

**TOWN of SOUTHBOROUGH  
BOARD OF HEALTH  
Southborough, Massachusetts 01772**



**DISPOSAL SYSTEM INSTALLER'S CERTIFICATE  
ON-SITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION OR UPGRADE**

**LOCATION:** \_\_\_\_\_ **map/parcel #** \_\_\_\_\_  
Street address

**PERMIT #:** \_\_\_\_\_

**INSTALLER:**

**Name of Firm:** \_\_\_\_\_  
PLEASE PRINT

**Name of Installer:** \_\_\_\_\_  
PLEASE PRINT

**Installer's License #:** \_\_\_\_\_

I certify that the on-site sewage disposal system, which I have constructed or upgraded at the above location, has been constructed or upgraded in compliance with 310 CMR 15.000, the approved design plans, and all requirements and conditions of the Southborough Board of Health.

I certify that I have provided the property owner and the Southborough Board of Health with a copy of the installer's as-built plan (the installer's sketch) and have explained (to the home owner) the function of the pump system where applicable, and the importance of regular septic tank pumping.

**Date:** \_\_\_\_\_

**Signature of Installer:** \_\_\_\_\_