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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) POLICE MCEACHERN	
GRANTEE: SKAGIT COUNTY	
ADDRESS 7768 HOLIORY EQUITIBED HARRIETES	
ADDRESS 7766 HOLWAY BOULEVARD, HNACORTES PARCEL# 065733 & P65741	
LEGAL DESCRIPTION:	
HOWORY HIDERWAY NO. 1, LOTS 3 811 BINCK E.	

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

	LIANG GU
(Owner signature) nm En date Sept & 200	NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES
Signed or attested before me on $9/8/2009$ by (Signature of Notary)	JULY 23, 2012
date 9/8/2007 My appointment	expires 7/23/2012
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