



# *Town of Marshfield*

## BOARD OF HEALTH

870 MORaine STREET  
MARSHFIELD, MASSACHUSETTS 02050

Tel: 781-834-5558 Fax: 781-837-6047

### Alternative Technology Certification by Owner

I, \_\_\_\_\_, owner of record for the property located at \_\_\_\_\_,  
hereby certify that:

1. I have been provided a copy of the Approval, the Owner's Manual, and the Operation and Maintenance Manual (if applicable) for the alternative technology \_\_\_\_\_ provided for the property located at \_\_\_\_\_, and I agree to comply with all terms and conditions.
2. I have been informed of the owner's costs associated with the operation including, as applicable: power consumption, maintenance, sampling, recordkeeping, reporting and equipment replacement.
3. I understand the requirement for a service contract.
4. I agree to fulfill my responsibilities to provide a Deed Notice as required by 310CMR 15.287(10) and the approval.
5. I agree to provide written notification of the approval to any new owner as required by 310CMR 15.287(5).
6. I understand and accept that the design does not provide for the use of garbage grinders.
7. I understand the requirement to repair, replace, modify or take any other action as required by the Mass DEP or Board of Health, if either authority determines that the Alternative System is not capable of meeting the performance standards.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Property Address

\_\_\_\_\_  
Date

## Notice of Alternative Sewage Disposal System

M.G.L. c. 21A, § 13 and 310 CMR 15.0287(10)

[This Notice to be recorded and/or filed for registration in the chain of title of the Property served by an Alternative Sewage Disposal System ("Alternative System").]

NAME(S) OF OWNER OF PROPERTY SERVED BY ALTERNATIVE SYSTEM: \_\_\_\_\_

ADDRESS OF PROPERTY SERVED BY ALTERNATIVE SYSTEM: \_\_\_\_\_

TITLE REFERENCE FOR PROPERTY SERVED BY ALTERNATIVE SYSTEM [check and complete each that applies]:

\_\_\_ Deed recorded with the \_\_\_\_\_ Registry of Deeds in Book \_\_\_\_\_, Page \_\_\_\_\_

\_\_\_ Certificate of Title No. \_\_\_\_\_ issued by the Land Registration Office of the \_\_\_\_\_ Registry District

\_\_\_ Source of title other than by deed \_\_\_\_\_

[If Alternative System Owner(s) is other than Property Owner(s), complete the following:]

Alternative System Owner Name: \_\_\_\_\_

Alternative System Owner Address: \_\_\_\_\_

WHEREAS, Section 15.280 of Title 5 of the State Environmental Code ("Approval of Alternative Systems"), provides for the Massachusetts Department of Environmental Protection (the "Department") to approve or certify, as appropriate, all proposals to construct, upgrade or replace on-site sewage disposal systems using alternative systems;

WHEREAS, owners and/or operators of approved or certified alternative systems are subject to general conditions, as specified in Section 15.287 of Title 5 of the State Environmental Code, 310 CMR 15.287, and may be subject to special conditions, as specified in the Department's approvals or certifications; such general and special conditions potentially including, without limitation, requirements relating to the use of trained operators, periodic inspections, maintenance, sampling, reporting and/or recordkeeping;

WHEREAS, Section 15.287(10) of Title 5 of the State Environmental Code, 310 CMR 15.287(10), requires that "prior to obtaining a Certificate of Compliance for installation of a new or upgraded system, the system owner shall record in the chain of title for the property served by the alternative system in the Registry of Deeds and/or Land Registration Office, as applicable, a Notice disclosing both the existence of the alternative on-site system and the Department's approval of the system. The system owner shall also provide evidence of such recording to the local Approving Authority [;]" and

WHEREAS, the Property is served by an alternative sewage disposal system.

NOW, THEREFORE, Notice of an alternative sewage disposal system is hereby given for the above-referenced Property, as follows:

1. Existence. An alternative system has been installed as a new or upgraded alternative sewage disposal system, on or adjacent to the Property, and serves the Property. The trade name and model number(s) of the alternative system are as follows:

Trade name of technology: \_\_\_\_\_

Manufacturer Name: \_\_\_\_\_

Model number(s): \_\_\_\_\_

2. Approval/Certification. On \_\_\_\_\_ [date], the Department, pursuant to its authority under the section of Title 5 as specified below, approved or certified the technology used in the above-referenced alternative system, under MassDEP Transmittal Number \_\_\_\_\_ [Transmittal Number of approval or certification].

[Check one of the following, as applicable:]

- ☐ Approved for remedial use under 310 CMR 15.284  
☐ Approved for piloting under 310 CMR 15.285  
☐ Provisionally approved under 310 CMR 15.286  
☐ Certified for general use under 310 CMR 15.288

A copy of the Department's Approval/Certification is available from the Department in person or on-line at the Department's website: <http://www.mass.gov/dep>.

WITNESS the execution hereof under seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, made by the above-named Alternative System Owner(s).

\_\_\_\_\_  
[Alternative System Owner(s)]

Print Name(s): \_\_\_\_\_

COMMONWEALTH OF MASSACHUSETTS

\_\_\_\_\_, SS

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_ (name of document signer), proved to me through satisfactory evidence of identification, which were \_\_\_\_\_, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

\_\_\_\_\_  
(official signature and seal of notary)

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[Complete the following Property Owner(s) Consent if Alternative System Owner(s) is other than the Property Owner(s):]

CONSENTED TO:

\_\_\_\_\_  
[Property Owner(s)]

Print Name(s): \_\_\_\_\_

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

COMMONWEALTH OF MASSACHUSETTS

\_\_\_\_\_, SS

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_ (name of document signer), proved to me through satisfactory evidence of identification, which were \_\_\_\_\_, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

\_\_\_\_\_  
(official signature and seal of notary)

Upon recording, return to:

[Name and address of Property Owner(s)]