



Town of Southborough  
Board of Health  
9 Cordaville Road, Lower Level  
Southborough, MA 01772-1662

Phone: (508) 481-3013

**SEWAGE DISPOSAL SYSTEM  
COMPONENT REPAIR / REPLACE APPLICATION**

- |   |                       |                                     |
|---|-----------------------|-------------------------------------|
| <input type="checkbox"/> Residential                            | FEE (per component):  | \$125                               |
| <input type="checkbox"/> Non-Residential                        | FEE (per component):  | \$150                               |
| <input type="checkbox"/> Condominium                            | FEE (per component):  | \$150                               |
| <input type="checkbox"/> Condominium ( <i>On-Site Systems</i> ) | FEE (multi-component) | \$300                               |
| <input type="checkbox"/> Commercial/Industrial                  | FEE (per component):  | \$300                               |
| <input type="checkbox"/> Shared System                          | FEE (per component):  | \$150                               |
| <input type="checkbox"/> Complex System                         | FEE (per component):  | To be determined by Board of Health |
| <input type="checkbox"/> Institutional/School                   | FEE (per component):  | \$150                               |

\*Additional Inspection fees \$100/visit

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_

Applicant Address \_\_\_\_\_ Phone \_\_\_\_\_

Owner's Name \_\_\_\_\_ Phone \_\_\_\_\_

Property Address \_\_\_\_\_ Assessors Map/Parcel # \_\_\_\_\_

Installer's Name \_\_\_\_\_ Phone \_\_\_\_\_

Installer's Address \_\_\_\_\_

Description of Repairs/Alterations/Component Replacement: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ ☐ Owner ☐ Agent for Owner

**FOR OFFICE USE ONLY**

Title 5 Code Inspection Report Submitted: ☐ Yes ☐ No Date \_\_\_\_\_

Component Repair/Replacement Application Approved: ☐ Yes ☐ No Date \_\_\_\_\_

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

Inspection Signature \_\_\_\_\_ Date \_\_\_\_\_