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Skagit County Auditor

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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) Chaffey North  
GRANTEE: SKAGIT COUNTY  
ADDRESS Roadrunner Lane  
PARCEL # 125861  
LEGAL DESCRIPTION:

Lot # 19 - Bay Meadows

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) M. L. J. J. J. date 1/14/08  
FOR Chaffey North LLC  
Signed or attested before me on 1/14/08 by (Signature of Notary)  
Sheryl A. Strinden date 1/14/08 My appointment expires 8/31/2011

