

**DECLARATION OF RESTRICTIONS**

This Declaration of Restrictions made this \_\_\_\_\_ day of the year 2014\_\_\_\_\_,  
by \_\_\_\_\_

hereinafter ("the Owner"), the owner of land with buildings thereon ("the  
Premises") situated \_\_\_\_\_, in

the Town of Charlton, Worcester County, Massachusetts

Shown as \_\_\_\_\_ on a plan on land dated\_\_\_\_\_.recorded with  
the Worcester District Registry of Deeds, Plan Book\_\_\_\_\_

Plan\_\_\_\_\_acquired by deed to the Declarant dated \_\_\_\_\_

Recorded in the Worcester District Registry of Deeds

Book\_\_\_\_\_, Page\_\_\_\_\_, and by the Board of Health for the Town of  
Charlton, Massachusetts

("The Board"), collectively "the Declarants", witnesseth that:

**WHEREAS**, the Owner has drilled a private well on \_\_\_\_\_

By well driller\_\_\_\_\_which serves as the private water supply for the  
premises, and as required has installed a water treatment unit to filter and treat the  
water for\_\_\_\_\_.

**WHEREAS**, the Board has conditioned approval of said well and water  
Treatment system on a deed restriction for the Premises,

**NOW THEREFORE**, the Declarants, declare, provide, covenant and act as  
follows:

The present owner of the premises and each successor in title is responsible for  
proper maintenance of the well and water treatment system until the premises and

building(s) thereon are connected to a public water system and the well is disconnected from such building(s) or until the Charlton Board of Health at an earlier date permits the termination of this Declaration of Restrictions. At the time that the Charlton Board of Health confirms or permits termination of these restrictions, the termination will be accomplished by a recordable termination signed by the owner at the time of the termination and signed by the Charlton Board of Health and recorded in said Registry of Deeds.

The restriction set forth herein is for the benefit of the Charlton Board of Health, shall run with the land and shall be binding upon all persons having an interest in the Premises and shall be enforceable by the Board. The failure to specifically refer to and incorporate this Declaration of Restrictions in future deeds to the premises shall not in any manner affect the validity of such restrictions and the Premises described in such deeds shall be subject to these restrictions.

In Witness Whereof, the Declarants do hereby publish and declare these restrictions which shall be binding upon the owner(s) of the Premises described herein as fully as though the same were set forth in detail in each future conveyance and whether or not same are specifically incorporated by reference in any future conveyance.

Charlton Board of Health

By \_\_\_\_\_  
Hereunto duly authorized

Owner \_\_\_\_\_

By \_\_\_\_\_

—

**COMMONWEALTH OF MASSACHUSETTS**

Worcester, ss

Dated \_\_\_\_\_

Then personally appeared the above named \_\_\_\_\_ and  
Acknowledged the foregoing instrument to be the free act and deed of his/her hand who is  
personally known to me \_\_\_\_\_ or formally identified by \_\_\_\_\_  
\_\_\_\_\_, before me

\_\_\_\_\_  
Notary Public  
My commission expires:

**COMMONWEALTH OF MASSACHUSETTS**

Worcester, ss,

Dated \_\_\_\_\_

Then personally appeared \_\_\_\_\_ a member of the Board of Health of  
the Town of Charlton, and acknowledged the foregoing instrument to be his/her free act and  
deed and the free act and deed of the Board of Health of the Town of Charlton, who is  
personally known to me \_\_\_\_\_ or formally identified by \_\_\_\_\_, before  
me

\_\_\_\_\_  
Notary Public  
My Commission expires: