

For the last three (3) systems installed, give the following:

Installation Date	Owner Name	Street Address	Town	System Type (trench, bed, pump to "D" box, pressure dosing, innovative/alternative, 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 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. Plan must be on a sheet of paper 8 ½ " x 11," or larger 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 31st** 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**