



200706010065

Skagit County Auditor

6/1/2007 Page 1 of 3 11:28AM

Document Title: Septic Service Contract

Reference Number:

Grantor(s):

1. Jim Follman
- 2.

Grantee(s):

1. Mike Tamman OBA. The Drain Doctor
- 2.

Abbreviated legal description:

26-36-03

☐ full legal on page(s) ____

Assessor Parcel / Tax ID Number:

100334

☐ additional tax parcel number(s) on page ____

THE DRAIN DOCTOR
14062 Hillwood Drive, Bow WA 98232
360-757-3017

Skagit Co Installers License #0200

Contractor License #DRAIN*055DH

CONTINUING SERVICE POLICY

In consideration of payment of the Service Contract cost indicated below, this authorized service company agrees to the following:

During the service period From: 12-07 To: 12-09 to make 4ea inspection calls on the Aerobic system with:

Surface Application _____ Subsurface Application ✓Parcel # 100334Owners name: Jim Follman
Owner's address: 16387 Old school trail
Bow WATelephone #: 766-4201
Billing Address: same

Inspection calls will include:

1. An effluent quality inspection consisting of visual check for color and examination for odor.
2. Ad adjustment and servicing of any mechanical and electrical components that are out of order.
3. Periodic sampling of the settled solids in the aeration chamber.
4. Additional service: check chlorine residual at each inspection when applicable.
5. If any improper operation is observed which cannot be corrected at that time, the user shall be notified in writing at that time.

The cost of the first inspection of the Service Contract will be incl in sale plus sales tax which includes set-up of the service file of the system. Then the cost will be _____ plus sales tax per inspection call and is to be effective from date of signature for a period of two years.

Additional service, as ordered including replacement components, laboratory test work, and pumping of unit or pre-tank will be done upon written authority from the customer at an additional charge.

Important: This service agreement does not cover the cost of service calls, labor, or materials which are required due to misuse of the system; failure to maintain electrical power to the system; disposal of non-biodegradable materials, solvents, grease, oil, paint, etc; or any usage contrary to the requirement as stated in the "Operation Manual." Chlorine costs for the chlorinator are the homeowner's responsibility.

Note: We will monitor any and all components that are accessible and are to ground level. Components that are buried or located in garages, crawlspaces, etc and are not accessible will not be monitored. Non-Payment of services shall result in immediate release of obligations by provider.

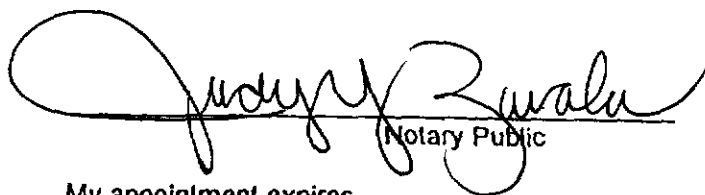
Accepted by: [Signature] Date: 5-31-07Accepted by: [Signature] Date: 6/1/07200706010065
Skagit County Auditor

STATE OF WASHINGTON

COUNTY OF Skagit

I certify that I know or have satisfactory evidence that Jim Fallman
is the person who appeared before me, and
said person acknowledged that he signed this
instrument and acknowledged it to be his free and voluntary act for the uses and
purposes mentioned in the instrument.

DATED: 6-1-07


Notary Public

My appointment expires
10-1-09



200706010065
Skagit County Auditor

6/1/2007 Page 3 of 3 11:28AM