

After recording, return to:
Whatcom County Health Department
509 Girard Street
Bellingham, WA 98225

**ON SITE SEWAGE SYSTEM
AEROBIC TREATMENT UNIT
SERVICE AGREEMENT**

Grantor(s): _____
(Please Print)

Grantee: Whatcom County Health Department

Legal Description: (Lot, block, plat name or; qtr/qtr, section, township & range or; unit, building and condo name.
If too large for this space, attach additional pages).

Tax Parcel #: _____

Aerobic Treatment Unit Type: _____

Disinfection Unit: _____

Watershed Code: _____

The Aerobic Treatment Unit (ATU) that 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 the Whatcom County Health Department.

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.

ATU Service Agreement

- 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 and assure that maintenance and monitoring service visit reports are provided to WCHD.
- 4. The ATU owner (grantor) shall notify prospective purchasers of the requirements for perpetual monitoring and maintenance of the 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 _____ day of _____, 20__.

Grantor

Grantor

State of Washington)

County of _____)

On this _____ day of _____, 20__, before me the undersigned Notary Public in and for the above named County and State, duly commissioned and sworn, personally appeared _____ and _____, to me known to be individuals described in and who executed the foregoing agreement and acknowledge to me that they signed this said instrument as their free and voluntary action for the purposes and uses therein made.

Given under my and official seal this ____ day of _____, 20__.

Notary public in and for the State of Washington

Residing at _____

My commission expires: _____

(SEAL or STAMP)

FILING:
Whatcom County Auditor (Recording Department)
311 Grand Avenue
Bellingham, WA 98225