

175 Spring Street
Rockland, MA 02370
Phone: 781-878-3849



“We make clean water, we ARE clean water”

OWNER OF RECORD ACKNOWLEDGMENT OF CONDITIONAL OF APPROVAL

Property located at _____

I, _____, owner of property described above do hereby acknowledge the following:

Initial

_____ I understand that a MASS DEP Approved I/A Technology is required in order for the Board of Health to provide reduction in Title 5 leach system requirements.

_____ I agree to comply with all terms and conditions of MassDEP approval of the technology. I have been provided a copy of the Approval, the Owner's Manual and Operation and Maintenance Manual.

_____ I have been informed of costs associated with operation of the Technology including power consumption, maintenance, sampling, record-keeping, reporting and equipment replacement.

_____ I understand the requirement for a operation and maintenance (O&M) service contract by a certified service provider.

_____ I agree to provide a Deed Notice recorded at Registry of Deeds as required by 310 CMR 15.287(10)

_____ I agree to provide a written notification of the Approval to any new owner as required by 310 CMR 15.287(5)

_____ I agree to notify Clearwater Recovery if property is sold within 180 days of the install.

Signature _____ Signature _____

Date Signed _____ Date Signed _____