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200108280009 , Skagit County Auditor

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OPERATION & MAINTENANCE AGREEMENT

This agreement is one hereinafter referred to	ered into between Louis Nurmi Fas Operator, and Tim Ma Karma Larson
netentation to encount	as Owners, on this 284 day of August . 2001 and st the property which the Whitewater unit is installed.
Property Address:	17311 Widgeon Lane Bow WA 198232
Tax Parcel ID#	111493
Legal Description:	4694-000-015-000
·	Range 3 Township 35 Section 12
	hereafter "the Property"
	the Property utilize(s) an alternative method of sewage treatment, a acrobic treatment system. The Whitewater unit is required to be ned in accordance with regulations as stated in WAC 248-96-046
be in compliance with a	Removal, replacement or alteration to this system must applicable current Skart County Health to Health regulations governing on-site sewage.
The owner(s) of the Promaintaining the Whitewater unit in	perty are responsible for all costs associated with monitoring and attenual. The agency responsible for maintaining and monitoring
	County is:
Agency/Distributor; Address;	Louis Nurni's Back hoe Service Inc.
	Mt. Dernon, WA. 98273
Phone Number:	(360) 428-8727

The purpose of this agreement is to outline the responsibilities of OWNER and OPERATOR regarding the monitoring and maintenance of a Whitewater mechanical aerobic treatment system. AN OPERATION AND MAINTENANCE MANUAL HAS BEEN PRESENTED TO THE OWNER. The owner acknowledges receipt and understanding of the text of that agreement.

Initials

When the Property is sold, the new OWNER(S) must be advised and assume the OWNER'S responsibility under this agreement. This agreement will become effective immediately after installation and continue for 2 years at a rate of \$250.00 per year, payable in advance annually by OWNER. The agreement year will commence on the first of the month following the month of installation. This agreement will automatically renew every two years, unless replaced by another Maintenance Agreement approved by the Local Health Department and the State Health Department, from an OPERATOR certified to operate the Whitewater unit. If this agreement is canceled, the operator will notify the Local Health Department within 10 days of said cancellation.

All notices required under this Agreement are to be in writing, and transmitted by U.S. Mail, express courier service, Tax-or hand-delivery. Written notices shall be deemed to be given upon dispatch.

Notices and other communications to the Health Dept. shall be transmitted to:

Stagit County Planning & Permit Conter
200 WAShington IT:
mt. Vernon L.A. 918213
Phone number: (360) 336-9410

Notices and other communications to the OWNER shall be transmitted to:

Tim & Karma Larzen	
17311 Widgen Lane	
Pow, WA 98232	
Phone number 856-0530	

Notices and other communications to the OPERATOR shall be transmitted to:

- Louis Nurmi's Backbox S	ervice Inc
17039 Dunba Rd.	-()
Phone number (360) 428-8727	

* First 2 years maintenance included in Whitewater system purchase price.



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Operator's Duties

- * OPERATOR will conduct the initial inspection at the time of installation and another inspection at 6 weeks to ensure adequate treatment is being achieved.
- * If applicable chlorinating tablets will be checked no less than monthly, or to meet State/County minimum standard.
- * Routing maintenance and monitoring will continue every 6 months by the OPERATOR.
- * If Treatment Standard 1 treatment is required, fecal coliform/chlorine residual will be tested every 6 months or to meet State/County requirements.
- * Inspections of the system will comply with the attached Operation & Maintenance schedule. The OPERATOR will generate a performance report and deliver a copy of this report to the OWNER, Local County Health Department and the appropriate State Representative, and keep a copy on file at OPERATOR'S main office.

Warranty

All Whitewater units Operation & Maintenance manuals include a warranty on all parts included in the unit, a copy of which as been given to the OWNER. Initials

Additional services not covered by the warranty are as follows:

- 2. All labor charges for providing acration to the Whitewater unit if the electricity is shut off. Labor charges for this will be the same as a service charge.
- 3. The costs of chlormating supplies made available from OPERATOR will be the responsibility of the OWNER(S).
- Service charges are subject to reasonable increase upon written notice to OWNER.

OWNER(S) Responsibilities

- Complying with the instructions of the Operation & Maintenance manual.
- 2. Notifying the OPERATOR or the OPERATOR'S designated agent <u>immediately</u> of any problems with the Whitewater unit. Particular attention must be given to any failure of the aeration pump.
- Keeping the sampling/access ports free of obstructions at all times.
- Granting OPERATOR and Health District Personnel access to the OWNER(S)
 property to service or inspect the Whitewater unit at ANY time.
- 5. Notifying OPERATOR when residence is sold or rented to new tenants.

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Jaine 1 kms x Juno	ay 1. 2	Jason
Tim.	Varson	<u> </u>
Operator		Owner
STATE OF WASHINGTON)		
) SS		
COUNTY OF (
On this 2844 day of Angust , 2001, before	me, the und	ersigned, a
Notary Public in and for the State of Washington, duly commission	med and swo	III.
warely died browning allowing	me known u) be the
individuals described in and who executed the within and foregoin	g instrument, and the same	, anu c as
acknowledged that Looke North free and volunta	ry act and go	ou, to the
uses and purposes therein mentioned, and on oath stated that he/sl	ic was authori	ized to
execute said instrument	_	,
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ANOTADY 2 /	auf	lul
Notary Public in and to	r the State of	ashington
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8-2-2004 Log Mount	Veru	n
WASHING WASHING	•	
STATE OF WASHINGTON)		
)SS		
COUNTY OF ()	·	
On this 284 day of Avant, 2001, before	ne, the under	signed, a
Matery Public in and for the State of Washington, duly commissi	oned and swo	rn,
nersonally appeared Time 1. Accommend	me known to	be the
individuals described in and who executed the within and foregone acknowledged that	ng institution gened the sam	c as
Charles King Iree and voluntar	vact and dec	d, for the
uses and purposes therein mentioned, and on eath stated that he/s	he was author	ived to
execute said instrument.	r 1	
WITNESS MY HAND OFFICIAL SEAL THIS 22 DAY OF A	ugut	.20 <u>01</u> .
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Notary Public in and fo	r the State of M	achinolom
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8-2-2004 SB	Herner	
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MASSES		
		and one william

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