

Return to-

DEED RESTRICTION
ADVANCED WASTEWATER TREATMENT SYSTEM

I, _____, the undersigned, owner of property described as:

Assessor Tract ID No. _____ Section _____ Township _____ Range _____
County Assessor Number _____,
Certificate of Survey _____ Tract/Parcel _____
Subdivision Name _____ Lot# _____ Block # _____
Deed (Book/Page) _____ Flathead County (**if your parcel is not within a Subdivision or does not have a Certificate of Survey, a meets and bounds will need to be added as an Exhibit to this form**)

which is served by an advanced wastewater treatment system for nutrient reduction, drainfield size reduction, or other purpose, hereby consent to this restriction being placed on the property deed that acknowledges the following responsibilities and requirements concerning the advanced treatment system serving the property:

1. That the system will have an operation and maintenance contract in perpetuity with the system manufacturer, an approved vendor, or other qualified party. The contract must include:
 - a. An on-site inspection of all the major components of the system twice yearly for the first two years and after use of the system begins and annually thereafter.
 - b. Inspections must include verifying proper operation of the system including the visual/audible alarm system and determining whether any water treatment devices have been added, modified or removed from the water system that discharges to the wastewater system.
 - c. Annual effluent sampling and analysis for nitrate (as N), nitrite (as N), ammonia (as N), TKN (as N), BOD, TSS, fecal coliform, specific conductance and temperature. Effluent sampling must be conducted after all treatment is complete but before discharge to the absorption area.
2. That no alteration of the wastewater treatment system will occur without written consent of or permit by the Flathead County Environmental Health Department.
3. That the operation and maintenance records, including sampling results, will be maintained by the property owner and made available for inspection by the Flathead County Environmental Health Department upon request.
4. That this restriction will apply to all current and subsequent owners of the property and may only be rescinded with the mutual written consent of Flathead County, Montana, and the property owner(s) of record at the time.
5. That failure to have an operation and maintenance contract in perpetuity may result in legal action and/or administrative penalties.

DATED this _____ day of _____, 20____.

_____, Owner(s)

STATE OF _____
County of _____

On this _____ day of _____, 20__ before me a Notary Public for the State of _____, personally appeared _____, known to me to be the person whose name is subscribed to the above instrument and acknowledged to me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Notarial Seal the day and year above written.

Signature: _____
Notary Public for the State of _____
Residing at _____
My Commission expires: _____