

After recording, return to:
Whatcom County Health Department
509 Girard Street
Bellingham, WA 98225

**ON SITE SEWAGE SYSTEM
GLENDON BIOFILTER
SERVICE AGREEMENT**

Grantor(s): _____
(Please Print)

Grantee: Whatcom County Health Department

Abbreviated Legal Description: i.e., (1) Lot, Block & Plat; OR (2) qtr/qtr, Section, Township & Range; OR (3) Unit, Building, Phase & Condo Name. (If too large for this space, attach additional pages). Complete legal description from current deed must also be attached.

Tax Parcel #: _____

Watershed: _____

The Glendon Biofilter, which is installed on the property referenced above, requires perpetual maintenance and monitoring for the life of the system. Maintenance and monitoring shall be provided by an entity acceptable to the Whatcom County Health Department (WCHD).

1. The Operation and Maintenance manual provided by the Glendon Biofilter distributor shall be followed.
2. Right of entry shall be provided to the property for purposes of inspection, monitoring, maintenance, operation and sampling.
3. The Glendon Biofilter owner (grantor) shall obtain approved maintenance and monitoring for the life of the system and assure that service reports are provided to WCHD.

Glendon Biofilter Service Agreement

- 4. The Glendon Biofilter owner (grantor) shall notify prospective purchasers of the requirements for perpetual M&M of the Glendon Biofilter.
- 5. Failure to renew a maintenance and monitoring contract is considered noncompliance with On-site Sewage System (OSS) permit conditions. This is equivalent to an OSS failure, which will result in enforcement action to WCHD.

These 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 _____, 20__.

Grantor

Grantor

State of Washington)

County of _____)

On this _____ day of _____, 20__, before me the undersigned Notary Public in and for the above named County and State, duly commissioned and sworn, personally appeared _____ and _____, to me known to be individuals described in and who executed the foregoing agreement and acknowledge to me that they signed this said instrument as their free and voluntary action for the purposes and uses therein made.

Given under my and official seal this _____ day of _____, 20__.

Notary public in and for the State of Washington

Residing at _____

My commission expires: _____

(SEAL or STAMP)

FILING:
Whatcom County Auditor (Recording Department)
311 Grand Avenue
Bellingham, WA 98225
(360) 778-5100