



August 08 date 2008 My appointment expires Sep 10, 2011

Signed or attested before me on 8/8/2008 by (Signature of Notary)

(Owner signature) Paula K. Decker 8/7/08 date

I have read and fully understand the conditions contained within this notification. For witnessing or attesting a signature: State of Washington, County of Skagit

3. Maintenance Specialist Required: The person performing this service must be certified by the Skagit County Health Department.

2. Contract Required: A contract for perpetual maintenance and monitoring must be obtained before the onsite sewage disposal system is put into use.

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.

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:

Short Plat 14-86 - AC 8605190071
SE 1/4 of the SE 1/4 of sec 12, Twp 35, Rge 1, Lot 3
Pt 31331, 350112, 0002, 0804; within a Pt of the

LEGAL DESCRIPTION:

PARCEL # 31331

ADDRESS

GRANTOR: SKAGIT COUNTY

GRANTOR: (NAME OF OWNER)

Paula Decker

(DESIGN)

NOTICE OF ON-SITE SEWAGE SYSTEM MAINTENANCE AGREEMENT REQUIREMENT
This form must be recorded before permit approval

OPERATION-MAINTENANCE & MONITORING REQUIREMENT
FOR PROPRIETARY ON-SITE SEWAGE SYSTEMS



PETER BROWNING, DIRECTOR
HOWARD LEIBRAND, M.D., HEALTH OFFICER
CORINNE STORV, ENVIRONMENTAL HEALTH SUPERVISOR
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