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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) THOMES C + ALUE H. PEEBLES AURCONES, WA 9822/

GRANTEE: SKAGIT COUNTY ADDRESS /5/66 DEC PARCEL # P + 3 2 3 4

Nece 181 ed. AF# 200910090074 LEGAL DESCRIPTION: L

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 Skagjir

(Owner signature) Lune H Rebles date 4/5

Signed or attested before me on 4-5-10 by (Signature of Notary)

date 4-5-10 My appointment expires 12-36-12