



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