



**Town of Barnstable
 Inspectional Services
 Public Health Division
 Thomas McKean, Director
 200 Main Street, Hyannis, MA 02601**

Office: 508-862-4644

Fax: 508-790-6304

Homeowner Certification Form for STU's (Secondary Treatment Units)

Property Address: _____

Assessor's Map\Parcel: _____

Property Owners Name: _____

In accordance with Massachusetts DEP alternative system approval letters, the following certification information is required by the Owner of record. The Owner of record must place an "x" in the applicable box next to each line certifying the information.

Yes N/A

- I have been provided a copy of the Approval letters.
(16 page Standard Conditions letter and the specific technology letter)
- I have been provided with the Owner's Manual
- I have been provided with the Operation and Maintenance Manual
- I have been informed of all the Owner's estimated costs associated with the operation including, when applicable: power consumption, maintenance, sampling, recordkeeping, reporting, and equipment replacement
- I understand the requirement for a service contract
- I agree to fulfill my responsibilities to provide a Deed Notice as required by 310 CMR 15.287(10) and the Approval
- I agree to fulfill my responsibilities to provide written notification of the Approval to any new Owner, as required by 310 CMR 15.287(5)
- If the design does not provide for the use of garbage grinders, the restriction is understood and accepted
- Whether or not covered by a warranty, I understand the requirement to repair, replace, modify or take any other action as required by the Department or the local Approving Authority if the Department or the local Approving Authority determines the System to be failing to protect public health and safety and the environment, as defined in 310 CMR 15.303

I, _____ agree to comply with all terms and conditions above.
 Property Owners printed name

 Property Owners Signature

 Date

Note: This form must be submitted along with the septic system disposal works permit application for all STU systems.