return to: LINDĂ L' BENJAMIN SKAGIT SEPTIC SYSTEMS 701 CASCADE PALMS COURT SEDRO-WOOLLEY WA 98284 Skagit County Auditor 9/19/2007 Page 1 of 1 9:41AM PETER BROWNING, DIRECTOR HOWARD LEIBRAND, M.D., HEALTH OFFICER CORINNE STORY, ENVIRONMENTAL HEALTH SUPERVISOR PHONE: (360) 336-9380 FAX: (360) 336-9401 **OPERATION-MAINTENANCE & MONITORING REQUIREMENT** FOR PROPRIETARY ONSITE SEWAGE SYSTEMS SHING Always working for safe and healthies skaget County (AL This form must be recorded before permit approval NOTICE OF ON-SITE SEWAGE SYSTEM MAINTENANCE AGREEMENT REQUIREMENT (DESIGN) KOGER ungquis GRANTOR: (NAME OF OWNER) GRANTEE: SKAGIT COUNTY ADDRESS 15623 alhour Roa PARCEL # 23 8 49 LEGAL DESCRIPTION: W12 of FOP Open Space #350 #751674 DT 15DK 1 1973 W550Ft of E1100 FT of W12 04 SE 1/4 THE FOLLOWING INFORMATION HAS BEEN DISCLOSED TO THE HOMEOWNER AS PER SKAGIT COUNTY CODE 12.05.120 AND WASHINGTON ADMINISTRATIVE CODE 246-272A-0015 and 0270: 1. Maintenance & Monitoring Required: The septic system to be installed on this lot will require annual or more frequent as required scheduled maintenance and monitoring. 2. Contract Required: A contract for perpetual maintenance and monitoring must be obtained before the onsite sewage disposal system is put into use. 3. Maintenance Specialist Required: The person performing this service must be certified by the Skagit County Health Department. I have read and fully understand the conditions contained within this notification. For witnessing or attesting a signature: State of Washington, County of Skagit **R. FRYDENLUND** STATE OF WASHINGTON NOTARY PUBLIC -0 (Owner signature) date **MY COMMISSION EXPIRES** 07-14-10 by (Signature of Notary) Signed or attested before 7 14-10 My appointment expires date

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