



**WAIVER OF TITLE 5 INSPECTION**

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 two (2) years from the date of this application.
- 2) Any terms specified in a *Schedule of Upgrade* will be strictly adhered to and met. An *Enforcement Letter* from the Town of Harvard Board of Health or 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 the project cost over-run mechanism, "circuit Breaker" is utilized, this waiver shall become null and void. It then becomes my/our responsibility to complete any deferred inspection (s) and provide the required reports to the Board of Health within 120 days of the institution of the "circuit breaker" provision.

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 BOARD OF HEALTH USE ONLY	
Approved on:	_____
Approved by:	_____ Date: _____
	_____ Date: _____
	_____ Date: _____