MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH SUBMETERING OF WATER AND SEWER CERTIFICATION FORM

*In accordance with M.G.L. c. 186, § 22 and 105 CMR 410.000: Minimum Standards of Fitness for Human Habitation (State Sanitary Code Chapter II), the following dwelling unit is eligible for the imposition on the tenants of a charge for water and/or sewer service.

| PROPERTY INFORMATION | | |
|---|------------------------------|--|
| PROPERTY INFORMATION | | |
| Address: 71 Boston Road | Unit # 2312 | # Of units in bldg. 62 |
| City/Town: Billerica | MA | Zip Code: 01862 |
| EQUIPMENT INSTALL | ATION INFORMATION | |
| 105 CMR 410.000 requires the installation of water conservation devices prior to a dwelling unit becoming eligible for the | | |
| imposition on tenants of a charge for water and/or sewer. The devices must meet the following specifications: | | |
| Showerheads with maximum flow rate not to exceed | 2 % gallong par 12 6 | STATE OF THE PARTY |
| Paucets with maximum flow rate not to exceed 2 significant gallons per minute (2.5 gpm) 2 aucets with maximum flow rate not to exceed 2 significant gallons per minute (2.2 gpm) | | |
| aucets with maximum flow rate not to exceed 2 2 2 10 gallons per minute (2.2 gpm) 1 6/10 gallons per flush (1.6 gpf) | | |
| | | |
| The submetering equipment used to measure the quantity of water used for each dwelling unit and common area must | | |
| meet the standards of accuracy and testing of the American Water Works Association or similar accredited association | | |
| A licensed plumber must install the water closets and submetering equipment. | | |
| Submotoring equipment in Country | | |
| Submetering equipment information: Next Century Submetering | g Systems | M201C |
| | nufacturer | Model # |
| Licensed Plumb | er Certification | |
| Stephen MacCormack | M-15199 | 1/3/19 |
| Print Name of Plumber | License # | Date |
| I certify that (check all that apply): | | |
| X have installed the submetering equipment listed above in accordance with accepted plumbing standards. | | |
| I have installed one or more water closets not exceeding 1.6 gallons per flush. | | |
| Determined that existing water closets do not exceed 1.6 gallons per flush. | | |
| The plumbing permit issued by the city/town, if required, is attached. | | |
| Dwelling unit is connected directly to a water to the line | | |
| Dwelling unit is connected directly to a meter installed by a water company and, in accordance with | | |
| M.G.L. c. 186, § 22(p), does not require the installation of a submeter. | | |
| Signed under the pains and penalties of perjury, | | 1 1000 |
| original and partial and penalties of perjury, | tolance, | ag (le) |
| Property Owner Certification Signature of Licensed Plumber | | |
| I certify that: (1) This dwelling unit is eligible for the imposition on the tenants of a charge for water and/or sewer usage | | |
| in accordance with the water submetering law (MGL c. 186, §22); (2) All showerheads, faucets, and water closets in this | | |
| dwelling unit are water conservation devices that meet the standards specified above; (3) The water submeter measuring | | |
| the use of water in the dwelling unit was installed by a licensed plumber and is in compliance with the standards | | |
| specified above, or the water meter measuring the use of water in this dwelling unit was installed by a "water company" | | |
| as defined in M.G.L. c. 186, § 22; (4) The water meter or submeter measures the water usage exclusive to this unit; (5) I | | |
| will provide to the tenants of this dwelling unit, prior to occupancy, a written rental agreement that clearly provides for the | | |
| separate charging of water and/or sewer service, and a copy of this certification form; (6) That all information included on | | |
| this certification is true and accurate to the best of my knowled | and continuation form, (b) 1 | nat all information included on |
| | , j | |
| Signed under the pains and penalties of perjury, | | |
| 01/1/ | 1-1 | |
| Soston Alpine Road Apartments, LLC | . Anezew L. Hurrow. | ν P. 1/4/19 |
| Print Name of Owner | Signature of Owner | Date |
| The manager has been a controlled | | Date |
| The property has been transferred to owner above and the u | nit | RecRECEIVED |
| remains in compliance with the requirements of M.G.L. c. 186 | , §22 Date: | I DV DCHI. |
| THIS FORM MUST BE FILED WITH THE LOCAL BOARD | OF HEALTH PRIOR TO IN | HTIATING SSER 4-3 2019 |