



200802280141
Skagit County Auditor

2/28/2008 Page 1 of 1 2:30PM

PETER BROWNING, DIRECTOR
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Always working for
a safer and healthier
Skagit County

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)

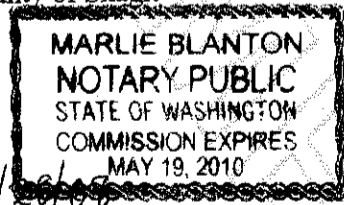
GRANTOR: (NAME OF OWNER) CULP, ANDREW & CHRISTA
GRANTEE: SKAGIT COUNTY
ADDRESS 15392 ROSARIO VIEW LANE ANACORTES
PARCEL # P19538

LEGAL DESCRIPTION: ACRES 0.47, ALL THAT PORTION OF GOVERNMENT LOT 2, SECTION 22, TOWNSHIP 34 NORTH, RANGE 1 EAST, W.M., DESCRIBED AS FOLLOWS: BEGINNING AT A POINT ON THE EAST LINE OF SAID GOVERNMENT LOT 2, WHICH POINT BEARS NORTH 0 DEGREES 09'00" WEST, A DISTANCE OF 658.80 FEET, FROM THE SOUTHEAST CORNER OF SAID GOVERNMENT LOT 2; THENCE SOUTH 89 DEGREES 51'00" WEST, A DISTANCE OF 92.00 FEET TO THE TRUE POINT OF BEGINNING OF THIS DESCRIPTION; THENCE CONTINUING SOUTH 89 DEGREES 51'00" WEST, A DISTANCE OF 189.00 FEET; THENCE NORTH 0 DEGREES 09'00" WEST, A DISTANCE OF 81.23 FEET; THENCE NORTH 18 DEGREES 31'00" EAST, A DISTANCE OF 93.70 FEET; THENCE NORTH 88 DEGREES 51'00" EAST, A DISTANCE OF 41.01 FEET; THENCE SOUTH 0 DEGREES 09'00" EAST A DISTANCE OF 55.00 FEET; THENCE NORTH 89 DEGREES 51'00" EAST, A DISTANCE OF 75.00 FEET; THENCE NORTH 47 DEGREES 20'23" EAST, A DISTANCE OF 58.33 FEET; THENCE SOUTH 00 DEGREES 09'00" EAST, A DISTANCE OF 134.42 FEET TO THE TRUE POINT OF BEGINNING.

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) [Signature] date 2/28/08

Signed or attested before me on 2/28/08 by (Signature of Notary)

[Signature] date 2/28/08 My appointment expires 5/19/10