DECLARATION OF SEPTIC RESTRICTION

Whereas _____and _____ (hereinafter called "Grantor" which term shall include any owner succeeding to Grantor's interest in the Property) is the owner of a certain parcel of land in the Town of Grafton, County of Worcester, Commonwealth of Massachusetts, commonly known as _____, Grafton, MA, and more particularly described in Exhibit "A" (actual deed) annexed hereto (the "Lot") by Deed recorded in the Worcester District Registry of Deeds at Book _____ Page_____ and

Whereas, on the Lot there is an existing residential building for which a septic system was approved for a (1, 2, 3, 4, or 5 – circle one) _____ (write out #) bedroom residence; and

Whereas, Grantor desires to restrict the Lot listed on Exhibit "A" **(actual deed) attached hereto** and made a part hereof to be used in a manner consistent with the approved septic system for the Lot.

Now, THEREFORE, the Grantor does hereby reserve, declare, make known, covenant and subject the Lot listed on Exhibit "A" to the restrictions set forth below which shall run with the land and shall be binding on all grantees claiming by, through or under Grantor (each such grantee is hereinafter called a "Lot Owner").

In accordance with the provisions of the Code of Massachusetts Regulations pertaining to the siting and construction of septic systems, 310 C.M.R. 15.000, et. Seq. in effect as of *the* date of this instrument, particularly the definition of "bedroom" contained in Section 15.002, the onsite subsurface sewage disposal systems for the Lot was designed for a residence with (1, 2, 3, 4, or 5) bedrooms.

Not more than (1, 2, 3, 4 or 5 – circle one) _____ (write out #) rooms on the lot shall be used as a bedroom (as defined in 310 C.M.R. 15.002) without the owner first obtaining (i) approval for such additional bedrooms from the Board of Health, and to the extent required by such approvals, the completion of any improvement or upgrade of the onsite subsurface sewage disposal system required by the Board of Health, or (ii) approval for and connection to a public sanitary sewer system, which connection shall operate as a release of this restriction.

_____ _____

Owner / Grantor Signature Date

Owner / Grantor Signature Date

COMMONWEALTH OF MASSACHUSETTS

WORCESTER, SS.

On this _____day of _____, 20_____, before me, the undersigned notary public, personally appeared _____and _____proved to me through satisfactory evidence of identification, which were _____, to be the person(s) whose names are signed on the preceding document in my presence and acknowledged to me that they signed it voluntarily for its stated purpose.

Notary Public: _____ My commission expires: _____

REVISED 1/2025