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Skagit County Auditor

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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) SULLIVAN, JOHN A. & SANDRA L.  
GRANTEE: SKAGIT COUNTY  
ADDRESS 7127 SULLIVAN LANE BOW, WA 98232  
PARCEL # P33929 & P109677  
LEGAL DESCRIPTION: ACREAGE ACCOUNT ACRES 25 OPEN SPACE #327  
#760769 1973 DK 5 NE 1/4 NW 1/4 EXC 3.15 AC TRNSF  
#808126. ALSO - MFG. HOME ONLY 1991 GUERDON 44X13 SERIAL  
NO. GDB61D23916442 LOCATED ON P.

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) Sandra L. Sullivan  
John A. Sullivan date 6-15-09

Signed or attested before me on 6-15-2009 by (Signature of Notary)

Candice Mae Hamilton date 06-15-09 My appointment expires 8/10/2009

