

**SKAGIT COUNTY CONDITIONAL AGREEMENT
Alternative Sewage System Installations**

9409280057

\$9.00 fee to Skagit Co. Auditor & must be notarized

PLEASE CHECK ONE :	MOUND _____	SANDFILTER <u>X</u>	PRESSURIZED _____
	SANDFILTER/MOUND _____	SAND-LINED TRENCH _____	<i>12:32</i>

We, the undersigned property owners, in making application for an alternative sewage disposal system agree to the following conditions:

1. Have this conditional agreement recorded with the Skagit County Auditor for purposes of being made a part of the record of title. We understand that this document will appear on any title search or record search, and have no objection nor will we make any claims against Skagit County as a consequence of this filing. We further understand that this agreement is binding on future heirs and assigns to this property.
2. Install the alternative system per the approved design and under permit approved by the Department of Planning & Community Development. Further we agree to have the work done under the direct supervision of a certified designer and to have the completed system finally approved by the system designer and the Health Officer representative before use.
3. Not hold Skagit County responsible for the expenses of any improvements (such as curtain drains, ditching or clearing) made to the property in preparation for submission of an application for a permit to install an alternative system.
4. Make no cuts, nor construct roads or driveways or in any manner alter or disturb the native soil within the minimum setback area of the system.
5. Protect this alternative system with a physical boundary (such as a fence if necessary) in order to prevent damage caused by vehicular traffic, livestock or excessive pedestrian traffic.
6. Be responsible for the continuous operation and maintenance of the system including periodic (every 2-3 years) pumping of the septic tank.
7. Allow access to the Skagit County Health Officer/representative during normal daylight hours for the purpose of performing routine tests to determine the adequacy of sewage treatment from the sewage disposal system.
8. We enter into this contract of our own free will and consent. THIS AGREEMENT MAY NOT BE ALTERED WITHOUT THE AUTHORITY OF THE SKAGIT COUNTY HEALTH OFFICER.

*{ Madison St. }
{ Old Plat. }*

*P.O. Box 1244
Anacortes WA 98222*

(30' Easement) on Satterlee, between 1289 & 1291 Satterlee Rd.
 Site address _____ Lots lie 500' east off Rd.
 Railroad addition to Anacortes _____
 Legal description 27 Quiet Title Court Cause 93-2-01442-5 Vacated
 road between lots. 3845-028-016-0006
 Assessor's account # 3845-027-032-0008 Attached? []

Name Paul E. Priest Signature *Paul E. Priest*
 Name Gloria J. Priest Signature *Gloria J. Priest*

Signed or attested before me on this 15th day of Sept.,
 1998, Notary Public in and for the State of Washington residing
 at Anacortes _____

 Signature *Max Cotton*

(Seal or stamp) My appointment expires 3/11/98

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