

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

**ON SITE SEWAGE SYSTEM
PROPRIETARY TREATMENT PRODUCT
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: _____

Proprietary Treatment Product Type: _____

Disinfection Unit: _____

The Proprietary Treatment Product (PTP) and sewage disposal system, which are installed on the property referenced above, require 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 device distributor shall be followed. If applicable, Operation and Maintenance of a disinfection unit shall also comply with all requirements and recommendations of the manufacturer.

Proprietary Treatment Product

- 2. Right of entry shall be provided to the property for purposes of inspection, monitoring, maintenance, operation and sampling.
- 3. The PTP owner (grantor) shall obtain approved maintenance and monitoring for the life of the system and assure that maintenance and monitoring service reports are provided to WCHD within 30 days of service.
- 4. The PTP owner (grantor) shall disclose and notify prospective purchasers of the requirements for perpetual monitoring and maintenance of the PTP .

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