

Stanton Ind Inc  
P O Box 361  
Mount Vernon, WA 98273



200703210103  
Skagit County Auditor

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## OPERATION & MAINTENANCE CONTRACT

Chicago Title IC41741  
Escrow BE11193

This agreement is entered into between **STANTON IND. INC.**  
hereinafter, referred to as operator, and John David Lynn & Stephanie K. Lynn  
hereinafter, referred to as owners, on this day of 3-15, 2007 and  
will be recorded against the property which the Clearstream unit is installed.

Property Address: 23170 BUCHANAN PLACE MT VERNON  
WA 98273

Tax Parcel # P62219 Accessor 3864-005-013-0003

Leagle Discription: Lot 13 And Portion of Lot 11  
Block 5 Bingham Acreage

Hereafter "The Property"

The dwelling unit(s) on the property utiliz(s) an alternative method of sewage treatment. a Clearstream mechanical aerobic treatment system. The Clearstream unit is required to be monitored and maintained in accordance with regulations as stated in WAC 248-046 and county regulation(s) \_\_\_\_\_  
County Health District and Dept of Health Regulations governing on-site sewage

The owner(s) of the property are responsible for all costs associated with monitoring and maintaining the Clearstream unit. The agency responsible for the Monitoring and maintaining the Clearstream unit in SKagit County is

Stanton Ind. Inc.

P.O.Box 361

Mt Vernon, Wa. 98273

360-419-9589 office 360-336 9958 360-661-2118 cell 360 661-2119 John  
O&M

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The purpose of this agreement is to outline the responsibilities of the Owner and Operator regarding the operation and maintenance Manual has been presented to the owner. The owner acknowledges the receipt and understanding of the text of that agreement. Initials. SK

When the property is sold, the new owner(s) must be advised and assume the owner(s) responsibility under this agreement. This agreement will become effective immediately after installation and continue for the life of the system. The first 2 (two) years are to be paid at permitting. this cost is \$400.00 and \$200 starting year 3 (three) and thereafter for the life of the system. If this agreement is canceled the operator will notify the Local Health Department within 10 (ten) days of said cancellation.

Notices and other communications to the health Dept shall be transmitted to: SKagit County Health

Notices to owner shall be transmitted to;

23170 Buchanan Pl. Mt Vernon  
WA 98273

Notices and communications to the operator shall be transmitted to

**Stanton Ind Ind.**

**P.O.Box 361, Mt Vernon, Wa. 98273 Pager 360-679-7805**

**Ed Cell 360-661-2118 / Office 360-419-9589 / John Cell 360-661-2119**

**O&M**



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The Operator will conduct the initial inspection at the time of installation and another inspection at 6 (six) weeks to ensure adequate treatment is being achieved.

If applicable -- Chlorinating tablets will be checked every 6 (six) months. Cost of tablets are extra

A \$60.00 service charge and \$40.00 per Hour plus expences for calls between normal service calls .

Routine Maintenance and monitoring will continue every six (6) months for the life of the system by a manufacture certified operator.

#### WARRANTY

All Clearstream units O&M manuals includ a warranty on all parts included in the unit, a copy of which has been given to the Owner. INITIALS.                     

Additional services not covered by the warrenty are as follows;

1. All service call charges and costs of any replacement parts due to the Owners neglect and /or any other party(s) neglect and or abuse of the Clearstream unit. The minimum service call charge will be \$60.00. For every hour after will be \$40.00 per hour. Service requiring a ferry will be charged from the ferry landing.
  2. Service and labor charges for providing aeration to the Clearstream unit if the electricity is shut off
  3. The cost of Chlorine is responsibility of the owner
  4. UV replacement bulbs are the responsibility of the owners after 1 (one) year.
- O&M



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5. Service/labor charges are subject to reasonable increase upon written notice to the owner.

**Owner(s) responsibilities**

1. Complying with the instructions of the owner(s) manual.
2. Notifying the Operator immediately of any problems of any problems with the Clearstream unit. Particular attention must be given to any failure the aeriator pump.
3. Keeping the sampling access ports free of obstructions at all times
4. Granting the Operator and Health district personell access to the property to service or inspect at any time.
5. Notifying the operator when the property is sold or rented to new tenants

Homeowner /Agent  
Spouse

Date

Date

3-19-07

3/19/07



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STATE OF WASHINGTON  
COUNTY OF Skagit

I certify that I know or have satisfactory evidence that John David Lynn and Stephanie K. Lynn (is/are) the person(s) who appeared before me, and said person(s) acknowledged that he/she/they signed this instrument and acknowledged it to be his/her/their free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: March 19, 2007

Marcia J. Jennings  
Marcia J. Jennings  
Notary Public in and for the State of Washington  
Residing at Sedro Woolley  
My appointment expires: 10/5/2008



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