

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

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I, \_\_\_\_\_, as a newly licensed Subsurface Sewage  
Print Full Name

Disposal System Installer for the Town of Southborough Board of Health do hereby agree to abide by the Commonwealth of Massachusetts Department of Environmental Protection Title 5 Code (310 CMR 15.000), and the Southborough Board of Health Rules and Regulations pertaining to the installation of all on-site subsurface sewage disposal systems. I also affirm that I received a full copy of the State Title 5 Code and a copy of the Southborough Board of Health Rules and Regulations, and that I will read these and refer to them whenever a detail or note is left off of the design engineer plans. I fully understand and recognize that the design engineer and the Southborough Board of Health can not print the State Title 5 Code or its Rules and Regulations in their entirety on each plan and construction permit, and that it is my responsibility to read the Code and apply those construction and installation details necessary to construct the on-site septic system in a professional manner and in compliance with the State and local regulations.

I also agree not to start construction on any sub-surface sewage disposal system until I have had a pre-construction meeting with the Southborough Board of Health Agent and the Design Engineer for each of the following: the 1<sup>st</sup> conventional septic system; and, for every large system over 2,000 gallons per day of estimated sewage flow.

I also agree to personally call or have my office call and notify the Southborough Board of Health office at least 48 hours in advance of any inspection and will adhere to the inspection schedule given to me at the pre-construction meeting. I also agree to call the Design Engineer to notify them of any and all inspections where they need to be present.

I also agree not to cover any component of the subsurface sewage disposal system until both the Design Engineer and the Southborough Board of Health have inspected the component and given me the approval to cover such component.

\_\_\_\_\_  
Signature of Installer

\_\_\_\_\_  
Date

Notary Public:

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My Commission Expires:

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