

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)

and the second s
GRANTOR: (NAME OF OWNER) FORDO DOWNS
ADDRESS 11070 Irene Place Mt Vernon 1-14 98273
PARCEL # 126648
LEGAL DESCRIPTION:
Trene Place, Lot 5, Acres 1.00, Recorded under AF 200 109180075
being a portion of located in the northeast 14 of
Section 32, Township 35 North, Range 3 East, W.M.

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) Town date 11-28	<u>30</u> 7
Signed or attested before me on 11-28-07 by Signature of No.	appointment expires 3-9-2011
STARY SES JAPONIA	
Q MASHINGTON	