



200106080085

Skagit County Auditor

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After recording, return to

AEROBIC TREATMENT UNIT
SERVICE AGREEMENT

Grantor: Gary Lehman
Grantee: (HHS) Skagit County Health Dept.
Legal Description: Parcel B - SW 1/4 of SW 1/4 12-34-4
Tax Parcel #: 340412-3-008-0107
Aerobic Treatment Unit Type: Whitewater
13500 Hwy 9, Clear Lake, WA

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.
- 2 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 8 day of JUNE, 2001.

[Signature]
Grantor

State of Washington

County of Skagit

On this 8 day of June, 2001, before me the undersigned Notary Public in and for the above named County and State, duly commissioned and sworn, personally appeared Gary Lehman and _____, to me 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 8 day of June, 2001.

[Signature]
Notary public in and for the State of Washington
residing at Burlington
My commission expires: 10-1-01

(SEAL or STAMP)



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