

Instructions:

- 1. Fill out blanks completely*
- 2. Submit to Bourne Health Department to be reviewed and signed*
- 3. Record document and any attachments at applicable Registry of Deeds or Land Court Office in the chain of title of the property served by an I/A system*
- 4. Submit recorded copy to the Bourne Health Department*

NOTICE OF ALTERNATIVE SEWAGE DISPOSAL SYSTEM

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

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 _____

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

OWNER(S) MAILING ADDRESS:

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

Alternative System Owner Name:

Alternative System Owner Address:

Alternative System Owner Telephone Number: _____ E-mail 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, the owners and/or operators this alternative system acknowledges and agrees to comply with the provisions of all of the Bourne Board of Health Alternative Septic System Regulations and any other conditions for the existence of the system;

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 Bourne Board of Health [;]” 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):

A copy of the Department of Environmental Protection’s Approval/Certification is available online at the Department’s website:

<https://www.mass.gov/guides/title-5-innovativealternative-technology-approval-letters>

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].

[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

****This Notice of Alternative Sewage Disposal System must be submitted to the Bourne Board of Health****

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

[Alternative System Owner(s) Signature(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)

[Complete the following Property Owners Consent if Alternative System Owner is other than the Property Owner:]

CONSENTED TO:

[Property 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)

Approved and Accepted By:

Agent of the Board of Health
Health Department
Town of Bourne