

**Annual Certification Form**  
**Property Owner's Certification of Ongoing Operation & Maintenance**  
**of an Active Exposure Pathway Mitigation Measure**

I, \_\_\_\_\_, make the following certification as the owner of the property, or  
print name  
as an authorized representative of an entity that is the owner of the property, located at  
\_\_\_\_\_ where an Active Exposure Pathway Mitigation Measure ("sub-slab  
depressurization system" or "system") is operating to implement and maintain a Permanent Solution with  
Conditions pursuant to the requirements of 310 CMR 40.0000, attest under the pains and penalties of  
perjury that:

- (a) I am aware of my obligations to operate and maintain the system, including repairing or replacing system components in the event of system failure [310 CMR 40.1025(7)(a)];
- (b) I am aware that the Department of Environmental Protection may upon reasonable notice inspect the system to ensure that it is operating properly [310 CMR 40.1025(7)(b)];
- (c) Financial resources have been made available\* for immediate repair and/or replacement of the system or system components in the event of system failure [310 CMR 40.1025(7)(c)]; AND
- (d) The system is operating pursuant to the regimen established at 310 CMR 40.1025 [310 CMR 40.1025(7)(d)].

*\* As the property owner, you are obligated to ensure that financial resources are available for the immediate repair and/or replacement of the system/system components. You may certify to meeting this obligation if you have these financial resources or if you have made arrangements with another party to finance the immediate repair or replacement of the system/system components and those arrangements remain in effect.*

**Contact Information for Property Owner (or, if applicable, the person authorized to sign on behalf of an entity that is the owner of the property):**

Mailing Address:

\_\_\_\_\_  
Name of property owner (person or entity)

\_\_\_\_\_  
Street No./Street

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Where property is owned by an entity, name of  
person authorized to sign on behalf of the entity

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

**Certification Signature:**

\_\_\_\_\_  
Signature of property owner/ person authorized to sign on behalf of entity

\_\_\_\_\_  
Date