

200812190044 Skagit County Auditor

12/19/2008 Page

1 of

111:31AM



GRANTOR: (NAME OF OWNER)

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

"Always working for a safer and healthier Skayet County" This form must be recorded before permit approval NOTICE OF ON-SITE SEWAGE SYSTEM MAINTENANCE AGREEMENT REQUIREMENT (DESIGN)

Dave & Judy

GRANTOR (NAME OF OWNER)
ADDRESS 12173 Sawyer Court Clear Lake
ADDRESS 12.173 Sumon Court Crear Care
PARCEL# 023 027 6
LEGAL DESCRIPTION:
Tract Recorded Under AF# 200404300122
ALA Partion of Parcel E Recorded Under Aud. tile No.
2002/22/0093
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:
A second process of the second process of th
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.
and the second s
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
For witnessing of attesting a signature. State of washington, County of Diagn
Judite L. Olson
Justin N. Selson
(Owner signature) (024) Chan date 12-19-08
(Owner signature) (n4) Landate 12-11-00
13) JOLOV
Signed or attested before me on by (Signature of Notary)
My appointment expires 10-1-09
12 10 10