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Skagit County Auditor

11/17/2009 Page

1 of

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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)

SW09-0353  
GRANTOR: (NAME OF OWNER) Tracy and Mary Adams  
GRANTEE: SKAGIT COUNTY  
ADDRESS 3473 Hobson Rd Bow WA 98232  
PARCEL # P128140  
LEGAL DESCRIPTION: Lot 1 of Skagit County Short Plat No  
Plat 6-1033 Recorded under AF # 200812040063,  
Being a portion of located in the SE 1/4 of the  
NE 1/4 of S36, T36, N, R3E W.M.

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

Tracy Adams 11-13-09  
(Owner signature) Mary Frances Adams date 11-13-09

Signed or attested before me on 11-13-09 by (Signature of Notary)

Robin K. Frizzell date 11-13-09 My appointment expires 9-30-2013

