

Skagit County Auditor

5/7/2004 Page

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2 9:49AM

After recording, return to:

AEROBIC TREATMENT UNIT SERVICE AGREEMENT

Grantor: BROTHERS Cu	STOM HOMES THE	
Grantee: (HHS) PUBLIC		
Legal Description: NE 1/4 & Su	1/4 in SE14 of Sco1/4 in 500 1408 500 1/4	v
Tax Parcel #: P1 21035	Sec 24 TWP 34N PN64E	
SW03 - 0 478 Aerobic Treatment Unit Type: W	No. of the second secon	Da wan
	hitewater A erobic as per	(Linda Bunjamin)

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 74% day of Man 2004

Grantor Husert P. Schmidt State of Washington County of On this _ 7-hday of may _, 20<u>04</u>, before me the undersigned Notary Public in for the above named Loughty and State, duly commissioned and sworn, personally appeared 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 Notary public in and for the State of Washington residing at My commission expires: (SEAL or STAMP)

