

TOWN OF MARSHFIELD

BOARD OF HEALTH

**Grant of Local Upgrade Approval
Subject to Conditions**

MUST BE RECORDED AT THE PLYMOUTH COUNTY REGISTRY OF DEEDS

Date _____

Applicant _____

Property Owner _____

Property Address _____

Title Reference _____

The Marshfield Board of Health hereby grants a local upgrade approval for the required or voluntary upgrade of a failed or nonconforming system with a design flow below 10,000 g.p.d. in accordance with the terms and provisions of Title 5 of the State Environmental Code (310 CMR 15.402- 15.405), as follows:

The grant of local upgrade approval is subject to the following conditions and/or restrictions:

There is to be no increase in sewage flow to the repaired subsurface sewage disposal system and no increase in square footage to the existing structure that results in an increase in sewage flow to the sewage disposal system.

Marshfield Board of Health

