

**NOTICE to ABUTTERS**

<b>Property At:</b> _____
<b>Property Owner:</b> _____

Certified Mail #: \_\_\_\_\_

Abutters Name: \_\_\_\_\_

Abutters Address: \_\_\_\_\_

Dear Mr./Ms. \_\_\_\_\_

(15.401) Please be advised that we are seeking a local upgrade approval and/or a variance from the Board of Health for our septic system in accordance with Title V 310 CMR 15.000.

A meeting for this request will be held with the Board of Health on \_\_\_\_\_ at \_\_\_\_\_ p.m., in the \_\_\_\_\_.

(In accordance with the regulations, we are required to notify you regarding this meeting. Reg. 15.403, 15.405 (2) and 15.411.)

- The system will not meet the setback distance from wetlands. (15.211)
- The system will not meet the required separation distance to groundwater. (15.212)
- The system will not meet the setback distance from lot lines. (15.403)  
*(The plan must bear the stamp & signature of a Massachusetts licensed Land Surveyor.)*
- Other: \_\_\_\_\_ Site Title V Reg. \_\_\_\_\_

If you have any questions, please call the Board of Health at (508) 543-1207.

\_\_\_\_\_  
Engineer

(Engineer - If hand delivered check box)

\_\_\_\_\_  
Installer

(Installer - If hand delivered check box)

**Abutters Signature**

\_\_\_\_\_ (This signature acknowledges receiving this notice)