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Stevens County Planning

RECORDED AT REQUEST  
OF \_\_\_\_\_  
OCT 29 9 18 AM '98  
TIM GRAY  
AUDITOR  
STEVENS COUNTY  
DEPUTY A. GAGNON  
\$8.00

9812632

WAIVER APPLICATION FOR 2 UNIT SYSTEM

I (we) Robert Hill & Viola L. Hill  
the owner(s) of the following parcel(s):

|                                                                                                            |                                                                |
|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| PARCEL 1 (well location)<br><u>LS 7AX #1 7AX#5</u><br><u>SE 1/4 NW 32-36-38</u><br>Parcel # <u>1944450</u> | PARCEL 2 (if different than well parcel)<br><br>Parcel # _____ |
|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|

As allowed by WAC 246-291-030(3), hereby apply for a waiver to all the provisions of WAC 246-291 for the public water system serving the two residences on the parcel(s).

I (we) recognize that on-going water quality monitoring, maintenance of satisfactory water quality and required operation and maintenance of the water system is the sole responsibility of the owner(s) of the system.

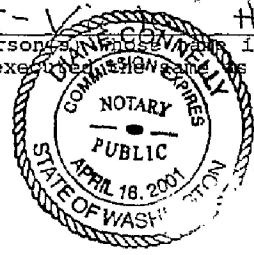
I (we) also recognize that for the purposes of the Growth Management Act, Public Water System Coordination Act and possibly other legislation or regulations, this two (2) unit water system is still considered a public water system.

|                                                               |                                          |
|---------------------------------------------------------------|------------------------------------------|
| <u>Robert Hill</u> 10-3-98<br>Owner Signature - Parcel 1 Date | _____<br>Owner Signature - Parcel 2 Date |
| <u>Viola Hill</u> 10-3-98<br>Owner Signature - Parcel 1 Date  | _____<br>Owner Signature - Parcel 2 Date |

STATE OF WASHINGTON )  
COUNTY OF STEVENS ) SS

On this 3 day of October, 1996, before me, the undersigned, a Notary Public for said county and state, personally appeared,

Robert Hill, known to me to be the person whose name is subscribed to this document and acknowledge that he/she executed the same as his/her free and voluntary act and deed.



Diane Connolly  
Notary Public in and for the State of Washington. Residing at Colville.  
My Commission expires 4-18-2001.

The Washington State Department of Health recommends a minimum of 1 coliform analysis every 12 months and 1 nitrate analysis every 35 months.

This waiver shall be null and void if the system is expanded to serve more than two (2) residential connections.

Waiver approved by Washington State Department of Health

[Signature] 10/27/98  
Signature Date

