



BOH Forms: #23 Septic/Well Tracking Sheet

Board of Health and Local Health Department Standard Operating Procedures (SOP)

This **Log** can be used to track Septic System/Well Permits, Inspections and Installations. Person completing a section should initial. The Checklist is designed to be used in tandem with the **BOH SOP and Appendices**. BOXES CAN BE CHECKED WITH the CURSOR.

TOWN				OWNER			
SITE ADDRESS				MAP/LOT			
CONTACT PERSON				PHONE/EMAIL			
TITLE 5 INSPECTION <input type="checkbox"/> N/A <input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> CONDITIONAL PASS <input type="checkbox"/> NEEDS FURTHER EVALUATION							
Date	T5 Inspector & BOH Witness	Contact Information	Fee Owed	Fee Paid	Results	Paper Work Rc'd	
WELL PERMIT APPLICATION				Plan Date:		Permit #:	
Date(s)	Plan Designer	Contact Information	Fee Owed	Fee Paid	Review Date/Conditions	Review	
WELL WATER QUALITY CERTIFICATE				<input type="checkbox"/> Issue Date:			
<input type="checkbox"/> Application Approval Date:				<input type="checkbox"/> Licensed Well Driller:			
<input type="checkbox"/> Permit Issuance Date:				<input type="checkbox"/> Well Drilling Report Rc'd			
<input type="checkbox"/> Well Test Report Rc'd				<input type="checkbox"/> Water Quality Certificate Issued by BOH:			
PERCOLATION TESTING							
Date(s)	Soil Evaluator and BOH Witness	Contact Information	Fee Owed	Fee Paid	Results	Paper Work Rc'd	
DISPOSAL SYSTEM CONSTRUCTION PERMIT (DSCP)						Permit #:	
<input type="checkbox"/> New Construction <input type="checkbox"/> Local Upgrade <input type="checkbox"/> System Component Repair						Plan Date:	
Date(s)	Septic Designer	Contact Information	Fee Owed	Fee Paid	Review Date/Conditions	Review	
<input type="checkbox"/> Application Approval Date:				<input type="checkbox"/> Licensed Septic Installer:			
<input type="checkbox"/> Permit Issuance Date:				<input type="checkbox"/> System Installation Start Date:			
<input type="checkbox"/> Installation Inspection (Date(s)/Inspector):				<input type="checkbox"/> LUA Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO Describe:			
<input type="checkbox"/> Comments/Conditions:							
DSCP CERTIFICATE OF COMPLIANCE				<input type="checkbox"/> Issue Date:			
<input type="checkbox"/> As- Built Drawing:		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Installer Signoff Date:			
<input type="checkbox"/> Sieve Analysis if fill used:		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Designer Signoff Date:			
<input type="checkbox"/> Payment of All Fees:		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> DSCP Conditions Met:			

Notes and Correspondence may be recorded on the back of this form.