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1:20PM



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) KAREN BAIN CRACE RYDBERG HOWER OF ATTORNEY GRANTOR: (NAME OF OWNER) GRANTEE: SKAGIT COUNTY ADDRESS SOKAREN BAIN

114B 4911 ACBORNA TEH SNZ

PARCEL#

CANADA

LEGAL DESCRIPTION:

ALLBESON'S CAMP TRACTS

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 Skaget

(Owner signature) Signed or attested before me on 6/27/8 by (Signature of Notary) date $\frac{6/2}{0}$ My appointment expires $\frac{9/1}{1}$

RECEIVED

JUN 3 0 7008

SKAGIT COUNTY BLIC HEALTH