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After recording, return to:

## AEROBIC TREATMENT UNIT SERVICE AGREEMENT

Grantor: TOM THEISEN 63804	
Grantee: (HHS) SKAGIT COUNTY	
Legal Description: SAMISH SHORES LOT 13	_
Tax Parcel #: 3991 - 000 - 013 - 0000	
Aerobic Treatment Unit Type: AEROBIC DRIP	_

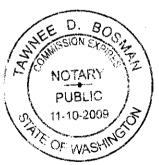
The Aerobic Treatment Unit (ATU) which is installed on the property referenced above requires perpetual maintenance and monitoring for the life of the system. Maintenance and monitoring shall be provided by an entity acceptable to Health and Human Services (HHS).

- 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 28 day of FERVARY, 2004 before me the undersigned Notary Public in and for the above named County and State, duly commissioned and sworn, personally appeared and the analysis of the above named County and State, duly commissioned and sworn, personally appeared and the analysis of the above named County and State, duly commissioned and sworn, personally appeared and 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 scal this 28 day of 500 personally appeared, 2006.



Notary public in and for the State of Washington

residing at Mount veryon

My commission expires: 11/10/2009

(SEAL or STAMP)



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