

RETURN TO:

Rob Mesman



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Kathy Hill, Skagit County Auditor
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DOCUMENT TITLE(S) (or transactions contained herein):

Covenant

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

[] ADDITIONAL REFERENCE NUMBERS ON PAGE ____
OF DOCUMENT.

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

1. Mesman, Fred
- 2.
3. Mesman, Arlene
- 4.

[] ADDITIONAL NAMES ON PAGE ____ OF DOCUMENT.

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

1. Public
- 2.
- 3.
- 4.

[] ADDITIONAL NAMES ON PAGE ____ OF DOCUMENT.

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

5/33/3

[] ADDITIONAL LEGAL(S) ON PAGE ____ OF DOCUMENT.

ASSESSOR'S PARCEL/TAX I.D. NUMBER:

P15427

[] TAX PARCEL NUMBER(S) FOR ADDITIONAL LEGAL(S) ON PAGE ____ OF DOCUMENT.

Declaration of Covenant

Know all men by these presents that I (we) the undersigned, owner(s) in fee simple of the land described herein, hereby declare this covenant and place same on record.

I (we), the grantor(s) herein, am (are) the owner(s) in fee simple of (an interest in) the following described real estate situated in Skagit County, State of Washington, to wit:

Parcel #: 15427

on which the grantor(s) own(s) and operate(s) an experimental sewage disposal system, component or device serving the facility located on said real estate, to wit:

Subsurface Flow Constructed Wetlands (SFCW) system

and grantor(s) is (are) required to maintain and operate said experimental system, component or device in the manner(s) described below and to ensure that said system will be operated in a safe manner such that no condition will arise which might be injurious to the public health.

It is the purpose of these grants and covenants to prevent certain practices and delineate certain others, herein after enumerated in the use of said grantor(s) experimental sewage disposal systems, components or device.

NOW, THEREFORE, the grantor(s) agree(s) and covenant(s) that said grantor(s), his (her) (theirs) heirs, successors and assigns will adhere to the following conditions and agreements: to wit:

1. Will immediately report any failure, damage or change of conditions to the County Health Department, during the initial 18 month test period.
2. Will not remove, alter or damage said experimental system, component or device without first obtaining permission from the health officer.
3. Will not hold the approving/permitting agency liable to blame for any aspect of the experimental system, component or device.
4. Will, in the event of a failure, defined as not consistently meeting applicable treatment standard as determined by the health officer, replace the experimental system, component or device with an approved or acceptable alternative, to wit, to meet applicable treatment standards and regulations in the event the SFCW does not meet requirements, after repair or system improvements have been made to correct deficiency.
5. Will, in the event that a repair or replacement as specified above is not accomplished as ordered, honor any order given by the health officer to prevent a public health hazard from occurring, including abandonment of the system and/or the facility being served.



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6. Will perform or allow to be performed the following agreed-upon monitoring: Monthly
laboratory testing for TSS, BOD, and fecal coliform, and weekly visual
inspections, including written documentation, for an initial 18 month
period.
7. Will grant to the DOH/Representative the right to enter the property for purposes of
routine inspections, monitoring and/or necessary enforcement.
8. Will bare the cost of maintenance and monitoring, including required laboratory fees.
9. Will report and provide records of monitoring and maintenance inspections to the health officer
as per the following schedule: Monthly reporting during the initial 18 month
test period. Reports to be sent to the Washington State Department of
Health, the local Health Department, and to 2020 ENGINEERING.
10. Will agree that in the event records are not provided as per this agreement, the same conditions
as a failure will be applied.

These covenants are not personal to the current owner and shall run with the land and shall be binding
on all parties having or acquiring any right, title, or interest in the land described herein or any part
thereof, and shall inure to the benefit of each owner thereof.

WITNESS Fred and Arlene Mesman this 13th day
of April, 2000

Fred Mesman (Seal)

Arlene Mesman (Seal)
Grantor(s)

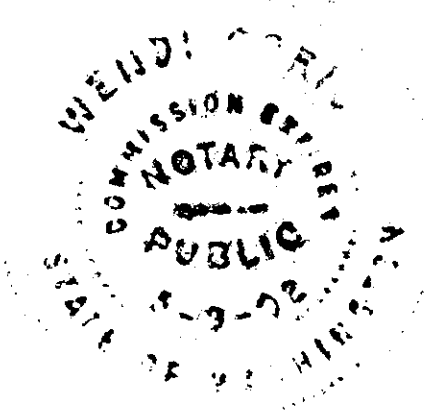
State of Washington
County of Skagit

I, the undersigned, a Notary Public in and for the above named County and State, do hereby certify that
on this 13 day of April, 2000, personally appeared before me
Fred Mesman and Arlene Mesman

to me known to be the individual s described in and
who executed the within instrument, and acknowledge that he (they) signed and sealed the same as
their free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN under my hand and official seal the day and year last above written.

Wendi Graw
Notary Public in and for the State of Washington, residing at
Skagit
5/19/02



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