

Return Name and Address

DECLARATION OF COVENANT

The undersigned, hereinafter referred to as the "OWNER" is the owner having the right to possess and use the following described real property located in Snohomish County, State of Washington, to wit:

Property Tax Account Number: _____

Property Legal Description: _____

Hereby declare this covenant and places same on record.

It is the purpose of this covenant to describe certain understandings and conditions for allowing the installation and operation of a _____ (herein referred to as the "System")

on said OWNER'S land. The System has been designed in accordance with the Washington State Department of Health Recommended Standards and Guidance Document(s) (herein referred to as the RS&G) and Snohomish Health District (SHD) policies and procedures which prescribes system design, installation, operation, maintenance and monitoring requirements.

The OWNER agrees that he/she understands the following onsite sewage disposal system requirements and conditions for approval and covenant that he/she will abide by the following reservations and practices:

1. OWNER understands that assuring proper ongoing System operation and providing timely maintenance for the life of the System is the responsibility of the OWNER, is a prerequisite for SHD approval of the System, and is to be conducted in accordance with requirements established in the applicable RS&G(s) and Snohomish Health District Sanitary Code, policies and procedures.
2. At a minimum, service is to be provided six months after the system is installed, approved, and operational and annually thereafter or per the requirements of the applicable RS&G, whichever is more restrictive. Service provider reports must be made available for SHD review upon request.
3. OWNER agrees to grant SHD and the qualified System service provider(s) the right to enter the property during normal business hours for purposes of routine inspections for onsite sewage disposal system monitoring.

This covenant shall run with the land, shall be binding on all parties having or acquiring any right, title, or interest in the land, and shall not be removed without written authorization from SHD.

IN WITNESS THEREOF, the undersigned have hereunto set their hand and seal this

_____ (Day) _____ (Month) _____ (Year)

Owner(s)/Grantor(s) Signature

Owner(s)/Grantor(s) Signature

Owner(s)/Grantor(s) Printed Name

Owner(s)/Grantor(s) Printed Name

State of _____ County of _____

On _____, 20____, _____ personally appeared before me,

____ Who is personally known to me

____ Whose identity I proved on the basis of _____

____ Whose identity I proved on the oath/affirmation of _____, a credible witness

To be the signer of the above instrument, and he/she acknowledged that he/she signed it.

Notary Public

My commission expires