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ADVANCED SEPTIC TREATMENT SYSTEMS, INC.

8000 PARKER RD.

SEDRO-WOOLLEY, WA 98284 PHONE: (360) 856-2142 / 0550

FAX:

(360) 856-0551

T	KD JOHO WATA LEVAUCE VOICE	EMENI CONTROL
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GRANTOR: ADVANC	ED SEPTIC TREATMENT SYSTE	MS, INC.
GRANTEE: Jerry	& Diana Bakkom	#210
ADDITIONAL NAMES	ON PAGE:	
GRANTEE PHONE #:	360-319-4792	
ABBREVIATED LEG	AL DESCRIPTION: PTN SW	sw 4-34-2
	e de la companya de l	
ASSESSOR'S PROPER	TY TAX PARCEL#: P19855	
ACCOUNT #	340204-0-060-0100	
	S: 12874 Satterlee Road.	Anacortes. WA 98221
DESIGNER ADDRESS	: L. Spicher 2020 K Ave	nue. Anacortes. WA 98221
The purpose for this of System installed at: the	ontract is to insure the continued above tax parcel address	service and operation of the TRD Wastewater
maintenance and inspect for the real property, su	tion of the TRD-1000 plant. Into obsequent to system installation.	operty owner and the service provides for the iocument shall be properly recorded with the title
decommissioned by the this contract to another system.	e property owner or service provide service provider as long as the new	er. The service provider has the right to transfer service provider has been certified an service the
The service provider w	ill semi annually or as approved b	y the septic designer, inspect the plant to ensure

proper operation. This inspection will consist of a visual inspection of the plant internals, observance of the

plant effluent for odor, color, and turbidity, and recording the results.

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- 1. The property owner will notify the service provider in the event of any alarms or other abnormal conditions relevant to the TRD and operate the system in accordance with the guidelines set down by the State of Washington or () the local Department Of Health.
- 2. Any effluent samples required by local D.O.H. jurisdiction and costs thereof are the direct responsibility of the property owner. Pumping costs are the direct responsibility of the property owners.
- 3. Residential TRD 1000 systems installed will be serviced at the rate of \$25.00 per month. Billed annually on July 1 of each year for a total of \$300.00. The first bill will be due two years after the date of installation, and will be prorated from said date to July 1. Thereafter, billing will be annually and due July 1 of each year. It must be noted that this \$25.00 per month or \$300.00 per year is subject to change to keep pace with the cost of materials, labor and changes in state and local D.O.H. or other permitting agency requirements. Residential TRD1000 systems requiring additional maintenance, and commercial properties will be serviced at a cost to be determined at the time of design approval.
- 4. Your state Health Department may require additional separate equipment to function in conjunction with equipment manufactured by A.S.T.S., Inc. A.S.T.S., Inc. is not responsible for servicing, Mechanical or electrical safety of such equipment that is not manufactured or supplied with the aerobic treatment unit by A.S.T.S., Inc. Particular care should be used in evaluating the electrical or mechanical safety of equipment manufactured by separate manufacturers. This may include, but not be limited to electrical control panels or pumps.
- 5. At the option of A.S.T.S., Inc. the sole and exclusive liability of this company shall be a refund of the service contract purchase price for the year. In no event shall A.S.T.S., Inc. be liable for any direct or indirect, incidental, consequential or special damages whatsoever arising out of this agreement by a prevailing party in any arbitration, action or appeal. Court awarded decisions will be assigned by the County of Skagit, in Washington State. This agreement will be governed by and construed under the laws of the State of Washington.

6.	The owner of the residence or facility served by the A.T.U. is responsible for assuring the proper
	operation and providing timely maintenance of the A.T.U. and all other components of the on-site
	Wastewater Treatment and Disposal System. Your state may have other recommendations
	or requirements, other than those listed above. These must be addressed by your wastewater system
	designer

NAME OF GRANTEE:

SIGNATURE OF GRANTEE:

SIGNATURE OF NOTARY:

EXP:

STATE OF WASHINGTON)
COUNTY OF Skapt)
On this day of personally appeared before me to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that signed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.
GIVEN under my hand and official seal this 7/4 day of Depender, 20 07
Notary Public in and for the State of Washington
residing at Nont Vanta My commission expires: 5714/4

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