

Skagit County Auditor

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AEROBIC TREATMENT UNIT

GRANTOR HERB Sm: Hh
GRANTEE (HSS) Skag it County Health Dept.
I EGAL DESCRIPTION M. angeontes to anacontes 1451-30
TAX PARCEL# 3843 -010 - 000 - 0004
AEROBIC TREATMENT UNIT TYPE Whitewater

The Aerobic Treatment Unit (ATU) which is installed on the property referenced above requires perpetual maintenance and monitoring for the life of the system. Maintenance and monitoring shall be provided by an entity acceptable to Health and Human Services (HHS).

- 1. The Operation and Maintenance manual provided by the device distributor shall be followed if applicable. Operation and Maintenance of a disinfection unit shall also comply with all requirements and recommendations of the manufacturer.
- 2. Right of entry shall be provided to the property for purposes of inspection, monitoring, maintenance, operation and sampling.
- 3. The ATU owner(grantor) shall obtain approved maintenance and monitoring for the life of the system.
- 4. The ATU owner(grantor) shall notifiy prospective purchasers of the requirements for perpetual monitoring and maintenance of ATU.

These agreements shall run with the land and shall be binding on all parties having or acquiring any right, title, or interest in this land described herein or any part hereof, and it shall pass to and be for the benefit of each owner thereof.

DATED this Hot day of April 2006
DATEDINIS AND day of April 2000
K- MUNUI X MUL
grantor C
2. Herbert / med grantor Sally J. Smush
State of Washington
County of Skagiff
On this 26 day of 2006, before me the undersigned Notory Public in and for the above named County and State duly commissioned and sworn, personally appeared Sally Smith
undersigned Notory Public in and for the above named County and State
and Herr fruit h, to me known to be individuals described
in and who executed the foregoing easement and acknowledge to me
that they signed this said instrument as their free and voluntary action for the proposes and uses therein made
Tor the proposes and uses thereit made
Given under my hand and official seal this 26 day of 4pml 2006
Maulyn I slike
- Hurryn J xxxx
Notary public and for the State of Washington
residing at <u>fedro Woolly</u>
My commissiion expires 1/-15-06
OLYN S. O.
(SEAL or STAMPLE LISSION EXPORTER)

PUBLIC

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