

Skagit County Auditor

6/7/2001 Page

of 2

10:05:39AM

After recording, return to: Hayton 10559 VISTAVICW Dr. SECON WOOLICY, WA 98284 AEROBIC TREATMENT UNIT SERVICE AGREEMENT Grantor: <u>Hayton</u> Carrie and John Grantee: (HHS) Legal Description: Tax Parcel #: <u>11481</u> Aerobic Treatment Unit Type: <u>Chitemaker DF 50</u> Scruic by AAA Mechanical Contractors Fist 2 years

The Aerobic Treatment Unit (ATU) which is installed on the property referenced above requires perpetual maintenance and monitoring for the life of the system. Maintenance and monitoring shall be provided by an entity acceptable to Health and Human Services (HHS).

- 1. The Operation and Maintenance manual provided by the device distributor shall be followed. If applicable, Operation and Maintenance of a disinfection unit shall also comply with all requirements and recommendations of the manufacturer.
- Right of entry shall be provided to the property for purposes of inspection, monitoring, maintenance, operation and sampling.
- 3. The ATU owner (grantor) shall obtain approved maintenance and monitoring for the life of the system.
- 4. The ATU owner (grantor) shall notify prospective purchasers of the requirements for perpetual monitoring and maintenance of the ATU.

These agreements shall run with the land and shall be binding on all parties having or acquiring any right, title, or interest in this land described herein or any part hereof, and it shall pass to and be for the benefit of each owner thereof.

DATED this 7 day of Jul	, 20 <i>O</i>].	
		(ar
		Grantor
	. · ·	

Sul X.

State of Washington

County of KOO

On this day of day of 200, before me the undersigned Notary Public in and for the above named County and State, duly commissioned and sworn, personally appeared CATTLE Attemption day of the known to be individuals described in and who executed the foregoing easement and acknowledge to me that they signed this said instrument as their free and voluntary action for the purposes and uses therein made.

Given under my hand and official seal this

he State of Washington residing at DILIU î

day of

Im

, 20

My commission expires:

(SEAL or STAMP)

