



TOWN OF MENDON

BOARD OF HEALTH

18 Main Street | Mendon, MA 01756

PH: (508) 634-2656 | Email: BOH@MendonMA.Gov

Title V Waiver Request

I, _____ property owner of _____
(Print Name) (Print Address)

in Mendon, MA 01756, am aware of the Mendon Board of Health's Title V Regulation regarding Title V Inspector's doing repair work to septic systems they have inspected.

My Title V Inspector did provide me a list of licensed septic installers approved by the Board of Health. Therefore, since my Title V Inspector is listed as an approved Septic Installer, I wish to exercise the option provided to me under this regulation, to utilize my Title V Inspector to perform the recommended repairs to my septic system.

I would like to have _____ of _____
(Print Name of Installer) (Print Name of Company)

perform the recommended repairs to my septic system.

Thank You,

Signature of Property Owner

Date