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Skagit County Auditor

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Norweco Singulair Distributor
Tim McMaster / T.M. Construction
13481 Rosario Road
Anacortes, WA 98221

Phone: (360) 299-3035

MAINTENANCE AGREEMENT

Grantor: T.M. Construction Grantee: EMEREA E. SANFORD LIVING TRUST

Abbreviated Legal Description: PTN 01 BTR, SEC 19, TOWN 34, R4002;
FIDALGO CITY VAC STS.

Assessor's Acct. No.: 4101-185-013-0004 Parcel No.: P73274

Designer's Name & Address: LINDA SPICHER
2022 K. AVE., ANACORTES, WA 98221

The purpose of this agreement is to insure continued service and operation of
Norweco's Singulair System installed at:
15201 GIBRALTER ROAD, ANACORTES

Aerator and Bio-Kinetic System installation occurs at the date of occupancy. The date starts the two-year warranty and maintenance coverage of the Singulair System. The Norweco Singulair System employs the extended aeration process. This process involves a natural biological breakdown of wastewater organic matter and includes chlorine disinfection. Semi-annual service inspections, at six-month intervals

for the first two years of system operation, are provided by the local Norweco distributor and are included in the original price of the Singulair System. During an inspection, each mechanical aerator, Bio-Kinetic System and other Singulair components are serviced as outlined in the Singulair Service Manual. The chlorine disinfection system is checked and refilled, as needed, at no extra cost during the six-month inspections. After the initial two-year service program is completed, the Norweco distributor will provide a contract renewable on an annual basis. The price for continued service will not exceed 10% per annual contract renewal. There must be a perpetual maintenance contract between the user and a service company as long as the Singulair System is in use. This maintenance agreement is the Singulair System only and does not include any portion of the customer's wiring, plumbing or disposal system.

Buyer: BARBARA E. SANFORD LIVING TRUST Date: 7/18/06

Signature of Buyer: Barbara E. Sanford

Signature of Notary: John Miller Exp.: 7/18/06
see attached



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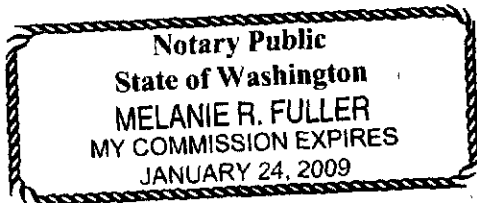
INDIVIDUAL ACKNOWLEDGMENT

STATE OF WASHINGTON,

County of Skagit } ss.

I certify that I know or have satisfactory evidence that Barbara E Sanford
_____ is/are the person(s) who appeared before me, and said person(s)
acknowledged that she signed this instrument and acknowledged it to be her
free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this July 18th day of 2006.



Melanie R Fuller
Print Name Melanie R Fuller
Notary Public in and for the State of Washington
My appointment expires: 1/24/2009

