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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) SUSAN Wichol	
ADDRESS 7509 MOLIDIAN ROLL OF A A	า
ADDRESS 7509 Abliday Boulevard Anacortes, W	la
LEGAL DESCRIPTION:	21
Holiday Hideway NO 1, Block 6, Lot 81, Acres 0.3	~!
7,5,7,6,23	4

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
\$10W & 1/2/11
A PUBLIC PUBLIC
(Owner signature) Wisher Mycho date 4/1/2008 15, 201 101
(Owner signature) Synthy / / / Charle 4 / 1 2008 Mills of 15, 2001
Signed or attested before me on April 1 2008 by (Signature of Notary)
Marshal Sullivan date April 12008 My appointment expires fire 15 354
My appointment expires fit 15 2011