

7/10/2008 Page

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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) WHA WENDE

GRANTEE: SKAGIT COUNTY

ADDRESS 17400 LITTLE MOUNTAIN PLACE, MOUNT VERNON WAPARCEL # P109537
LEGAL DESCRIPTION:

LOT 3 SHORT PLAT 96-060 RECORDED UNDER AF#9609300008 BEING A PURTION OF WEST 1/2 OF SOUTHWEST 1/4 OF THE NORTHEAST 14.

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 Skagif

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(Owner signature)	Jahn M Emale	$_{\text{date}}$ $7-5-0$	
Signed or attested befor	e me on 79108 b	y (Signature of Notary)	
Megan	MAD date	7/9/08 My appointm	ent expires <u>3/4/20</u> 12
mean	ohnson		
Tricocaro	Old Dog 1		