



Town of Uxbridge Board of Health

21 South Main Street, Room 204

Uxbridge, MA 01569

Phone # (508) 278-8600 X 8 Fax # (631) 223-4307

Email: boh@uxbridge-ma.gov

Uxbridge Permit # _____ (taken from Application for soils testing)

Request for System Inspection

FEE: Initial fees paid at the time of plan review submittal

(Includes Bottom, Component Placement, Final Grading, & Stabilization Inspection)

FEE: \$ 100.00 per inspection

Component Inspection: Septic Tank

SAS not included

D-Box

Pump Chamber

Other

☐☐☐☐

explain _____

(Check made payable to the Town of Uxbridge)

FEE: \$ 100.00 per inspection

Additional Inspection Fee for Inspection of Retaining Wall/Interceptor Trench/Clay Barrier

(Check made payable to the Town of Uxbridge)

I hereby make a request to the Uxbridge 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 Uxbridge 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 Title V Agent, Margaret Bacon via text at (508)954-9787 to request an inspection. The Title V Agent will have **48** hours to conduct an inspection and notify the installer of the findings. Installer must follow The Town of Uxbridge Septic System Inspection Procedures.

For Office Use Only

Bottom Inspection Date: _____

Component Placement Inspection Date: _____

Final Grading Inspection Date: _____

Stabilization Inspection Date: _____

revised 5/23/2017