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COMMISSION EXPIRES

3:21PM



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)

* LUCY RIGG GRANTOR: (NAME OF OWNER) GRANTEE: SKAGIT COUNTY ADDRESS PARCEL#_P

LEGAL DESCRIPTION: GUEMES ISLAND, ACRES 1.36, TAX 29AB: BEGINNING AT A POINT ON THE SOUTH LINE OF SECTION 12, TOWNSHIP 35 NORTH, RANGE 1 EAST OF THE W.M., WHICH POINT IS 1179.53 FEET EAST OF THE SOUTHWEST CORNER OF SAID SECTION; THENCE NORTH 653.53 FEET; THENCE EAST 100 FEET; THENCE SOUTH TO THE MEANDER LINE OF CUEMES CHANNEL; THENCE WESTERLY ALONG SAID MEANDER LINE TO A POINT DUE SOUTH OF THE POINT OF BEGINNING, EXCEPT COUNTY ROAD ALONG THE NORTH SIDE OF SAID DESCRIBED AND THE E lOOFT OF WZOOFT OF SUBDIV F.

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 ELLA M. SPENCER NOTABY PUBLIC STATE OF WASHINGTON

DECEMBER 29, 2012 (Owner signature) date Signed or attested before me on 6-18-3009 by (Signature) Washington) Con by (Signature of Notary)

date 6-18-2009 My appointment expires 12-29-2012 Exercel