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AEROBIC TREATMENT UNIT SERVICE AGREEMENT

GRANTOR Dave Pocock
GRANTEE (HSS) SKaget County Health Dept.
LEGAL DESCRIPTION LATE SIDE 94-040
TAX PARCEL# 350303 -1-001-0400 pt 108003
AEROBIC TREATMENT UNIT TYPE Whitewater

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 entitiv 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 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 30 day of June 2005
Wavid M. Joseph
grantor
State of Washington
County of Skagit
County of
On this 30th day of June 2003, before me the
On this day of 200, before me the
undersigned Notory Public in and for the above named County and State, duly commissioned and sworn, personally appeared
and MP 15 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 proposes and uses therein made
for the proposes and uses therein made.
Given under my hand and official seal this 30th day of June 2003
Given under my hand and official seal this by day of buccessor
Karen R. aloran
Notary public and for the State of Washington
residing at Mt. Verny Wa.
TO TO THE STATE OF
My commission expires $\frac{\sqrt{1-2000}}{\sqrt{1-2000}}$
\ \alpha\ \rangle Public /\graphi\
5-21-2005
THO OF WASHING
(SEAL or STAMP)
200307090118
Skagit County Auditor

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