Return to:

_____

_____

_____

NOTICE OF OPERATION AND MAINTENANCE OF ON-SITE SEWAGE SYSTEM

I (We) the undersigned, hereby place this notice on record that the following described real estate situated in Mason County, State of Washington; to wit: (Division and Lot Number ***or*** Range/ Township/ Section Number. Note: Range, township, section numbers are the 1st 5 digits of the parcel number)

_____	_____	_____	OR	_____	_____	_____
Subdivision	Division	Lot		Range	Township	Section

and having the Tax Parcel Number of: __ __ __ __ __ -- __ __ -- __ __ __ __ __

is served by an on-site sewage system that was approved and permitted on the condition that it would receive on-going operation and maintenance to assure it would continue to function in a manner that provides adequate treatment and disposal of sewage.

Operation and maintenance of the on-site sewage treatment and disposal system must be done in accordance with the Mason County Department of Health Services Operation and Maintenance Program. A copy of the program is available from the Office of Environmental Health of the Mason County Department of Health Services.

Failure to participate in the operation and maintenance program identified above would be a violation of the conditions under which the on-site sewage permit was issued and could result in the system being classified as a "failure."

These covenants shall run with the land and shall be binding to all parties having or acquiring any right, title, or interest in the land described herein or any part thereof, and shall inure to the benefits of each owner thereof.

WITNESS _____ hand this day of _____, 20____.

_____
Signature

_____
Signature

State of Washington)
County of Mason)

I, the undersigned , a Notary Public in and for the above named County and State, do hereby certify that on this _____day of _____, 20____ , _____ personally appeared before me, who is known to be signer of the above instrument, and acknowledged that he (she) (they) signed it.

GIVEN under my hand and official seal the day and year last above written.

_____
Notary Public in and for the State of Washington,
residing at _____
My commission expires : _____