

TO: ROCKLAND COUNTY DEPARTMENT OF HEALTH
CENTER FOR ENVIRONMENTAL HEALTH
SANATORIUM RD, BUILDING D
POMONA, NEW YORK 10970

Please be advised that in lieu of providing a \$2,000 performance bond for a 12-month period to guarantee the satisfactory operation of the subsurface sewage disposal system at the following property:

TOWN _____ ADDRESS _____

SUBDIVISION _____

LOT# _____

Name of owner on plan approved by the ROCKLAND COUNTY DEPARTMENT OF HEALTH (if not a part of a subdivision) _____

WE AGREE TO THE FOLLOWING:

That the sewage disposal system will be continuously maintained so as not to cause a public health nuisance.

That upon order of the ROCKLAND COUNTY COMMISSIONER OF HEALTH, any necessary repairs or additions will be undertaken immediately.

That if during the 12-month guarantee period this property is sold, a performance bond in the amount of \$2,000 will be provided for the remaining time. This 12-month period shall commence on the date of the issuance of a certificate of occupancy, or the date of actual occupancy, whichever comes later.

NAME OF PERSON(s) to RESIDE in DWELLING

SIGNATURE DATE

STATE OF NEW YORK
COUNTY OF ROCKLAND SS:

On the ____ day of ____, 20____, before me personally came _____
_____ to me known to be the individual(s) described in and who
executed the foregoing instrument, and acknowledged that they executed the same.

NOTARY