



Stanton Ind Inc
P.O.Box 361
Mt Vernon Wa 98273
360 419 9589

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Skagit County Auditor

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Operation & Maintance Agreement

This agreement is entered into between **Stanton Ind Inc**

Hereinafter, referred to as operator, and Mark Frost

hereafter, referred to as owners. On this day of March 28, 2003 and

will be recorded against the property which the **Clearstream** unit is installed.

Property Address Galbrator & Washington Street. XX Property has no address at this time

Tax Parcel No. P No. 73244

Legal Description Assessor No. 4201 175 008 0002

Sec 19 TWP34 Range 02 Plat Name. Fidalgo City Lot 5-8 1/4 Acre

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** units required to be monitored and maintained in accordance with regulations as stated in WAC 248-046 and county regulations

Removal, Replacement or alteration to this system must be in compliance with all applicable current regulations of **State and County Health** department regarding 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** in Skagit XXX Island Whatcom

is Agency/Distributor: **Stanton Ind Inc**

Address P.O.Box 361
Mt Vernon, Wa. 98273

Phone/Fax 360-419-9589

Pager 360-679-7805 Cell Ed 360-661-2118 John 360 661-2119

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The purpose of this agreement is to outline the responsibilities of the OWNER and OPERATOR regarding the monitoring and maintenance of the of a Clearstream mechanical aerobic treatment system. A OPERATION A OPERATION and MAINTENANCE MANUEL has been presented to the owner. INITIALS

When the property is sold ,the new owners(S) must be advised and assume the responsibility under this agreement. This agreement will become effective immediately after installation and continue for the life of the system. A fee of \$400.00 shall be collected for the first Two years and on year 3 the owner will be billed \$200.00 per year thereafter for the life of the system. If this agreement is cancelled the operator will notify the local and State health Departments with in 10 days.

OPERATION AND MAINTANCE IS REQUIRED FOR THE LIFE OF THE SYSTEM.

Notices and other communications to the COUNTY shall be by US Mail, express courier service, hand delivery or Fax. Written notices shall be deemed to be given upon dispatch.

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

 Mark Frost
 Phone No 941-2007 or 293 5377

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

Stanton Ind Inc	Phone/Fax 360-419-9589
P.O.Box 361	Pager 360-679-7805
Mt Vernon, Wa. 98273	Cell 360-661-2118
John Hendrix 360-661-2119	



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Operator Duties:

:

OPERATOR will conduct the initial inspection at the time of instal and another inspection at 6 weeks to ensure an adequate treatment is being achieved. Any required testing will be the owners responsibility and will be billed to the owner. If applicable

—Chlorinating tablets will be checked

to meet State/County minimum standards \$60.00 service charge and \$40.00 per hour. Plus expenses for calls between normal service calls.

Routine maintance and monitoring will continue every 6 months by the operator

If treatment standard 1 is required proper tests will be conducted at owners expense.

Inspections of the systems will comply with the attached Operation and

Maintance schedule .The operator will generate a performance report and deliver a performance report and deliver a copy of this report to the owner,

county health dept. and appropriate state department. And keep a copy on file at the operator's office.

WARRANTY:

All Clearstream units O & M manuals include a warranty on all parts included in the unit, a copy of which has been given to the **OWNER**

Initials _____ Additinal services not covered by the warranty as follows.

1. All service calls, charges and costs of any replacements parts due to the OWNER(s) neglect and /or any other party(s) neglect and or abuse or the Clearstream unit. The minimum service charge will be **\$60.00 and Hour \$40.00 per hr. thereafter plus expences.**
2. All labor charges for providing acration to the Clearstream unit if electricity is shut off Labor charges for this will be the same as a service charge.



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3. The cost of Chlorinating supplies
4. U-V lights
5. Service charges are subject to reasonable increase upon written notice to the Owner.

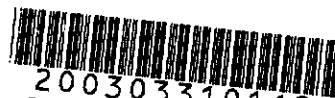
OWNERS(s) Responsibilities

1. Complying with the instructions of the O&M Manuel.
2. Notifying the OPERATOR or OPERATOR'S designated agent Immediately of any problems with the Clearstream unit. Particular attention must be given to any failure of the aerator pump.
3. Keeping the sample ports free of obstructions at all times.
4. Granting Operator and Health Officials access to the OWNER(s) property to service or inspect the Clearstream unit at any time.
5. Notify Operator when residence is sold or rented to new tenants.

6. Clearstream Units

500gpd	600gpd	750gpd	1000gpd	1500gpd
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7. O&M will be \$200.00 per unit per year. First two years to be paid in advance. Billings start in year 3 and annually for the life of the system.



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Owner(s) [Signature]

State of Washington)

County of Skagit)SS

On this 31 day of MARCH 200 3, before me, the undersigned, a

Notary Public in and for the State of Washington, duly commissioned and sworn,

personally appeared Mark S Frost to me known to be the

individuals described in and who executed the within and foregoing instrument, and

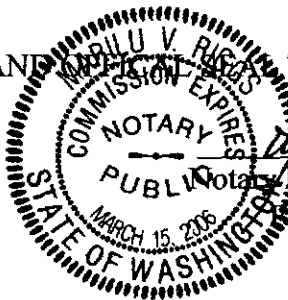
acknowledged that he signed the same as

he free and voluntary act and deed, for the

use and purposes therein mentioned an on an oath stated that he/she was authorized to

execute said instrument

WITNESS MY HAND AND SEAL THIS 31st DAY OF March 200 3



[Signature]
Notary Public in and for the State of Washington
Residing at Burlington



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