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		20051020007 Skagit County Auditor		
		10/20/2005 Page	1 of 2 8:55AM	
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	After recording, return to:			
			•	
•	AEROBIC TREATME SERVICE AGREE			
	Grantor: Ursula Mass			
· · ·	Grantce: (HIIS) Health and Hunn	an Servic		
÷	PTN N/2 NW 14 BAT INT Legal Description: OF NEY4 NW14 TH NALEE TH NLY ALE ELISDRD JOOFT	OF E LICURDA LICORD BOOFT T	SLI PB	
	Tax Parcel II: <u>P20776</u>	1 ML FLI W EI/V		
	Acrobic Treatment Unit Type: <u>4TU/PRES</u>			
	The Acrobic Treatment Unit (ATU) which is installed on the	B Droperty referenced abo		

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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 19 Nayor October , 2005.

Ursula Mass

State of Washington

County of

On this <u>1913</u> lay of <u>ctoken</u>, 2005, before me the undersigned Notary Public in and for the above named County and State, duly commissioned and sworn, personally appeared <u>state</u>, to me known to be individuals described in and who executed the foregoing casement 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 day of A er.2005

Notary public in and fo he State of Washington

residing at

SIDN

8-2-2008

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10/20/2005 Page

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Auditor

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Skagit County

My commission expires.

(SEAL or STAAR) NOTARY PUBLIC