



200603210082

Skagit County Auditor

3/21/2006 Page

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AEROBIC TREATMENT UNIT
SERVICE AGREEMENT

GRANTOR Marion J. Larkin
GRANTEE (HSS) Skagit County Health Dept.
LEGAL DESCRIPTION Lot #1 - s/p # 97-041
TAX PARCEL# 330429-1-002-0200 p# 115737
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 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 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 15th day of March 2006

Marion Larkin
grantor

State of Washington

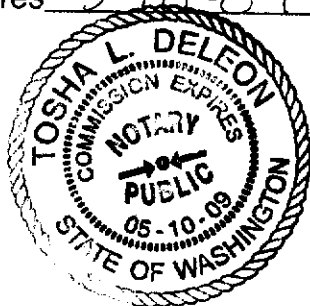
County of Skagit

On this 15th day of March 2006, before me the undersigned Notary Public in and for the above named County and State, duly commissioned and sworn, personally appeared Marion Larkin 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 proposes and uses therein made.

Given under my hand and official seal this 15th day of March 2006

Tosha L. DeLeon
Notary public and for the State of Washington
residing at Seaside Way
My commisiion expires 5-10-09

(SEAL or STAMP)



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