

**TERMINATION FOR CAUSE**

If for any cause, either party does not fulfill in a timely and proper manner its obligations under this Agreement, or if either party violates any of these terms and conditions, the aggrieved party will give the other party written notice of such failure or violation. The responsible party will be given the opportunity to correct the violation or failure within 15 working days. If the failure or violation is not corrected, this Agreement may be terminated immediately by written notice of the aggrieved party to the other.

**WAIVER**

A failure by either party to exercise its rights under this Agreement shall not preclude that party from subsequent exercise of such rights and shall not constitute a waiver of any other rights under this Agreement unless stated to be such in a writing signed by an authorized representative of the party and attached to the original Agreement.

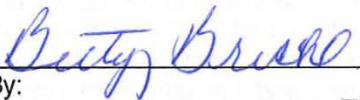
**ALL WRITINGS CONTAINED HEREIN**

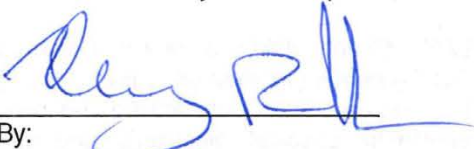
This Agreement, its attachments and all incorporations, contains all the terms and conditions agreed upon by the parties. No other understandings, oral or otherwise, regarding the subject matter of this Agreement shall be deemed to exist or to bind any of the parties hereto.

**IN WITNESS WHEREOF**, the parties have executed this Agreement:

State of Washington  
Department of Health (DOH)

Walla Walla County Health Department






By: **Betty Brickl**  
Title: Contracts Officer **Contract Specialist**

By:  
Title: Administrator

Date: 2 / 3 / 2014

Date: 1 / 30 / 14

APPROVED AS TO CONTENT ONLY:



By: Heather Bartlett  
Title: Acting Director, Office of Drinking Water

Date: 10/10/2013

APPROVED AS TO FORM ONLY:  
Janis Snoey  
Assistant Attorney General

RECEIVED

FEB 03 2014

DOH Contracts Office

RECEIVED  
FEB 12 2014

WALLA WALLA COUNTY HEALTH DEPT