TOWN OF CHARLTON
37 MAIN STREET
CHARLTON, MA. 01507
508-248-2210

BOARD OF HEALTH

Charlton Permit # _____
(Obtain from Application for soils testing)

Request for System Inspection

FEE: Residential: $ 250.00 / Commercial: $350.00
Includes Bottom, Component Placement, Final Grading, & Stabilization Inspection)
(Check made payable to the Town of Charlton – **FEES ARE NON REFUNDABLE**)

FEE: $ 75.00 per inspection

Component Inspection: Septic Tank
SAS not included
D-Box
Pump Chamber
Other explain_____

(Check made payable to the Town of Charlton –**FEES ARE NON REFUNDABLE**)

FEE: $ 75.00 per inspection
Additional Inspection Fee for Inspection of Retaining Wall/Interceptor Trench/Clay Barrier
(Check made payable to the Town of Charlton – **FEES ARE NON REFUNDABLE**)

I hereby make a request to the Charlton Board of Health for an inspection of the installation of a subsurface sewage disposal system located at:

Address _____

The current owner of the property is _____

Name of Installer _____
(Please print legibly)

_____
Signature of Installer

This form is to be signed in the presence of a Charlton Board of Health Board member, Agent, Staff member – Valid Drivers Lic. required prior to any construction of the system.

Inspection Process: The installer shall contact the Board of Health to request an inspection. The Board of Health Agent will have **48** hours to conduct his inspection and notify the installer of his findings. To schedule an inspection contact The Board of Health at 508-248-2210. Installer must follow The Town of Charlton Septic System Inspection Procedures.