

2/19/2009 Page

9:03AM



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

SW09-0035

"Always working for a safer and healthier Skagit County"

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

| GRANTOR: (NAME OF OWNER) | ndra Cagain.S | |
|--------------------------|---------------------------------|---|
| GRANTEE: SKAGTT COUNTY | en Mt Vernan wa 98273 | |
| ADDRESS COLONO | E RO WE DEVIOL OU AUSTO | |
| PARCEL# <u>P750)</u> | | |
| LEGAL DESCRIPTION. | No a contract | _ |
| Park to ClearLake 1 | lacStandiots in 3 BIKa Less ptr | 1 |
| to Taxa | | |

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 Skagit

(Owner signature Fill M)

7 My appointment expires $\underline{-3}$