COMMUNITY SEPTIC MANAGEMENT BETTERMENT PROGRAM

INTRODUCTION

The Town of Medway invites those in need of septic system repairs or replacement to apply for a Loan under the Town’s Community Septic Management Betterment Program. The proceeds of a $200,000.00 loan from the Massachusetts Water Pollution Abatement Trust and the Massachusetts Department of Environmental Protection are being utilized to help homeowners comply with Title V State Regulations. This will be done by repairing or replacing failed on-site sanitary sewage disposal systems or providing connections to the municipal sewer system. The object of the Betterment Program is environmental and public health.

GENERAL PROGRAM DETAILS

The Town of Medway program is a low interest loan at 2% based on a 20 year payment plan. This allows homeowners to repair their septic systems through the payment of a betterment. The Town of Medway does not conduct an equity or credit check for the Betterment Program participants. The only check is to determine taxes due to the Town, and only residents that are currently certified by the Tax Collector’s office as showing no outstanding balance due on Real Estate Tax bills or Water bills are eligible for the Betterment Program. The loan application is processed under the direction of the Board of Health. Payments are made at the time of normal tax payment for the real estate property, and the loan is added to the resident’s tax bill automatically.

WHO IS ELIGIBLE?

The Betterment Program is designed as a town-wide program to protect the Town’s public health and environment.

HOW DO I APPLY?

To obtain an application or ask questions, call the Board of Health during normal business hours at 533-3206 or email bhallal@townofmedway.org
# COMMUNITY SEPTIC MANAGEMENT BETTERMENT PROGRAM

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**CONTRACT AGREEMENT**
SEPTIC SYSTEM REPAIR APPLICATION

FORM 1

- OWNER HOUSEHOLD INFORMATION
  A. Name of Owner(s): _______________________________________
     Mailing Address: _______________________________________
     Home Telephone: _________________ Work: _________________

- PROPERTY INFORMATION
  Property Location: _______________________________________
  Number of Occupants: _________ Number of Bedrooms: __________

- HAS A CERTIFIED INSPECTOR DETERMINED YOUR SYSTEM TO BE FAILING? (ATTACH REPORT)

- HAS A PERCOLATION TEST AND/OR DESIGN BEEN PREPARED OR CONDUCTED? (ATTACH REPORT)

- ARE THERE CURRENTLY ANY LIENS OR ATTACHMENTS RECORDED AGAINST YOUR PROPERTY?
  YES ___________ NO _________ IF SO, PLEASE EXPLAIN

SIGNATURE OF OWNER: ______________________________

DATE: ______________________________
FORM 2

SEPTIC SYSTEM REPAIR APPLICATION

MAP OF PROPERTY

Please use current septic as-built, septic design, assessors map or building plot plan if available.
FORM 3

SEPTIC SYSTEM REPAIR PROGRAM

OWNER OF RECORD

PROPERTY LOCATION: ________________________________________________

(Street number and Address)

OWNER(S) OF RECORDS:

NAME: ___________________________ ADDRESS: ________________________

NAME: ___________________________ ADDRESS: ________________________

ACCORDING TO ASSESSOR’S RECORDS, THE ABOVE ARE ALL THE
OWNERS(S) OF RECORD FOR THE SUBJECT PROPERTY AND ARE LISTED AT
THE NORFOLK COUNTY REGISTRY OF DEEDS, DEDHAM, MASSACHUSETTS
IN:

BOOK NUMBER: ________________ PAGE NUMBER: _____________________

SIGNED BY: ______________________ TITLE: _________________________

Administrative Assessor

DATE: ______________________________
SEPTIC SYSTEM REPAIR PROGRAM

TAX COLLECTOR’S CERTIFICATION

PROPERTY:
OWNERS(S) OF RECORD: _______________________________________

ADDRESS OF PROPERTY: _____________________________________

<table>
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<tr>
<th>ITEM</th>
<th>AMOUNT</th>
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<tr>
<td>WATER ASSESSMENTS</td>
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TAX COLLECTOR SIGNATURE: _______________________________________

DATE: ___________________________

COMMENTS: ____________________________________________________
FORM 5

SEPTIC SYSTEM REPAIR PROGRAM

ASSESSOR’S STATEMENT OF VALUE

PROPERTY:

ADDRESS: ___________________________________________

MAP: _______ PARCEL: _______ LOT # _______

OWNER(S) OF RECORD: _______________________________________

_____________________________________

MAILING ADDRESS: ________________________________________

_____________________________________

THE ABOVE REFERENCED PROPERTY IS VALUED AT $ __________

ACCORDING TO THE TOWN OF MEDWAY’S ASSESSOR’S RECORDS.

SIGNATURE: _________________________ TITLE: _________________________

PRINT NAME: _________________________ DATE: _________________________

COMMENTS, IF ANY: ____________________________________________________

______________________________________________________________________
FORM 6A

SEPTIC SYSTEM REPAIR PROGRAM

STATEMENT OF FACT

PROPERTY LOCATION: ____________________________________________

NAME(S) OF OWNER: ____________________________________________

15.303: Systems Failing to Protect Public Health and Safety and the Environment

(a) Criteria applicable to all systems:

1. There is backup of sewage into the facility served by the system or any component of the system as a result of an overloaded and/or clogged soil absorption system or cesspool.

   YES __________ NO __________

2. There is a discharge of effluent directly or indirectly to the surface of the ground through ponding, surface breakout or damp soils above the disposal area or to a surface water of the Commonwealth.

   YES _________ NO __________

3. The static liquid level in the distribution box is above the level of the outlet invert.

   YES _________ NO __________

4. The liquid depth in a cesspool is less than 6” from the inlet pipe invert or the remaining available volume within a cesspool above the liquid depth is less than 1/2 of one day’s design flow.

   YES _________ NO __________

5. The septic tank or cesspool requires pumping more than 4 times a year.

   YES _________ NO __________

6. The septic tank is cracked or is otherwise structurally unsound, indicating that substantial infiltration or exfiltration is occurring or is imminent.

   YES _________ NO __________
7. A cesspool, privy or any portion of the soil absorption system extends below the high groundwater elevation.
   YES _________ NO __________

8. Other reason(s) as to why system is not working or has failed: __________

   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________

IS YOUR YEARLY INCOME $150,000. OR GREATER? YES ______ NO ______

Owner(s) of Property:

TO THE BEST OF MY KNOWLEDGE, THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

SIGNED BY: ______________________________ DATE: __________________________
FORM 6B

REVIEW BY BOARD OF HEALTH AGENT

ATTACHED ARE ANY TITLE 5 INSPECTION REPORTS FROM THE BOARD OF HEALTH OFFICE IN MEDWAY.

DETERMINATION BY THE BOARD OF HEALTH AGENT: _________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

SIGNED: ___________________________________ DATE: ____________________
HEALTH AGENT

SIGNED: ______________________________ DATE: _____________________
CHAIRMAN, BOARD OF HEALTH
SEPTIC SYSTEM REPAIR PROGRAM

CONTRACT

This agreement is entered into by and between The Town of Medway, by its Board of Health and Treasurer, and ___________________________________(the Owner) this ________day of __________________________ 2014.

WHEREAS, the Owner owns residential property, including improvements thereon, known as and numbered ___________________________ in Medway, Massachusetts (Assessors Map _______ Parcel __________ Lot # _____ and described in a deed dated _________________ and recorded with the Norfolk County Registry of Deeds in Book ___________ Page __________ or filed as Document No. _____ with the Registry District Land Court and

WHEREAS, the Owner has petitioned the Town of Medway to make finding pursuant to M.G.L. c.111; and

WHEREAS, the Board of Health has made findings, pursuant to M.G.L. c.111, that the on-site subsurface sewage disposal system serving the Property (the “Failed System”) exhibits one or more of the failure criteria set forth in Title 5 of the State Environmental Code, 310 CMR 15.000, such findings being made by the Board of Health prior to, or during the course of proceedings conducted pursuant to M.G.L. c.111 s.127B; and/or

WHEREAS, the Board of Health has adopted an order requiring the Owner to repair, replace or upgrade the failed system to comply with the requirements of said Title 5; and

WHEREAS, the Owner has, pursuant to M.G.L. c. 111 s 127B1/2, applied to the Town of Medway for financial assistance to repair, replace and/or upgrade the failed system; and

WHEREAS, the Department of Environmental Protection (DEP) has approved the Town of Medway’s proposed program of offering betterment loans pursuant to M.G.L.c.111 s127B1/2 to homeowners to repair, replace and/or upgrade their failed systems for financing under the Local Septic Management Program, and the Town of Medway has received a State Revolving Fund (“SRF”) loan from the Water Pollution Abatement Trust (the “Trust”) to finance said betterment program; and

WHEREAS, the Town of Medway intends to provide financial assistance to the owner in the form of a Betterment Agreement made pursuant to said M.G.L. c.111 s127B1/2 and funded from the SRF loan received by the Town of Medway under the Local Septic Management Program; and

WHEREAS, the parties intend by this Betterment Agreement to cause the repair, replacement and/or upgrade the failed system to comply with Title 5 and other applicable public health and environmental laws and to complete other work directly or indirectly related thereto (the “Project” as described in paragraph 4 hereof);
WHEREAS, the parties intend to have the Project performed by one or more persons under contract to complete the Project (the “Contractor(s)”) and

WHEREAS, the public purpose of the Project is to protect the public health, safety, welfare and the environment by the repair, replacement and/or upgrade of the Failed System;

NOW THEREFORE, the parties, for and in consideration of mutual covenants and other good and valuable consideration, do hereby agree to the terms of this Agreement, as set forth below.

1. The Agreement

The Town of Medway hereby agrees to provide financial assistance in an amount up to $_____________.00 to be advanced from time to time by the Town of Medway to the owner pursuant to the terms of this Agreement. The owner promises to repay together with interest as set forth herein, all sums provided to owner by the Town of Medway. Following notice to the owner by the Town of Medway Collector of Taxes of the amount of the betterment assessment, an amortization schedule shall be developed and incorporated as an attachment to this Agreement.

Interest on the amounts advanced by the Town of Medway to owner shall be computed annually at the rate of TWO percent (2%) per annum on the outstanding principal balances, accruing from the 30th day after the Town Assessor commits the betterment assessment to the Town Collector of Taxes. The amount to be repaid shall be included on and paid with the quarterly municipal tax bill.

All outstanding amounts due to the Town of Medway by owner if not prior paid, shall be due and payable on _________________(fill in date of term).

Prepayment in full or in part of all amount advanced hereunder may be made by the Owner without penalty.

This Agreement represents the entire and integrated agreement between the parties hereto and supersedes prior negotiations, representations, or agreements, either written or oral. The Agreement may only be amended or modified by a written modification.

2. Installment Payments

The Town of Medway shall jointly make advances of funds to owners and contractor, pursuant to the terms of this Agreement, from time to time to pay for the project. Such advances shall be made solely for the purposes set forth in this Agreement.

The obligation of the Town of Medway to advance all or any part of the financial assistance for repair, replacement and/or upgrade of the failed system is subject to the following:
(A) Inspection of the failed system by a representative of the Board of Health or by a DEP Certified Septic System Inspector, as deemed necessary by the Board of Health.

(B) Submission by owner or contractor on behalf of the owner of plans approved by the Board of Health for the project. In the event owner seeks an installment payment to pay for field work and preparation of plans for the project, Owner shall (1) solicit a bid or bids for the necessary field work and plan preparation from registered professional engineers or registered sanitarians, (2) shall submit documentation of these bids to the Board of Health and (3) specify Owner’s choice of an engineer or sanitarian. The Board of Health may approve an installment payment NOT to exceed the amount of the selected bid. An installment payment for field work and plan preparation shall be made by check payable JOINTLY to owner and the engineer or sanitarian and shall be payable upon presentation and approval of the selected bid. (SEE FORM 9 ATTACHED HERETO).

(C) Submission by Owner or Contractor on behalf of the Owner of the bid or bids for the project in accordance with the septic design plans from licensed, insured septic system contractors, which bids contain detailed breakdowns of the cost of the Project by tasks: (SEE FORM 9 ATTACHED HERETO).

(D) Confirmation by the Board of Health that the contractor for construction of the Project (the “Contractor”) selected by the Owner has a valid Disposal System Installer’s Permit in effect for the period covering the System upgrade financed under this betterment Agreement:

(E) Review by the Board of Health of a Project Budget based on the bid submitted by the Contractor,

(F) Execution of a construction contract between the Owner and the Contractor pursuant to the plans and specifications which have been previously approved by the Board of Health.

(G) Issuance by the Board of Health of a Disposal Works Construction Permit with respect to the Project.

3. **Conditions of Payment**

Installment payments of the financial assistance are to be made by the Town of Medway under the following conditions:

(A) An installment payment for field work and preparation of plans shall be made to the Owner and engineer or sanitarian in accordance with Subsection (B) of Section 2 hereof.

(B) A reasonable time before the date on which any other installment payment is required to be made, the Contractor shall give notice to the Owner and the Town specifying the total installment payment request. Such notice shall consist of a detailed request describing the value of the completed items of work. The amount of the request shall be equal to the amount of the requested installment. The request shall be accompanied by a sworn certificate of the Contractor that all materials, subcontractors and employees have been paid for prior to work on the project. The Town of Medway may request the Owner to provide further documentation in support of a request for an
installment payment. Upon approval of any requested installment payment, the Town shall issue a check payable JOINTLY to the Owner and Contractor, which check shall be forwarded by the Town to the owner.

(C) The Town may require as a condition of any installment payment that Owner submit satisfactory evidence that there are sufficient remaining funds to pay for completion of the Project in accordance with the approved plans.

(D) Prior to making an installment payment, the Board of Health may cause the Project to be inspected to verify that the work items described in the request have been actually completed. In any case, the Contractor shall provide verification that the work referred to in the installment request has been completed in accordance with the approved plans.

(E) Prior to paying the final installment, the Contractor shall provide verification that all work has been completed in accordance with the approved plans, a sworn certification that all materials, subcontractors and employees have been paid for work on or materials supplied for the Project and the Board of Health shall have issued a Certificate of Compliance for the Project.

4. **Scope of Work For Project**

The Owner and the Contractor, pursuant to the Disposal System Construction Permit issued by the Board of Health, shall determine the Scope of Work necessary to bring the Failed System into compliance with Title 5. Such Scope of Work may include, but shall not be limited to:

(a) performing soil and percolation test and other necessary site analyses;
(b) specification of the Failed System components to be repaired, replaced and/or upgraded;
(c) design of the System or components thereof to be repaired, replaced and/or upgraded;
(d) Obtaining all applicable federal, state and local permits and approvals required to complete the Work;
(e) seeking bids and awarding contracts for assessment, design, consulting and construction work and materials in accordance with applicable laws, regulations and requirements;
(f) minimizing any disruption of utility service, and reasonably restoring the Property to as near its original condition as practicable; and
(g) engaging such other service and procuring such other materials as shall be reasonably necessary to complete the Project in a good and workmanlike manner.

All work shall be performed pursuant to written contracts and agreements, copies of which shall be incorporated by reference into this agreement.

5. **Town’s Right To Inspect**

The Owner agrees to allow D.E.P., the Town of Medway, including its Board of Health, Health Agent and other officials, employees and agents to enter onto the Property, as is reasonably necessary and with reasonable notice to test, examine and inspect the Project to verify the completion and adequacy of the work.
6. Covenant Not To Sue

The Owner covenants and agrees not to sue the Town of Medway for any claims of damage to loss of property of the Owner or others, or for breach of warranty regarding the performance or condition of the Project, or for injury, illness or death arising out of the performance of any contractors or agents engaged to perform the Work. This covenant Not To Sue provision shall have no application to causes of action which may have arisen prior to the execution of this Agreement, or to causes of action that are unrelated to this Agreement, or to causes of action against any person or entity other than the Town.

7. Owners’ Representations And Warranties To The Town

The Owner represents and warrants to the Town that:

(A) Financial information: The Borrower’s Affidavit furnished to the Town by the Owner is accurate and complete:

(B) Title: The Owner has good record title to the Property, subject only to the Encumbrances of Record.

(C) Permits and Compliance With Law: The Owner has obtained or will obtain all necessary governmental permits for the Project. The On-site Sewage Disposal System for the dwelling on the Property, after completion of the Project, will comply with all applicable laws, regulations, codes and ordinances, including but not limited to Title 5; and

(D) Insurance: The Owner and Contractor have procured or will procure insurance in such forms and in such amounts as shall be satisfactory to the Town. Certificates of Insurance shall be attached as Exhibits to this agreement.

Each of the foregoing representations and warranties in this section shall remain force until the financial assistance is repaid in full. The Owner shall indemnify and hold harmless the Town from and against loss, expense, or liability (including the cost of defending any claim), directly, or indirectly from the falsity, inaccuracy, or breach of any of the above representations and warranties.

8. Owner’s Obligation

During the term of this Betterment Agreement, the Owner agrees that the Owner shall comply with all of the terms and conditions of this and any related agreement and that the Owner shall:

(A) Completion of Project: Cause the project to be promptly completed in a manner that is in accordance with the approved plans and with the Project Budget and in compliance with all laws, regulations, codes and ordinances and notify the Town when the project is complete.

(B) Records and Cooperation with Town: Keep complete records relating to the
project, which records shall be available for inspection and copying by the Town, and cooperate fully with any audit of the project if so requested by the Town.

(C) **Performance of Other Obligation**: Perform all the Owner’s obligation and agreement under any present or future mortgage or other covenant or Agreement which encumbers the property.

(D) **Use of Financial Assistance**: The financial assistance is provided for the public purpose of protecting the public health, safety, welfare and the environment. The Owner shall use the proceeds of the financial assistance solely for cost included in the Project Budget and ensure that the proceeds are not used for any other purpose.

9. **Events Of Default**

The Owner shall be in default under this Agreement upon the occurrence of any one or more of the following events:

(A) **Sale, Transfer or Assignment Without Approval**: The Owner assigns or transfers any money advanced or to be advanced hereunder to any person or entity not approved by the Town.

(B) **Cessation of Construction**: The owner or contractor ceases construction of the Project for more than 30 consecutive calendar days. The Board of Health may waive this event of default upon application of the Owner and a demonstration that such cessation occurred because of an Act of God, governmental order or restriction, fire or other casualty, or other causes beyond owners reasonable control.

(C) **False Representation or Warranties**: Any representation or warranty made herein shall prove to be false or inaccurate in any material respect.

(D) **Breach of an Obligation**: The Owner defaults in the performance of any of Owner’s obligations contained herein.

10. **Town’s Right On Default**

Upon Owner’s default, the Town shall have no further obligation to make any further installment payments and all amounts advanced by the Town to the Owner shall become immediately due and payable.

11. **Notice of Betterment Agreement**

Upon execution of this Agreement by Owners and the Town of Medway, a Notice of this Agreement shall be recorded by the Town at the Registry of Deeds, as a betterment and shall be subject to the provisions of M.G.L. ch.80 relative to apportionment, division, reassessment and collection of assessment, abatement and collection of assets, provided however, that the lien which shall arise pursuant to M.G.L. Ch. 111, s. 127B1/2 shall take effect by operation of law on the day immediately following the due date of such assessment or apportioned part of such assessment. The betterment Lien, if any, shall be deemed to secure all amounts advanced hereunder, together with interest thereon, and shall include costs of collection and reasonable attorneys fees, recording, filing fees and dismissal fees.
12. **Improvements to the Property**

Any alteration or improvements to the Property resulting from the project are the Property of the Owners, and the Town shall bear no responsibility for the condition of the improvement or its maintenance.

13. **Cancellation of the Agreement by the Owner**

The Owner may by written notice to the Board of Health, and the Treasurer of the Town cancel Owner’s further obligation for repayment under this Agreement at any time prior to the end of ten (10) calendar days following notice in writing to the Town of the Owner’s proposed successful construction bid, based on the Owner’s evaluation of the proposed scope and cost estimate of the system upgrade derived from the field work, project design and the successful construction bid. However, in the event of such cancellation, the Owner shall remain liable for repayment of all sums advanced by the Town to the Owner pursuant to this Agreement. All sums advanced by the Town to the Owner shall be repaid with interest and within the term set forth in paragraph 1 hereof. Upon application of the Owner, the Board of Health may revoke the Order for Improvements, provided however, that Owner shall remain liable to comply with the provisions of Title 5.

14. **Personal Obligation of the Owner**

In addition to those remedies available to the Town regarding the assessment and collection of the betterment, the Owner shall be personally liable for the repayment of the amounts advanced, plus interest thereon and the total direct and indirect costs incurred by the Town in the contemplation and the performance of this Agreement.

15. **Notice**

Any notice required to be given under this Agreement shall be made in writing and shall be delivered by either in-hand delivery or by prepaid, certified first class mail with return receipt.

If notice is made to the Town, it shall be made to: Board of Health

If notice is not made to the Owner, it shall be made to: Town Hall
Medway, MA 02053

Notice shall be deemed given on the day it is hand-delivered or three (3) days after the date of posting of first-class mail.

16. **Funding for the Agreement**

The obligation of the Town is expressly contingent upon funding. In the event that funding for the Town’s obligation is unavailable, upon notice to the Owner, this
Agreement may be canceled by the Town and all obligations of the Town shall be null and void.

17. **Enforcement of Laws**

Nothing in this Agreement shall be deemed to stop or take effect as a waiver, or otherwise act as a bar or defense, to any legal proceeding by the Town relating to the System of the Property.

18. **Severability**

In the event that one or more provisions of this agreement is deemed unenforceable by a court of competent jurisdiction, the Agreement, except as deemed unenforceable, shall remain in full force and effect.

19. **Governing Law**

This Agreement shall be governed by the laws of the Commonwealth of Massachusetts. Law.

During the term of this Betterment Agreement, the Owner agrees that the Owner shall comply with all of the terms and conditions of this and any related agreement and that the Owner shall:

IN WITNESS WHEREOF, the undersigned parties have signed this Agreement as an instrument under seal this _________day of ______________________, 20__.

TOWN OF MEDWAY
BY ITS BOARD OF HEALTH

___________________________
Chairman

___________________________
Print Name

AS TO INTEREST RATE: 2%
A TERM OF 20 YEARS

___________________________
Print Name

TOWN OF MEDWAY
BY ITS TREASURER

___________________________
Treasurer

___________________________
APPROVED AS TO FORM:

___________________________
Town Counsel
EXHIBITS:
1. Designer Contract
2. System Plans and Design
3. Construction Contract(s)
4. Project Budget
5. Certificate(s) of Insurance
6. Disposal System Construction Permit
7. Other Applicable Permits, Licenses and Agreements
8. Requisitions for payment and support documentation
9. Certificate of Compliance
FORM 7

SEPTIC SYSTEM REPAIR PROGRAM

SEWER COMMISSIONERS STATEMENT
OF SEWER CONNECTION

PROPERTY:

STREET: ___________________________ MAP ______ PARCEL ______

OWNERS OF RECORD: ________________________________

______________________________________________

OWNER’S ADDRESS: ___________________________________

_________________________________________________

IT IS THE DETERMINATION OF THIS DEPARTMENT THAT THE
PROPERTY IN QUESTION IS UNABLE TO BE CONNECTED TO THE TOWN
SEWER SYSTEM AT THIS TIME, FOR THE FOLLOWING REASONS:

_______________________________________________________________________

_______________________________________________________________________

SIGNATURE: ______________________ DATE: _______________________

PRINT NAME: _____________________________

TITLE: ________________________________
FORM 8

SEPTIC SYSTEM REPAIR PROJECT

PROJECT BUDGET

PROPERTY ADDRESS: _______________________________

PROPERTY OWNER: ________________________________

ESTIMATED COST OF:

PERCOLATION TEST & DESIGN: $___________.OO

CONSTRUCTION OF SYSTEM: $___________.OO

TOTAL AMOUNT REQUESTED $___________.OO
SEPTIC SYSTEM REPAIR PROGRAM

PRICE QUOTES

PROPERTY ADDRESS: ________________________________________________
OWNER: ___________________________________________________________

The following information is required. You must contact three (3) Engineers or Sanitarians to get prices on designing this septic system. Price needs to include backhoe work and soil evaluation.

1. COMPANY NAME: _____________________________ PRICE: $________.00
ADDRESS: _________________________________________________________
PHONE NUMBER: __________________________
WHO YOU SPOKE WITH: __________________________________________

2. COMPANY NAME: _____________________________ PRICE: $________.00
ADDRESS: _________________________________________________________
PHONE NUMBER: __________________________
WHO YOU SPOKE WITH: __________________________________________

3. COMPANY NAME: _____________________________ PRICE: $________.00
ADDRESS: _________________________________________________________
PHONE NUMBER: __________________________
WHO YOU SPOKE WITH: __________________________________________

The following is required. You must contact three (3) Septic System Installers to get prices to install the system and complete the project.

1. COMPANY NAME: _____________________________ PRICE: $________.00
ADDRESS: _________________________________________________________
PHONE NUMBER: __________________________
WHO YOU SPOKE WITH: __________________________________________

2. COMPANY NAME: _____________________________ PRICE: $________.00
ADDRESS: _________________________________________________________
PHONE NUMBER: __________________________
WHO YOU SPOKE WITH: __________________________________________

3. COMPANY NAME: _____________________________ PRICE: $________.00
ADDRESS: _________________________________________________________
PHONE NUMBER: __________________________
WHO YOU SPOKE WITH: __________________________________________
PLEASE INDICATE BELOW WHICH CONTRACTOR YOU INTEND TO USE:

**Engineering Company:**

COMPANY NAME: ________________________________

ADDRESS: ______________________________________________________________________

PHONE NUMBER: ___________________________________________

PRICE: ________________________________

**Septic System Installer:**

COMPANY NAME: ________________________________

ADDRESS: ______________________________________________________________________

PHONE NUMBER: ___________________________________________

PRICE: ________________________________
FORM 9

SEPTIC SYSTEM REPAIR PROGRAM

APPROVAL BY THE BOARD OF HEALTH

AMOUNT APPROVED BY THE BOARD OF HEALTH: _________________

SIGNED AND APPROVED BY: __________________________________________
   Health Agent, Board of Health

___________________________________________
   Chairman, Board of Health

DATE: ___________________