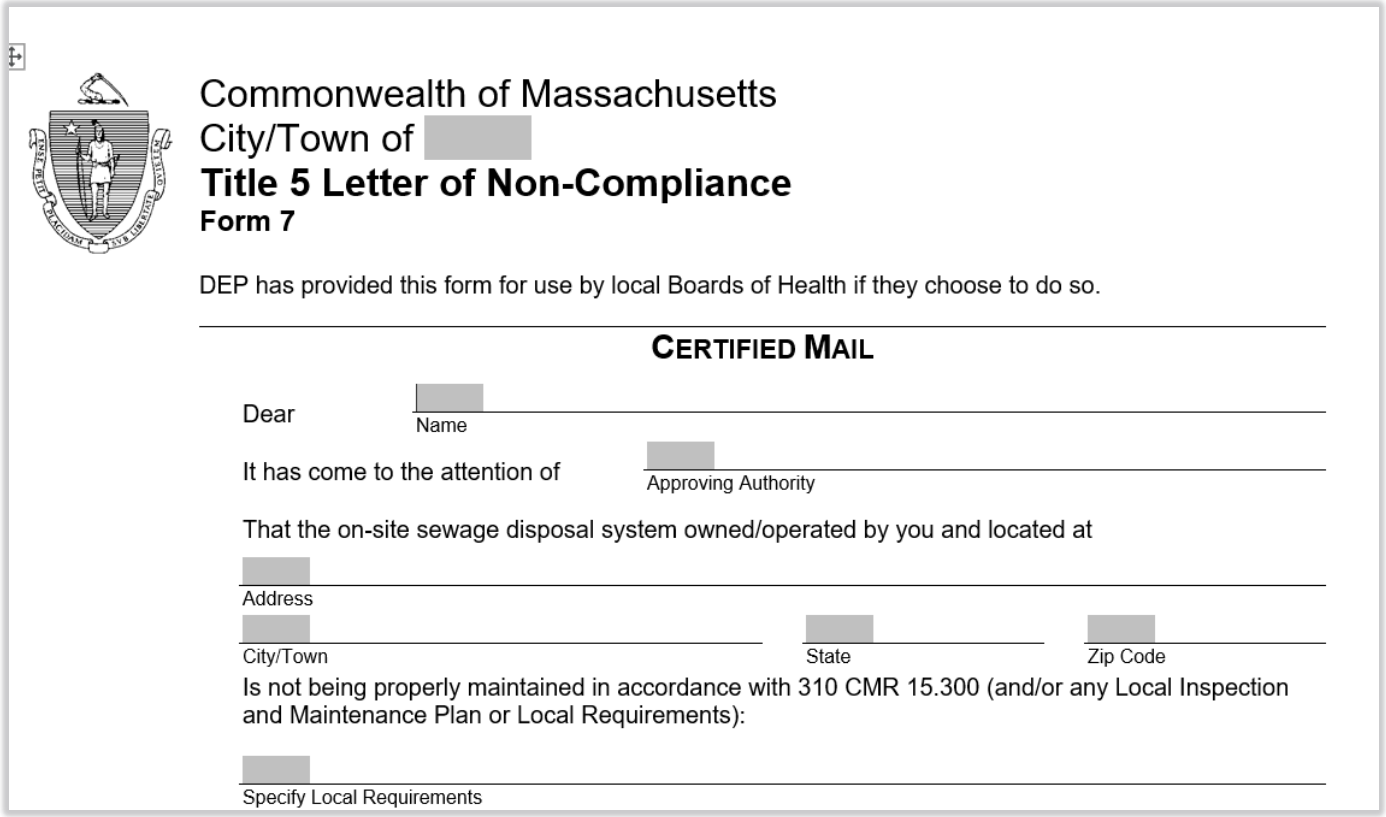
B. Certification

NON-APPLICATION OR NON-PERMIT FORMS

OVERSIGHT AND ADMINISTRATION

Form 7: Letter of Non-Compliance

- Used by local or regional health department or board of health to notify the owner or operator of an onsite system that some aspect is not in compliance with Title 5



Commonwealth of Massachusetts
City/Town of
Title 5 Letter of Non-Compliance
Form 7

DEP has provided this form for use by local Boards of Health if they choose to do so.

CERTIFIED MAIL

Dear _____ (Name)

It has come to the attention of _____ (Approving Authority)

That the on-site sewage disposal system owned/operated by you and located at

_____ (Address)

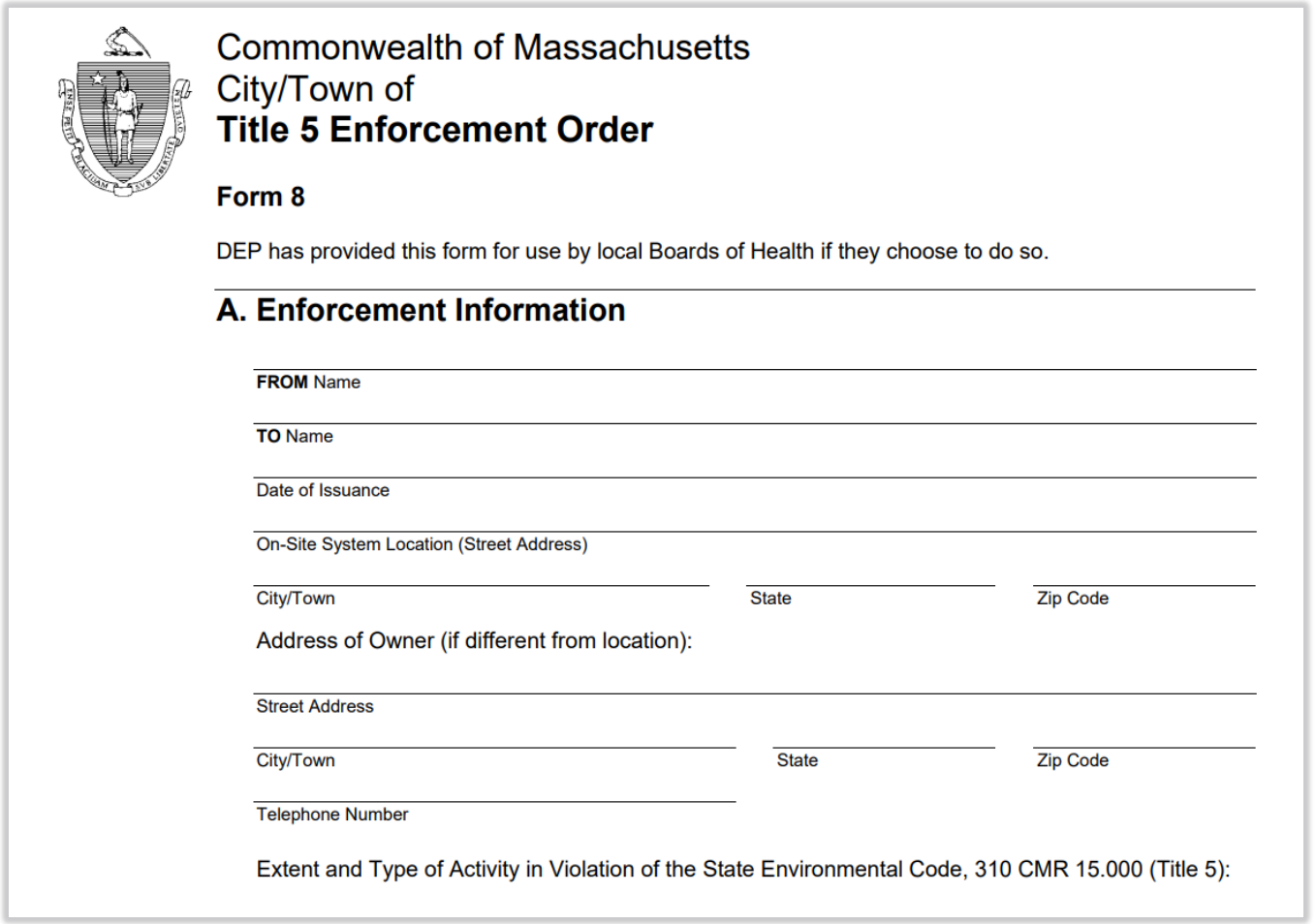
_____ (City/Town) _____ (State) _____ (Zip Code)

Is not being properly maintained in accordance with 310 CMR 15.300 (and/or any Local Inspection and Maintenance Plan or Local Requirements):

_____ (Specify Local Requirements)

Form 8: Title 5 Enforcement Order

- Used by local or regional health department or board of health to require compliance with Title 5 by the owner or operator of an onsite system



Commonwealth of Massachusetts
City/Town of
Title 5 Enforcement Order

Form 8

DEP has provided this form for use by local Boards of Health if they choose to do so.

A. Enforcement Information

FROM Name

TO Name

Date of Issuance

On-Site System Location (Street Address)

City/Town | State | Zip Code

Address of Owner (if different from location):

Street Address

City/Town | State | Zip Code

Telephone Number

Extent and Type of Activity in Violation of the State Environmental Code, 310 CMR 15.000 (Title 5):

4. COMMON ISSUES WITH UNCLEAR GUIDANCE

Suggestion – Construction Oversight

- Develop a supplemental C of C form which has the Designer sign to confirm they personally examined certain key items
- Have the Designer complete their final construction inspection before the Health Inspector goes to the site

Suggestion – Older Properties

- Develop an application form and procedure for determining design flow for facilities with no Approved Capacity on file

Q&A