

**AFTER RECORDING RETURN TO:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Send a copy via inter-department mail to:  
On-Site Waste Mgmt. Division, Dept. Of Planning & Development

**EASEMENT AGREEMENT**

As Required in OAR 340-071-0130

THIS AGREEMENT made this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ by and between  
\_\_\_\_\_, grantors  
and \_\_\_\_\_  
\_\_\_\_\_, grantees;

WHEREAS, grantees are the owners of the following described real property in  
\_\_\_\_\_ County, Oregon, to wit:

The grantors, do hereby grant and convey to the grantees, their heirs, successors and assigns, a nonexclusive easement described as follows, to wit:

**(NOTE: Recommend attaching a survey map of the specific easement area)**

subject to liens and encumbrances of record, in and upon the following described real property of grantors in \_\_\_\_\_ County, Oregon, to wit:

for the construction, maintenance, use and repair of an individual water-carried on-site sewage disposal system (hereinafter called "system") appurtenant to the above described property of grantees.

Grantors, for themselves and their heirs, successors and assigns, covenant and agree to and with the grantees, their heirs, successors and assigns, that the above described property of the grantors shall not be used for any purpose detrimental to said system or contrary to laws and rules of governmental agencies applicable or related to said system.

IN WITNESS WHEREOF, the parties hereto have executed this agreement as of the date first hereinabove written.

\_\_\_\_\_  
\_\_\_\_\_  
(Grantors) (Grantees)

STATE OF OREGON )  
County of \_\_\_\_\_ ) SS.  
\_\_\_\_\_, 20\_\_ )  
\_\_\_\_\_ )

Personally appeared the above named \_\_\_\_\_, grantors,  
and acknowledged the foregoing instrument to be their voluntary act.

Before me:

\_\_\_\_\_  
NOTARY PUBLIC FOR OREGON  
My Commission Expires: \_\_\_\_\_

State of Oregon Acceptance on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by \_\_\_\_\_, as an Agent for the State of Oregon,  
Department of Environmental Quality.

\_\_\_\_\_  
Signature of DEQ Agent Date