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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

kunget Comunity This form must be recorded before permit approval

NOTICE OF ON-SITE SEWAGE SYSTEM MAINTENANCE AGREEMENT REQUIREMENT (DESIGN)

GRANTOR: (NAME OF OWNER) HAROLD STRVEN & KATHRYD KAHM WHITE

GRANTEE: SKAGIT COUNTY

ADDRESS 10399 Wallen Rd, BOW, WA
PARCEL # P68796

LEGAL DESCRIPTION

SAMISH SHORES PLAT, LOT 5 SURVEY OF#200910130111

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,

DENEANER SOUTHERN

date <u>2/23</u> (Owner signature) Signed or attested before me on 2/23/10 by (Signature of Notary)

date <u>Z|23|10</u> My appointment expires May 13, 2012