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OPERATION & MAINTENANCE AGREEMENT

| | ntered into between Laure Nurvi | | |
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| Hereinafter referred to as Operator and Howard Meachan | | | |
| Hereinafter referred to as Owners, on this 14th day of 2004 and will be recorded against the | | | |
| property which the Whitewater unit is installed. | | | |
| | | | |
| Property Address: | Skyridge Court | | |
| | Mt. Vernon WA. 98273 | | |
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| Tax Parcel ID#: | Y-61/810/07 | | |
| I and Description. | incolored Reserve | | |
| Legal Description: 4021-000-035-0006 | | | |
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| Hereafter "The Property" | | | |
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| mechanical aerobic accordance with reg system must be in c | on the Property utilize(s) an alternative method of sewage treatment, a Whitewater treatment system. The Whitewater unit is required to be monitored and maintained in gulations as stated in WAC 248-96-046. Removal, replacement or alteration to this compliance with all applicable current County Health District and th regulations governing on-state sewage. | | |
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Operator's Duties

- OPERATOR will conduct the initial inspection at the time of installation and another inspection at 6
 weeks to ensure adequate treatment is being achieved.
- If applicable chlorinating tablets will be checked no less than monthly, or to meet State/County minimum standard.
- Routine maintenance and monitoring will continue every 6 months by the OPERATOR.
- If Treatment Standard 1 treatment is required, focal coliform/chlorine residual will be tested every 6 months or to meet State/County requirements.
- Inspections of the system will comply with the attached Operation & Maintenance schedule. The
 OPERATOR will generate a performance report and deliver a copy of this report to the OWNER,
 Local County Health Department and the appropriate State Representative, and keep a copy on file
 at OPERATOR'S main office.

Warranty

All Whitewater units Operation & Maintenance manuals include a warranty on all parts included in the unit, a copy of which as given to the OWNER. Initials

Additional services not covered by the warranty are as follows:

- 1. All service call charges and costs of any replacement parts due to the OWNER (S) neglect and/or any other party(s) neglect and/or abuse of the Whitewater unit. The minimum service all charge will be \$ \(\frac{1}{2} \) for every additional hour, the OWNER (S) will be charged \$ \(\frac{1}{2} \) and hour. This may vary and be subject to change upon notice from OPERATOR.
- 2. All labor charges for providing aeration to Whitewater unit if the electricity is shut off, Labor charges for this will be the same as a service charge.
- The cost of chlorinating supplies made available from OPERATOR will be the responsibility of the OWNER (S).
- 4. Service charges are subject to reasonable increase upon written notice to OWNER.

OWNER (S) Responsibilities

- 1. Complying with the instructions of the Operation & Maintenance manual.
- 2. Notifying the OPERATOR or the OPERATOR'S designated agent <u>immediately</u> of any problems with the Whitewater unit. Particular attention must be given to any failure of the aeration pump.
- 3. Keeping the sampling/access ports free of obstruction at all times.
- 4. Granting OPERATOR AND Health district Personal access to the OWNER (S) property to service or inspect the Whitewater unit ANY time.
- 5. Notifying OPERATOR when residence is sold or rented to new tenants.

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The purpose of this agreement is to outline the responsibilities of OWNER and OPERATOR regarding the monitoring and maintenance of a Whitewater mechanical aerobic treatment system. AN OPERATION AND MAINTENANCE MANUAL HAS BEEN PRESENTED TO THE OWNER. The owner acknowledges receipt and understanding of Initials

When the Property is sold, the new OWNER (S) must be advised and assumes the OWNER'S responsibility under this agreement. This agreement will become effective immediately after installation and continue for 2 years at a rate of \$2000 per year, payable in advance annually by OWNER. The agreement year will commence on the first of the month following the month of installation. This agreement will automatically renew every two years, unless replaced by another Maintenance Agreement approved by the Local Health Department and the State Health Department, from an OPERATOR certified to operate the Whitewater unit. If this agreement is canceled, the operator will notify the Local Health Department within 10 days of said cancellation.

All notices required under this Agreement are to be in writing, and transmitted by U.S. Mail, express courier service, fax or hand-delivery. Written notices shall be deemed to be given upon dispatch.

Notices and other communications to the Health Dept. shall be transmitted to:

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| SKAgit County Planning of Permit Center |
| 250 W. Washington St. |
| M. Vernon WA. 98273 |
| Phone number: (366) 336-9410 |
| |
| Notices and other communications to the OWNER shall be transmitted to: |
| Howard Meacham |
| 17166 Skyridge Court |
| mt. Dernon WA. 98273 |
| Phone number: 202-0540 |
| |
| Notices and other communications to the OPERATOR shall be transmitted to: |
| Louis Nurmi's Backhoe Suc Inc. |
| 17039 Dungan Rd. |
| mt. vernon WA. |
| Phone number: (360) 428-8727 |
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* First 2 years maintenance included in Whitewater system purchase price. How



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| | Notary Public in and for the State of Washington Residing at |
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| STATE OF WASHINGTON)) SS | |
| COUNTY OF | |
| On this Wildow of Chals 2004 before me | the undersioned or Natury Dublic in and for the State |
| of Washington, daily commissioned and sworn, person | the undersigned, a Notary Public in and for the State onally appeared Howard MEACHAM to me |
| known to be the individuals described in and who exe acknowledged that signed the same | ecuted the within and foregoing instrument, and |
| voluntary act and deed, for the uses and purposes the | e as acknowledged that |
| authorized to execute said instrument. | |
| WITNESS MY HAND AND OFFICIAL SEAL THIS | 5/4 DAY OF JULY (2004) |
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