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Skagit County Auditor

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Always working for
a safer and healthier
Skagit County

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)

GRANTOR: (NAME OF OWNER)

GRANTEE: SKAGIT COUNTY

ADDRESS

PARCEL #

LEGAL DESCRIPTION:

STEVE & JULIE SHANKS

22989 OSBORNE DR MT VERNON WA 98274

PG4044

Cavanaugh Subl Lt. 24A

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

(Owner signature)

Julie Shanks date 11-28-07

Signed or attested before me on 11/28/07 by (Signature of Notary)

Joanne Bruland date 11/28/07 My appointment expires 4/1/10

