

COVER SHEET (For Multiple Documents)



199907230071

Kathy Hill, Skagit County Auditor

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RETURN TO:

Melissa Stahlberg  
432 N. 2<sup>nd</sup> St.  
Mount Vernon, WA 98273

DOCUMENT TITLE(S) (list all titles contained in document);

- |                              |    |
|------------------------------|----|
| 1. Service Contract (septic) | 2. |
|------------------------------|----|

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

- |           |    |
|-----------|----|
| 1. 111494 | 2. |
|-----------|----|

| | ADDITIONAL REFERENCE NUMBERS ON PAGE \_\_\_\_ OF DOCUMENT.

GRANTOR(S) (Last name, first name and initials):

- |                         |    |
|-------------------------|----|
| 1. melissa A. Stahlberg | 1. |
| 2.                      | 2. |
| 3.                      | 3. |
| 4.                      | 4. |

| | ADDITIONAL NAMES ON PAGE \_\_\_\_ OF DOCUMENT.

GRANTEE(S) (Last name, first name and initials):

- |                          |    |
|--------------------------|----|
| 1. David Allen -         | 1. |
| 2. AAA mechanical Contr. | 2. |
| 3.                       | 3. |
| 4.                       | 4. |

| | ADDITIONAL NAMES ON PAGE \_\_\_\_ OF DOCUMENT.

LEGAL DESCRIPTION (Abbreviated: i.e., lot, block, plat or quarter, quarter, section, township and range):

Lot 16, Sunset Creek - planned unit development

| | ADDITIONAL LEGAL(S) ON PAGE \_\_\_\_ OF DOCUMENT.

ASSESSOR'S PARCEL/TAX I.D. NUMBER: P-111494

| | TAX PARCEL NUMBER(S) FOR ADDITIONAL LEGAL(S) ON PAGE \_\_\_\_ OF DOCUMENT.

# SERVICE CONTRACT

**MAINTENANCE AND MONITORING** shall be conducted by AAA Mechanical Cont. The property owner shall be responsible for a yearly maintenance expense of \$200.00 and lab tests.

**TEST RESULTS** for TSS, BOD, and FC shall be submitted to the Health Department on forms as designated by the Washington State Department of Health, Environmental Programs, or modified forms at the discretion of the Health Officer.

**SERVICE NEEDED** due to contamination explained in the Owner's Manual will not be covered by the warranty or Service Contract. Damage from machinery, vandalism, or animals will also not be covered. Any pumping will be at the owner's expense. The need for pumping will be evaluated at maintenance inspections and should be anticipated every three [3] to five [5] years.

**UPON TERMINATION** of maintenance/service contract, for any reason whatsoever, notice shall be made to the Health Department by maintenance/monitoring entity having been terminated.

**AS A CONDITION** of this Alternative On-Site Sewage Treatment System, the following shall be included:

1. Right of entry to the property for purposes of inspection, monitoring, necessary enforcement action, maintenance, operation, and sampling. This right of entry applies to the approval agency and the approved management entity;
2. Requirements that the system owner shall not cause any part of the system to become non-functional or ineffective;
3. The system owner's acceptance of the responsibility of obtaining approved maintenance, operation, sampling, and testing services in compliance with these guidelines, for the life of the system; and
4. The system owner shall notify prospective purchasers of the requirements and conditions inherent with the perpetual function of the on-site sewage system.

Melissa Stahlberg  
Property Owner

Print, Sign

Melissa Stahlberg  
P# 111494

STATE OF WASHINGTON )

COUNTY OF SKAGIT ) ss )

NOTARY PUBLIC CERTIFY that I have satisfactory evidence that Melissa Stahlberg (property owner) signed this instrument and acknowledge it to be his/her free and voluntary act for the uses and purposes hereinafter expressed.

SUBSCRIBED AND SWORN to before me this 23rd day of July, 1999.

Shirley D. Winter  
NOTARY PUBLIC in and for the State of Washington.  
My commission expires: 8-8-2002

AAA Mechanical Cont.

{360} 766-4209, 384-6322, P.O.Box 98, Bow, Wa. 98232 Lic#AAAMEC\*101MR



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