



Town of Marshfield

Board of Health
870 Moraine Street
Marshfield, Massachusetts 02050
Tel: 781-834-5558 Fax: 781-837-6047

Grant of Local Upgrade Approval Subject to Conditions

MUST BE RECORDED AT THE PLYMOUTH COUNTY REGISTRY OF DEEDS AND/OR LAND COURT

Date _____

Applicant _____

Property Owner _____

Property Address _____

Title Reference _____

The Marshfield Board of Health hereby grants a local upgrade approval for the required or voluntary upgrade of a failed or nonconforming system with a design flow below 10,000 g.p.d. in accordance with the terms and provisions of Title 5 of the State Environmental Code (310 CMR 15.402- 15.405), as follows:

The grant of local upgrade approval is subject to the following conditions and/or restrictions:

There is to be no increase in sewage flow to the repaired subsurface sewage disposal system and no increase in square footage to the existing structure that results in an increase in sewage flow to the sewage disposal system.

Marshfield Board of Health

I/we, the undersigned property owner(s) hereby accept the within variance with the conditions and restrictions stated above.

COMMONWEALTH OF MASSACHUSETTS

**Then came the above named _____ and
acknowledged the foregoing to be his/her free act and deed, before me**

**Notary Public
My Commission expires:**

Note: 15.413: Conditioning of Variances:

Title 5 requires the facility owner shall record or register in the chain of title for the property served by the proposed subsurface sewage system at the Registry of Deeds or the Land Registration Office, as applicable, a deed restriction limiting any increase in sewage flow to the repaired subsurface sewage disposal system and no increase in square footage to the existing structure that results in an increase in sewage flow to the sewage disposal system.