

Return to Address:

“NOTICE TO TITLE AGREEMENT”

FILED FOR THE RECORD AT THE REQUEST OF THE CLATSOP COUNTY PUBLIC HEALTH DEPARTMENT
NOTICE FOR OPERATION AND MAINTENANCE REQUIREMENT

TOWNSHIP: _____ RANGE: _____ SECTION: _____ TAX ACCOUNT NUMBER: _____

ON-SITE SEWAGE SYSTEM PERMIT NUMBER: _____

LEGAL DESCRIPTION:

Additional Legal Description Can Be Found On Page ___ Of ___ Document(s)

**ON-SITE SEWAGE SYSTEM: OPERATION & MAINTENANCE REQUIREMENT OF
THE CLATSOP COUNTY PUBLIC HEALTH DEPARTMENT.**

The residence or facility on this property utilizes an alternative method of sewage disposal, which requires regularly scheduled monitoring and maintenance. Monitoring and maintenance is required to be performed by a person certified by the Oregon Department of Environmental Quality as specified in the Oregon Administrative Rule OAR 340-071-0220.

Signature of property owner/grantor

Print name

State of OREGON
County of Clatsop

This instrument was acknowledged before me on the _____ day of _____, 201____
by: (seal)

Signature of Notary Public

Signature of property owner/grantor

Print name

State of OREGON
County of Clatsop

This instrument was acknowledged before me on the _____ day of _____, 201____
by: (seal)

Signature of Notary Public