

5/8/2002 Page 1 of 5

3:30PM

RETURN EC Stanton Stanton Industries Inc. POB 361 Mt Vernon Wa. 98273

OPERATION & MAINTENANCE AGREEMENT

This agreement is entered into between Stanton Industries Inc.
hereinafter, referred to as Operator, and Bill Rimmer hereinafter, referred to as Owners, on the day of બ - 2 - 5 , 2002 and will be recorded against the property which the Clearstream unit is installed.
Property Address:Buchannon St
Clear Lake Wa. 98284
Tax Parcel #:62199
Legal Description:_ SEC 12 TWP 34 RGE 4 Lot 3 of block 4 Bingham Acres, Clearlake,Wa
hereafter "the Property".
The dwelling unit(s) on the Property utilize(s) an alternative method of sewage treatment, a Clearstream mechanical aerobic treatment system The Clearstream unit is required to be monitored and maintained in accordance with regulations as stated in WAC 248~ 046 and theSkagit County Regulations
County Board of Health regulationsSkagitCounty Wa . Removal, replacement or alteration to this system must be in compliance with all applicable current Regulations ofSkagit County Health District and Department of Health regulations governing on-site sewage.
The owner(s) of the Property are responsible for all costs associated with monitoring and maintaining the Clearstream unit. And testing costs when applicable. The agency responsible for maintaining and monitoring the Clearstream unit inSkagitCounty is:
Agency/Distributor: Stanton Industries Inc. Address: POB 361 Mt Vernon , Wa. 98273
Phone Number: (360) 679-7805 pager or (360) 661-2118 cell (360)419- 9589 office or John 360-661-2119



The purpose of this agreement is to outline the responsibilities-of OWNER and OPERATOR regarding the monitoring and maintenance of a Clearstream 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 responsibility under this agreement. This agreement will become effective immediately after installation and continue for 2 years at a rate of \$200.00 per year, \$400.00 for the first 2 years payable in advance. The agreement year will commence on the first of the month following the month of installation. This agreement will automatically renewed yearly after two years, upon payment of preimeum unless replaced by another Maintenance Agreement approved by the Local Health Department and the State Health Department, from an OPERATOR certified to operate the Clearstream unit. If this agreement is canceled, the operator will notify the Local Health Department within 10 days of said cancellation.

Operation and Maintenance is required for the life of the system

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

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

360-336-9410

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

1308 Heather PL SEDRO WOOLING UN 98284

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

Stanton Ind. Inc., PO Box 361, Mt Vernon, Wa. 98273

Phone Fax 360 419 9589 pager 360 6797805 360-661-2118 John 360-661-2119

200205080139 Skagit County Auditor 5/8/2002 Page 2 of 5 3:30PM



OPERATOR will conduct the initial inspection at the time of installation and another inspection at 6 weeks to ensure adequate treatment is being achieved. Required testing will be owners responsibility

And will be billed to owner

If applicable - chlorinating tablets will be checked, or to meet State/County minimum standard.

\$\$60.00 service charge & \$40.00 per hr. plus expenses for calls between normal service calls.

Routine 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, testing will be at the owners expence.

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 Clearstream 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.

- All service call charges and costs of any replacement parts due to the OWNER(S) neglect and /or any other party(s) neglect and or abuse of the Clearstream unit. The minimum service all charge will \$60.00_ and for every additional hour, the OWNER(S) will be charged \$40.00_ an hour plus expenses and materials. This may vary and be subject to change upon notice from OPERATOR.
- 2. All labor charges for providing aeration to the Clearstream unit if the electricity is shut off. Labor charges for this will be the same as a service charge.
- 3. The costs of chlorinating supplies made available from OPERATOR will be the responsibility of the OWNER(S).
- 4. Service charges are subject to reasonable increase upon written notice to OWNER.

OWNER(S) Responsibilities

1. Complying with the instructions of the Operation & Maintenance manual.

 Notifying the OPERATOR or the OPERATOR'S designated agent <u>immediately</u> of any problems with the Clearstream unit. Particular attention must be given to any failure of the aeration pump.

> 200205080139 Skagit County Auditor

5/8/2002 Page 3 of 5

3:30PM



3. Keeping the sampling access ports free of obstructions at all times.

4. Granting OPERATOR and Health District Personnel access to the OWNER(S) property to service or inspect the Clearstream unit at ANY time.

5. Notifying OPERATOR when residence is sold or rented to new tenants.

6. Cleatstream units # 500gpd , 750gpd ,1000gpd , 1500gpd.

Larger unit qoute upon request

7. O&M will be \$200 per unit per year . First 2 years to be paid in advance . Billings starting at year 3 will be anually



3:30PM

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operator	
Biel Kinn	Mar
owner	
STATE OF WASHINGTON)	
COUNTY OF &) SS	
On this 25 day of April 1	before me, the undersigned, a
Notary Public in and for the Stale of Washington, o	
personally appeared EC Stanton a	
individuals described in and who executed the with	in and foregoing instrument, and
acknowledged that they	signed the same as
Their	free and voluntary act and deed, for the
uses and purposes therein mentioned, and on oath	n stated that he/she was authorized to
execute said instrument	
WITNESS MY HAND AND OFFICIAL SEAL THI	S $\frac{dS}{dS}$ DAY OF $\frac{170^{1+1}}{2}$ $\frac{19}{2}$ $\frac{200}{2}$ $\frac{1}{2}$
	Karan & Uturon
	Notary Public in and for the State of Washington Residing at Sw 1

