

Disclosure of Nitrogen Sensitive Area Upgrade Requirements

This form is designed to facilitate compliance with the Natural Resource Area Nitrogen Sensitive Area upgrade disclosure requirements of 310 CMR 15.215(4).

310 CMR 15.215(4) requires owners of on-site septic systems, or proposed systems, to determine whether their property (facility) is in a designated Nitrogen Sensitive Area. MassDEP has prepared and made available on its website the [Nitrogen Sensitive Area Address Lookup Map](#) portraying designated Nitrogen Sensitive Areas within the Commonwealth.

Prior to any transfer of title for property where the facility is located, the transferor shall disclose to the transferee and local Board of Health whether the facility is subject to an upgrade requiring Best Available Nitrogen Reducing Technology.

Address of Facility: (#, Street, Town)

Name of Transferor: (First, Last)

Name of Transferee: (First, Last)

Board of Health: (Town)

I, _____, do hereby disclose to, _____, that, as of [DATE], MassDEP's [Nitrogen Sensitive Area Address Lookup Map](#) indicates that the facility located at (address of facility):

_____ Is located in a Natural Resource Area Nitrogen Sensitive Area and is subject to the requirement in 310 CMR 15.215(2)(a) or (b) to upgrade to Best Available Nitrogen Reducing Technology.

_____ Is located in a Natural Resource Area Nitrogen Sensitive Area, but is not subject to the Best Available Nitrogen Reducing Technology upgrade requirement because:

_____ The septic system is located within a watershed where the upgrade requirement is not currently in effect because a Notice of Intent or Watershed Permit has been filed, or the system is located within an area for which a De Minimis Load Exemption has been filed (see 310 CMR 15.215(2)(a) and (b)).

_____ An enhanced nitrogen removal technology was added to the septic system on [DATE], which date is within the time period described in 310 CMR 15.215(2)(h), and the system has not otherwise been determined to require upgrading.

_____ Is not located in a Natural Resource Area Nitrogen Sensitive Area.

I, _____, hereby certify, to the best of my knowledge, that the information disclosed to the Transferee on this Form is true and accurate.

Transferor Signature

Date



10/5/23

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Transferee's signature constitutes acknowledgment of receipt of this Disclosure Form:

Transferee Signature

Date

A signed copy of this form shall be submitted to the Board of Health and the signature of their authorized representative constitutes acknowledgement of receipt:

Board of Health Authorized Representative

Date



10/5/23