



WAIVER OF TITLE 5 UPGRADE/REPAIR AND SCHEDULE OF UPGRADE

I/we, do hereby apply for a waiver, as allowed under 310 CMR 15.301 (4) (b), from the required Title 5 Inspection of the on-site sewage disposal system at my property, located at _____, Harvard, MA, 01451.

I/we agree to comply with the following conditions:

- 1) The above-described property shall connect to the Town Center Sewer System within 180 days from the date of the waiver, or completion of the Town Center Sewer System, whichever occurs later, but in no case shall exceed five (5) years from the date of this application.
- 2) The on-site sewage disposal system will be serviced as necessary per any interim measures determined by the Town of Harvard Board of Health (the Board). Any terms specified in a *Schedule of Upgrade* will be strictly adhered to and met. An *Enforcement Letter* from the Board of the Massachusetts Department of Environmental Protection may shorten or eliminate this waiver period, should the current system endanger either the public health or the environment.
- 3) This waiver, along with these conditions, shall be communicated in writing to the purchaser and any other subsequent owner (s) until the property is connected to the Town Center Sewer System and shall be recorded with the Worcester District Registry of Deeds or registered with the Worcester Registry District of the Land Court, as the case may be. This waiver shall be deemed to be a covenant running with the land and shall be binding on the landowner's heirs, successors and assigns.
- 4) In the event that the project cost over-run mechanism, "circuit breaker" is utilized, this waiver shall become null and void. It then becomes my/our responsibility to immediately pursue other Title 5 compliance measures.

Witness my/our hand (s) and seal (s) this ____ day of _____, 20 ____.

Signature

Signature

Printed Name

Printed Name

Address

Address

COMMONWEALTH OF MASSACHUSETTS

Worcester, ss. _____, 20 ____

On this day, before me, the undersigned notary public, personally appeared _____ and _____ and proved to me through satisfactory evidence of identification, which was _____, to be the person (s) whose name (s) is/are signed on the preceding document, and acknowledged to me that s/he/they signed it voluntarily for its stated purpose.

, Notary Public
My Commission Expires:

FOR HARVARD BOARD OF HEALTH USE ONLY

Approved on: _____

Approved by: _____ Date: _____

_____ Date: _____

_____ Date: _____