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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)

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GRANTOR: (NAM	E OF OWNER)	DESERSEN	BROTHERS	LLC	
GRANTEE: SKAG	IT COUNTY				
ADDRESS	REDSTOWE	RD mou	NT VERWOR		
PARCEL #P	127064				
LEGAL DESCRIP	ΓΙΟΝ:	N.A	, and the second		
LUT#4	SJP 99-003	3			

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 Washing	
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	\ \ \ PUBLIC \ \ \ \
(Owner signature) date	06 20 05 PARTING OF WASHINGTON
	COF WASHING
Signed or attested before me on 6-20-08 by (Signa	ture of Notary)
A (2000)	OF My appointment expires 9-15-2
date	o vily appointment expires / 7 3