



## Town of Southborough

### Board of Health

9 Cordaville Road, Lower Level  
Southborough, MA 01772-1662

Phone: (508) 481-3013

Fax: (508) 983-7729

## SEPTIC INSTALLER'S LICENSE

Circle the license for which you are applying:

\*Please note fee amounts have changed.

### Conventional Systems Only

New      Renewal      FEE: \$150

### Conventional and Large Systems over 2,000 GPD

New      Renewal      FEE: \$200

Applicant \_\_\_\_\_

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

Company Phone \_\_\_\_\_

If corporation or partnership, give names, titles and home addresses of officers.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Name of Person Supervising Sewage Disposal Installation (This will be the person responsible for installations and is the Person in Charge) \_\_\_\_\_

Commonwealth of Massachusetts Town's in which you are licensed to install subsurface sewage disposal systems: (not required for license renewals)

Town

Date License Expires

License #

Board of Health requires all New Installers to present at least two (2) original letters of recommendation signed by Board of Health Agent or Board of Health Member, or in certain instances, registered letters from a Registered Professional Design Engineer or Registered Sanitarian.

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

Installation Date	Owner Name	Address	Town	System Type (trench, bed, pump to D Box, pressure dosing, etc.)
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1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**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 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 number where you can be reached).

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 1/2 in. x 11 in., 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) and installer's name.

Installer's licenses expire on December 31<sup>st</sup> of the year in which they were 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 49A, 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 by law.*

**A COPY OF YOUR WORKERS COMPENSATION CERTIFICATE MUST  
ACCOMPANY THIS APPLICATION AND CAN BE EMAILED TO:**

**bspiri@southboroughma.com**

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**Taxpayer Identification #**

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**Applicant Signature**

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**Date**

**FOR OFFICE USE ONLY**

Fee \_\_\_\_\_ Check # \_\_\_\_\_

Permit Number \_\_\_\_\_ Date Issued \_\_\_\_\_

Notes: \_\_\_\_\_