



**For the last three (3) systems installed, give the following:** (not required for license renewals)

Installation Date	Owner Name	Street Address	Town	System Type (pit, trench, etc.)

**IMPORTANT**

If there are any deviations between the site conditions and the approved plan, it is your responsibility to notify both the **Board of Health Agent and the design engineer** for approval to continue construction.

Inspections require a minimum of **24 hour to 48 hours notice to the Board of Health Office and certifying engineer.** (Direct phone number has voice mail, please identify property with house # (not lot #) and indicate what type of inspection you require and leave a forwarding phone #).

**Installers must provide the Board of Health with a copy of an as-built plan and Certification.** Plan must be on a sheet of paper 8 ½ " x 11," give ties from 2 corners of the foundation to center of septic tank, and to center of d-box and end of trenches. Depths greater than 1 foot to the septic tank must be given. An example of an as-built is available in this office. This plan must include the property location (street name and number), installers, name.

Installer's licenses expire on **December 31<sup>st</sup>** of the year in which they are issued.

**I hereby declare that the above statements made on this application for a license to install septic systems are complete and true and that non-compliance with the above may result in the revocation of my license.**

**Pursuant to Massachusetts General Laws Chapter 62C, section 439A, I certify under penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.**

\_\_\_\_\_  
TAXPAYER IDENTIFICATION #

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

- ① **A check or money order payable to the Town of Southborough in the amount stated above must accompany application.**
- ② **A copy of a valid worker's compensation policy must accompany your application**