## **EXHIBIT A**

RECORDING REQUESTED BY:
CONTRA COSTA COUNTY

WHEN RECORDED MAIL TO:
ENVIRONMENTAL HEALTH DIVISION
2120 DIAMOND BLVD., SUITE 200
CONCORD, CA 94520

## Supplement to Application to Construct an Alternative Sewage Disposal System

Property Owner(s):					
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Property Address:		City:		State:	Zip Code:
Assessor's Parcel Number:	Permit #:		Type of Sys	tem:	
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**NOTICE:** The construction permit for the above alternative sewage disposal system is issued subject to the following conditions:

- 1. That the property owner(s) acknowledges the fact that the sewage disposal system serving the above property is an alternative system, that it is required to be operated under an Operating Permit and, that Contra Costa County Environmental Health Division makes no guarantee of satisfactory performance or warranty of the systems.
- 2. That the alternative sewage disposal system for the above property is designed to serve a residential parcel and that the maximum peak daily wastewater flow is not to exceed a rated flow of \_\_\_\_\_ gallons per day. Operating the system in excess of its maximum rated capacity is a violation of the terms and conditions of the Operating Permit. This can be cause for the re-evaluation and possible suspension and/or revocation of the operating permit.
- 3. That the system is designed to be constructed and operated with water saving devices and , that all such devices shall be properly maintained or replaced with equivalent types of water saving devices in the event that repair of the device becomes necessary.
- 4. That, due to the sophisticated nature of alternative sewage disposal systems and the specialized equipment and experience needed to properly install such systems, only properly licensed contractors is permitted to install alternative sewage disposal systems. Any installation shall only occur under the supervision of the designer of the system. Any permit to construct, repair or replace an alternative sewage disposal system must have such a designated contractor. Any such contractor is required to demonstrate possession of a valid and active contractor's license and have a current certificate of workman's compensation insurance on file with Contra Costa County Environmental Health Division.
- 5. That, in the event of a malfunction of the alternative sewage disposal system, the Environmental Health Division is to be notified immediately. If a public health hazard is deemed eminent or a pollution threat to water quality is recognized, the Environmental Health Division will take all necessary steps to abate the nuisance.

- 6. That, after installation and final approval of the alternative sewage disposal system, the owner agrees to obtain an Operating Permit. All required monitoring reports are to be submitted to this office by the end of the month following the month in which the monitoring event occurred. Monitoring and reporting requirements will vary depending on the specific type of alternative sewage disposal system. The Operating Permit will specify the frequency of monitoring as well as the specific items to be inspected and/or sampled. Additionally, all areas of the parcel held for reserve in which to replace the alternative sewage disposal systems are to remain dedicated and be protected from development.
- 7. That the owner agrees to renew the required Operating Permit and pay fees as required by the Contra Costa County Environmental Health Division and renew the Operating Permit as long as ownership of the site is retained. Also, the current owner agrees to notify subsequent owners of this property of the above requirements to obtain an Operating Permit and monitor the system pursuant to the conditions of the Operating Permit.
- 8. The owner agrees to abide by the care and maintenance procedures or guidelines furnished by the designer and/or the Environmental Health Division.
- 9. The owner of the property recognizes the presence of, and shall be obligated to paying, additional costs for the purpose of reviewing, sampling and monitoring the alternative system.

Dated:	Property Ow	wner(s):
STATE OF CALIFO	DRNIA	
COUNTY OF CONT		
On	before me,	(NOTARY PUBLIC)
	Name &	Title of Officer
the basis of satisfact acknowledged to n his/her/their signatu executed the instrur	ctory evidence to be the person(s), whose in the that his/her/they executed the same ares on the instrument the person(s), or ment.	mame(s) is/are subscribed to the within instrument and in his/her/their authorized capacity(ies) and that by the entity upon behalf of which the person(s) acted,  State of California that the foregoing paragraph is true
WITNESS my hand	and official seal.	(SEAL)
Signature of N	otary Public	