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# SKAGIT COUNTY PERMIT CENTER

# ON-SITE SEWAGE SYSTEM OPERATION AND MAINTENANCE AGREEMENT

| Owner (Grantor):Jer                          | ry Sturdefant                                      |
|--|--|
| Owner's Address: <u>15432 Dewey C</u>        | rest Lane. Anacortes. WA 98221                     |
|  |  |
| Grantee: Skagit County Planni                | ng and Development Services                        |
| Parcel Number: P65098                        | Permit #: pending                                  |
| Site Address of System: 15143 N. I           | Dewey Beach Drive, Anacortes, WA 98221             |
| 5.00 11001 055 01 055 0001. <u>10110 110</u> |  |
| Type of System: TRD1000 Aerobio              | c Treatment to pressurized, sand lined drain field |
| Number of Bedrooms (if applicabl             | (e): 3   |
| Peak Design Flow: 360 gal                    |  |
| i can Design Flow. 500 gai                   | nons per auj.                                      |

# I. SERVICE AGREEMENT

The owner is responsible for obtaining a service contract with an approved qualified management entity to provide maintenance, operation, sampling, reporting, and testing until such time that the system is no longer required.

### II. OPERATION AND MAINTENANCE

- 1. All inspections, maintenance and repair comments, and sampling results shall be recorded on O&M log.
- 2. Initial maintenance and monitoring test pressure distribution network, pumps and controls at six weeks.
- 3. Routine maintenance and operation of disinfection equipment (if applicable) as required by the installation and manufacturer.
- 4. Routine maintenance and monitoring: check the condition and proper performance of the distribution network, controls, pump/siphon, pump counter/timer, screen, and alarms as per guidelines and manufacturer requirements every six months. Electrical components and conduits should be checked for corrosion.
- 5. The septic tank(s) and pump chamber(s) shall be inspected every six (6) months, unless otherwise authorized by the Health Officer. Inspections and pumping shall be recorded on the O&M log.
- 6. Food service establishments and community systems: Inspections of the septic tank, pump chamber, and/or siphon chamber, and all other components shall be done, at minimum, semi-annually. In the case of low water use food service establishments [less than five-hundred (500) gallons per day], the inspection schedule shall be once every three (3) years.
- 7. Inspection of grease traps shall be done monthly.

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- 7. Drainfield areas and/or inspection port(s) must be visually inspected semi-annually. Results of the inspections must be noted on the inspection log.
- 9. Inspection of fill areas, including visual inspection for seeping and ponding of effluent.
- 10. Establishment and maintenance of shallow rooted vegetation on all fill systems
- 11. Other O&M requirements specific to system type and manufacturers requirements.

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#### HI. REPORTING

Records shall be kept of all inspections, monitoring, work performed, conditions found, etc. An annual summary report shall be included in an operation and maintenance (O&M) log. System performance and reporting must be in compliance with permit conditions prior to annual operating permit renewal. Reports are due by January 31 of each year.

The O&M log shall include:

Name of Person Completing Form,

Maintenance and Repair Records,

Inspections.

Monitoring Information (dates, sample parameters, etc.), and

Sampling Results.

All results to be forwarded annually to: Skagit County Permit Center

200 W. Washington

Mount Vernon, WA 98273

## IV. PERFORMANCE MONITORING

1. The following sampling requirements apply to all systems installed in Skagit County for the application of treatment standards 1 and 2. Additional samples and/or frequencies maybe required by the manufacturer.

|   | Treatment Standard 1      |                           | Treatment Standard 2      |                           |
|---|---------------------------|---------------------------|---------------------------|---------------------------|
| Alternative   | With                      | Without                   | With                      | Without                   |
| Systems   | Disinfection              | Disinfection              | Disinfection              | Disinfection              |
| Routine Sampling Frequency,<br>Sample & Test for Fecal<br>Coliform, TSS, and BOD <sub>5</sub> | Annually                  | Annually                  | Annually                  | Annually                  |
| Current water quality<br>standards for Fecal Coliform,<br>TSS and BOD respectively            | 200/ml, 10mg/L,<br>10mg/L | 200/ml, 10mg/L,<br>10mg/L | 800/ml, 10mg/L,<br>10mg/L | 800/ml, 10mg/L,<br>10mg/L |

2. For other system types such as Experimental, Community, and Commercial, attach maintenance and sampling schedule per WAC 246-272, Washington State Department of Health Guidelines and design criteria. The details of testing, including the parameters to be tested, responsibilities for collection, sampling techniques, recording and reporting, frequency of testing, methods of analysis, names of laboratories and/or responsible individuals are to be included in the O&M agreement.

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## V. EMERGENCY RESPONSE PROCEDURES

An emergency is defined as a condition affecting the operation of the system, which may create a public health hazard. The failure of the pumps to handle the sewage effluent, a break in the transmission main, effluent breakout, exceeding ground water monitoring test parameter limits and / or exceeding the above water quality standards.

Emergency procedures are outlined below:

- 1. The owner of the on-site sewage system shall immediately contact a qualified service enity as described under chapter 246-272 WAC.
- 2. The owner/manager shall determine the cause of the failure or malfunction. A repair permit is required prior to repairing or replacing the sewage system or components, unless otherwise authorized by the Health Officer. Any repairs requiring a permit must be performed by an Skagit County licensed installer, unless approved by the Skagit County Health Officer.
- 3. A brief narrative describing the event and the problem shall be written and submitted to the Skagit County Permit Center, along with the as-built of repair.

# 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:

- 1. Will immediately report any failure, damage or change of conditions to the Skagit County Health Department.
- 2. Shall not cause any part of the system, including disinfection equipment (if applicable), to become non-functional or ineffective.
- 3. 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.
- 4. 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.
- 5. Will bear the cost of maintenance and monitoring, including required laboratory fees, and service management by an approved entity.
- 6. Shall notify prospective purchasers of the requirements and conditions inherent with the perpetual function of the on-site sewage system.

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These covenants and agreements shall run with the land and shall be binding on all parties having or acquiring any right, title, or interest in this land described herein or any part hereof, and it shall pass to and be for the benefit of each owner thereof. DATED this day of PVQUS

Grantor(s) State of Washington County of S day of AUOUST, 2007, before me the undersigned On this 3 Notary Public in and for the above named County and State, duly commissioned and sworn, personally appeared PYTU STURGEANT and \_\_\_\_\_ known to be the individuals described in and who executed the foregoing easement and acknowledge to me that he signed this said instrument as their free and voluntary action for the purposes and uses therein made. Given under my hand and official seal this 3 day of My Notary Public in and for the State of residing at COVO

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My commission expires: \_\_