



200502010126

Skagit County Auditor

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ON-SITE SEWAGE SYSTEM OPERATION AND MAINTENANCE AGREEMENT

Owner (Grantor): NORLIN & MARY C. JOYCE

Owner's Address: 4957 LAKE MONT BLVD S.E. #285 Tel. # (425) 747-8129
BELLEVUE, WA 98006

Grantee: SKAGIT
Island County Health Department

ASSESSOR'S ACCOUNT 967-000-016-007 Permit # _____

Parcel Number: _____

Legal Description: POTLATCH BEACH TRACTS 15 & 16

Site Address of System: 5108 POTLATCH LANE, ANACORTES, WA 98221

Type of System: BIO-MICROBICS FAST UNIT WITH AMERICAN
MANUFACTURING DRIP DISPERSAL

Number of Bedrooms (if applicable): 4

Peak Design Flow: 480 gallons per day.

I.

Service Agreement:

Inspection, Reporting, Monitoring and Maintenance agreement for Bio-Microbics FAST On-Site Wastewater Treatment Unit and American Manufacturing On-Site Wastewater DRIP DISPERSAL system.

Stonebridge Environmental, Inc. a Corporation operating in the state of Washington as a duly trained and authorized FAST technician for BioMicrobics and a licensed dealer for American Manufacturing's On-Site Wastewater DRIP DISPERSAL systems, hereby agrees to enter into a contract on this _____ day of _____ with _____ to perform preventive maintenance inspections on all equipment supplied by Bio-Microbics and American Manufacturing.

II.

Frequency:

The first visit will be within one month of system start-up. The next visit will be one year after start-up unless problems arise.

It is assumed that on a normally operating system an annual inspection would be adequate. If problems are encountered with the system, more frequent inspections may need to take place until the problems are solved.

III.

Annual Inspection Procedure:

- A. Sludge judge the tanks
- B. Field assessment of tanks (visual and smell) to insure proper homeowner use of the on-site wastewater treatment system. If problems are identified, sampling and testing may need to be done.
- C. Test system hardware with operational checklist
- D. Check for landscaping interference
- E. Check soil absorption area for problems
- F. Check water usage
- G. Record data
- H. Report information and make recommendations for prevention of failure of the system to homeowner and proper regulator reviewers.

IV.

Performance Monitoring:

- A. Check the appropriate sampling schedule per WAC 248-272 and Washington State Department of Health Guidelines for the Application of Treatment Standard 1 and 2 on the following table:

	1) <input type="checkbox"/>	2) <input type="checkbox"/>	3) <input type="checkbox"/>	4) <input type="checkbox"/>
	Treatment Standard 1		Treatment Standard 2	
Alternative Systems	With Disinfection	Without Disinfection	With Disinfection	Without Disinfection
Start-up Sampling Frequency, Sample & Test for BOD ₅ , TSS, Fecal Coliform	At 6 weeks	At 6 weeks	At 6 weeks	As Necessary
Routine Sampling Frequency, Sample & Test for BOD ₅ , TSS, Fecal Coliform	Annually	N/A	Annually	As Necessary



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V.

Billings:

Billings for inspections shall be made on 1) an annual basis, and 2) as needed (i.e., homeowner calling about an alarm or other condition). A base fee of \$150.00 + tax per inspection will be charged. All other call-out charges will be billed as a Service Call (\$75.00) and then at \$65.00 per hour plus material, for work that is not covered under the routine maintenance agreement. This agreement is renewable on an annual basis and the fees/ charges subject to change at that time. This contract is automatically renewed unless cancelled by either party at least thirty (30) days prior to expiration.

VI. SPECIAL CONDITIONS and AGREEMENTS:

NOW THEREFORE, the grantor(s) agree(s) and covenant(s) that said grantor(s), his (her) (theirs) heirs, successors and assigns will adhere to the following conditions and agreements:

- A. Will immediately report any failure, damage or change of conditions to the *Skagit* County Health Department and maintenance entity.
- B. Shall not cause any part of the system, including disinfection equipment (if applicable), to become non-functional or ineffective.
- C. Will agree that in the event records and reports are not provided as per this agreement, the same conditions as a failure will be applied.
- D. Will grant to the *Skagit* County Health Department and Management Entity the right to enter the property during normal business hours for purposes of routine inspections, monitoring and / or necessary enforcement.
- E. Will bear the cost of maintenance and monitoring, including required laboratory fees, and service management by an approved entity.
- F. Shall notify prospective purchasers of the requirements and conditions inherent with the perpetual function of the on-site wastewater treatment system. Notification shall include filing a copy of the final system AsBuilt and the Operation and Maintenance Agreement with the *Skagit* County auditor so it is evident upon a title search.



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In no event shall Stonebridge Environmental, Inc. be responsible for special or consequential damages, including, but not limited to, loss of time, injury to person or property or any other consequential damages or incidental or economic loss due to equipment failure or for any other reason whatsoever.

This agreement shall remain in force for the life of the system, renewable and negotiable annually. The owner has three obligations:

1. Do not damage the system physically, biologically or chemically
2. Report any problems to Stonebridge Environmental, Inc.
3. Allow inspectors access to property and all components.

EQUIPMENT COVERED UNDER THIS AGREEMENT

Nomenclature	Serial Number	Purchase Order #	Location
Electronic & Hydraulic controlled DRIP DISPERSAL system			
Bio-Microbics FAST Unit			

Purchaser:

Sign: Morlin L. Joyce

Print: NORLIN JOYCE

Date: 1-31-05

Mailing Address: 4957 LAKEMONT BLVD SE #285

BELLEVUE, WA 98006

Address of System: 5108 POTWITCH LANE

ANACORTES, WA 98221

Phone: (425) 747-8129

Fax: _____

E-mail: _____

Service Provider:

Sign: Jerry Stonebridge

Print: Jerry Stonebridge/Stonebridge Environmental, Inc.

Date: 1-31-05

Mailing Address: PO BOX 594

Freeland, WA 98249

Phone: 360-331-6101

Fax: 360-331-5158

E-mail: stonebrg@whidbey.com



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MAINTENANCE & EMERGENCY CONTACT LIST

1. Name of Service Manager: Jerry Stonebridge
Name of Business: Stonebridge Environmental, Inc.
Address: PO BOX 594, Freeland, WA 98249
Telephone Number: (360) 331-6151
2. Name of System Electrician: _____
Name of Business: _____
Address: _____
Telephone Number: _____
3. Name of System Pumper: Jerry Stonebridge
Name of Business: Stonebridge Environmental, Inc.
Address: PO BOX 594, Freeland, WA 98249
Telephone Number: (360) 331-6151
4. Name of System Installer: _____
Name of Business: _____
Address: _____
Telephone Number: _____
5. Name of System Laboratory: _____
Name of Business: _____
Address: _____
Telephone Number: _____
6. Name of System Designer: Jerry Stonebridge
Name of Business: Stonebridge Environmental, Inc.
Address: PO BOX 594, Freeland, WA 98249
Telephone Number: (360) 331-6101
7. Skagit County Health Department
200 W. Washington St.
Mt. Vernon, WA 98273
Telephone Numbers: (360) 336-9410



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Property Owner's Signature

Norlin L. Joyce

State of Washington, County of Skagit. On this 31 day of Jan.,
year of 2005 before me JOHN BARRETT Notary Public,
personally appeared NORLIN L. JOYCE personally
known to me to be the person whose name is subscribed to this instrument, and
acknowledged that he/she executed it.

Witness my hand and official seal:

Notary's Signature

John Barrett

Notary Public in and for the State of Washington residing at FREELAND

ISLAND COUNTY My Commission Expires: 9-15-08

