**TOWN OF WESTMINSTER**



11 South Street

WESTMINSTER, MASSACHUSETTS 01473

(978) 874-7409 ⦁ Fax (978) 874-7462

BOARD OF HEALTH

**Title 5 Inspector Permit Application**

Application and the $50 fee must be returned

to the **Board of Health** no later than **December 9, 2022**.

Make checks payable to: **The Town of Westminster**

COMPANY : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSPECTOR NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL:

**\*YOU MUST ENCLOSE A COPY OF YOUR MASSACHUSETTS TITLE 5 INSPECTOR LICENSE \***

***FAILURE TO DO SO WILL RESULT IN YOUR APPLICATION BEING RETURNED***

By signing below, I agree to abide by all applicable local and state regulations regarding the inspection of onsite wastewater systems. If found in violation of this permit and its terms and conditions, wholly or in part, the applicant inspector understands they may be subject to immediate forfiture of this permit as well as denial of future Title V permit applications for the Town of Westminster.

Pursuant to Mass. General Law Chapter 62C, Section 49A, I certify under the pains and penalties perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

**I acknowledge that I have read and agree to abide by the inspection checklist on the back of this application.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Please return application along with a check in the amount of $50.00 made payable to Town of Westminster.

**Requirements for all Title 5 Inspectors doing Inspections in the Town of Westminster**

* All Title 5 Inspections must be completed by the person holding the permit
* All Title 5 Inspections must be witnessed by the Westminster Board of Health.
* Abide by all Requirements in 310 CMR 15
* Abide by all written guidance issued by Massachusetts DEP
* Abide by all requirements in Town of Westminster Septic Regulations
* Abide by all written guidance issued by the Westminster Board of Health
* Abide by all requirements in Town of Westminster Well Regulations
* Personally verify all information required by the Title 5 Inspection form issued by Massachusetts DEP by going inside dwellings inspecting all levels and visually confirming the correct information.
* Measurement

**When assessing the number of bedrooms a building has, there are 3 tests:**

1. Presumed every building has at least 3 bedrooms.
2. Actual bedrooms =
	1. Don’t count living rooms, dining rooms, kitchens, halls, bathrooms, unfinished cellars and unheated storage areas over garages.
	2. Any other room that meets the bedroom requirement above (Building code) is a bedroom.
3. Presumed bedrooms
	1. Count the number of rooms in the building. Do not include bathrooms, hallways, unfinished cellars and unheated storage areas.
	2. Divide that number by 2
	3. Round number down to a whole number to determine the number of bedrooms
	4. When counting rooms open concept floor plans (no dividing walls between functional rooms like kitchen/dining/family room) count them by function (the example of kitchen/dining/family) would be 3 rooms.

**Apply all 3 tests and the one that results in the largest number is what should be entered**

**on the Title 5 Inspection Form.**

* A BOH witnessed well water test must be performed as part of Title 5 Inspections per Westminster regulations.
* Measurement of scum and sludge in septic tank must done with a visual device designed specifically to measure scum and sludge such as sludge judge or similar.
* Septic tanks need to be pumped as part of a Title 5 inspection after measurement of the scum and sludge to determine septic tank condition.
* All Title 5 Inspection Forms with water test results must be received within 30 calendar days of the inspection.