

**THE DRAIN DOCTOR**

14062 Hillwood Dr  
Bow, WA 98232

Return to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



200106260015  
Skagit County Auditor

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**OPERATION & MAINTENANCE AGREEMENT**

This agreement is entered into between Mike Tamman,  
hereinafter referred to as Operator, and Shepard Cutler,  
hereinafter referred to as Owners, on this 13 day of June, 20 01 and  
will be recorded against the property which the Whitewater unit is installed.

Property Address: 13420 Bridgeview Way  
Mt Vernon, WA 98273

Tax Parcel ID#: 4659-000-012-0000

Legal Description: A# 108-452

hereafter "the Property".

The dwelling unit(s) on the Property utilize(s) an alternative method of sewage treatment, a Whitewater mechanical aerobic treatment system. The Whitewater unit is required to be monitored and maintained in accordance with regulations as stated in WAC 248-96-046 and the Skagit County Board of Health Resolution Number \_\_\_\_; Section \_\_\_\_, subsection \_\_\_\_\_. Removal, replacement or alteration to this system must be in compliance with all applicable current Skagit County Health District and Department of Health regulations governing on-site sewage.

The owner(s) of the Property are responsible for all costs associated with monitoring and maintaining the Whitewater unit. The agency responsible for maintaining and monitoring the Whitewater unit in Skagit County is:

Agency/Distributor: The Drain Doctor  
Address: 14062 Hillwood Dr  
Bow, WA 98232

Phone Number: 360-757-3017

O & M

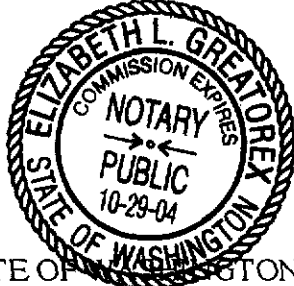
[Signature]  
Operator

[Signature]  
Owner

STATE OF WASHINGTON )  
 ) SS  
COUNTY OF )

On this 19 day of June, 2001, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared Shepard Cutler to me known to be the individuals described in and who executed the within and foregoing instrument, and acknowledged that he signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned, and on oath stated that he/she was authorized to execute said instrument.

WITNESS MY HAND AND OFFICIAL SEAL THIS 19 DAY OF June, 2001.



[Signature]  
Notary Public in and for the State of Washington  
residing at  
Mt. Vernon

STATE OF WASHINGTON )  
 ) SS  
COUNTY OF )

On this 19 day of June, 2001, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared Michael R. Tammen to me known to be the individuals described in and who executed the within and foregoing instrument, and acknowledged that he signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned, and on oath stated that he/she was authorized to execute said instrument.

WITNESS MY HAND AND OFFICIAL SEAL THIS 19 DAY OF June, 2001.

[Signature]  
Notary Public in and for the State of Washington  
residing at Bow  
Commission exp. 12-12-03



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