<u>NOTE:</u> The following is a suggested sample format. The Harvard Board of Health recommends the applicant consult his or her attorney in completing the form, and prior to executing and recording the same. It is the responsibility of the applicant to record the executed Notice.

## **DEED NOTICE**

In He	consideration of the approval by the Board of Health o ealth") of the drinking water supply at	of the Town of Harvard	d ("Board of ,Harvard,
Wo he	ealth") of the drinking water supply atorcester County, Massachusetts ("Premises"),oreby covenant and agree with the Board, as follows:		("Owner(s)"),
1.	The undersigned Owner(s) is/are the owner(s) in fee simple of the Premises affected by this restrictive covenant. See deed dated recorded with Worcester Registry of Deeds in Book, at Page		
2.	This covenant shall be binding upon the executors, administrators, devisees, heirs, successors and assigns of the Owner(s) and shall constitute a covenant running with the land.		
3.	The Owner(s) agree(s) to record this covenant with the Worcester District Registry of Deeds		
4.	Pursuant to the Board of Health regulations and at the request of the Board of Health, in order to reduce levels of the well installed on the Premises, Owner(s) is/are required to install and maintain a treatment system.		
5.	It shall be the responsibility of any and all subsequent owner(s) of the Premises to maintain the treatment system to ensure safe and compliant levels for the Premises.		
6.	Upon written authorization of the Board of Health, this restriction may be released and the Owners' obligations terminated. The release and termination shall be effective upon the recording of a document with the Worcester County Registry of Deeds.		
		Owner	
		Owner	
	COMMONWEALTH OF MASS	SACHUSETTS	
WORCESTER, SS			, 202
Then before me personally appearedthrough satisfactory evidence of identification, which was			, proved to me
ınr	ough satisfactory evidence of identification, which was	S	,

to be the person(s) whose name is signed on the preceding or attached document, and who acknowledged to me that she executed it voluntarily for its stated purpose.

Notary Public
My Commission Expires: