

SKAGIT SEPTIC SYSTEMS
LINDA L BENJAMIN
7467 PRESENTIN RANCH DRIVE
CONCRETE WA 98237



201005040022
Skagit County Auditor

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"Always working for
a safer and healthier
Skagit County"

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) Chaffey North, LLC
GRANTEE: SKAGIT COUNTY
ADDRESS Road Runner Lane
PARCEL # 123862
LEGAL DESCRIPTION:

Bay Meadows, Lot #20

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

X (Owner signature) Eduard Lutz date 4/21/2010

Signed or attested before me on 4/21/10 by (Signature of Notary)

Susan J. Nelson date 4/21/10 My appointment expires 9/1/2012

NOTARY PUBLIC
STATE OF WASHINGTON
SUSAN J. NELSON
My Appointment Expires Sept. 1, 2012