Skagit County Auditor 10/31/2007 Page 1 3:58PM 1 of 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 This form must be recorded before permit approval NOTICE OF ON-SITE SEWAGE SYSTEM MAINTENANCE AGREEMENT REQUIREMENT (DESIGN) Ine trince GRANTOR: (NAME OF OWNER) Wayne C GRANTEE: SKAGIT COUNTY ADDRESS <u>204 (</u>3 ~ 2 PARCEL #________ LEGAL DESCRIPTION: 5007-0294 P+N GL. 3, 30-35 E 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 CHAM8 -3SHIMISSION PAY OTABA PUSLIC Ó (Owner signature) -22(20)date WASHING 0r Signed or attested before me on (D/3) \ge by (Signature of Notary) My appointment expires 32008