APPROVAL CONDITIONS FOR AEROBIC SEWAGE DISPOSAL TREATMENT UNITS

1. Only NSF (or equivalent as determined by third party entity, including but not limited to UL and ANSI) units may be utilized. The components of the system must be consistent with NSF standard or other third party testing and approved by manufacturer to perform consistent with that standard.

2. Laboratory sampling of filtrate may be required by the Health Department if unit does not appear to be performing as proposed. The sampling may include, but not limited to, BOD, TSS, FOG or other constituents as required by the manufacturer, authorized service provider, and/or the Health Department.

3. Property owner must sign an agreement/notice that they have an alternative onsite sewage disposal system that requires maintenance. The document must be in a format approved by the Mariposa County Recorder’s office for recordation on the property title. The notice must be signed prior to approval of the permit, but will not be recorded until the system is installed.

4. Must demonstrate a method for ongoing routine maintenance consistent with recommendations of the manufacturer, for the duration of the unit’s operation.

Charles B. Mosher, MD, MPH, Health Officer
8-14-13

Date

Attachment
COUNTY OF MARIPOSA DECLARATION OF DEED RESTRICTION

This Declaration sets forth the restriction on the property commonly known as (insert address, city, state, zip code, APN). Attached find a complete legal description of the property, Exhibit “A”.

We, (insert owner names), accept and acknowledge the following restriction on the property described above:

- The property described above is served by an alternative design on-site sewage disposal system. The system is to be monitored and maintained in accordance with Mariposa County Health Department Policy 02-02.

I (print full name) understand and acknowledge that this restriction shall be binding upon the property and is binding upon any successor in ownership of said property. I further agree that this restriction cannot be terminated without the express written consent of the Mariposa County Health Department.

Signature of Property Owner ____________________________ Date ________________________
MARIPOSA COUNTY HEALTH DEPARTMENT POLICY

APPROVAL CONDITIONS FOR AEROBIC SEWAGE DISPOSAL TREATMENT UNITS POLICY

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4. Must demonstrate a method for ongoing routine maintenance consistent with recommendations of the manufacturer, for the duration of the unit’s operation.

Charles B. Mosher, MD, MPH, Health Officer

2-1-07

jb /mc
COUNTY OF MARIPOSA DECLARATION OF DEED RESTRICTION

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________________________________________  ______________________
Signature of Property Owner                  Date