

6/23/2010 Page

1 of

9:40AM



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)

		1	
GRANTOR: (NAME OF OWNER)_	JOHNSON	JASON L.	
GRANTEE: SKAGIT COUNTY	To the second		
ADDRESS PARKSIDE LA	WE. NOUN	T VERNOW	
PARCEL# P124685			
LEGAL DESCRIPTION:		,A,	
	1	and the state of t	

LOT 2, PLOS-0917

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

61		
(Owner signature)	date 613-10	
	:	
Signed or attested before me on 6-13-	by (Signature of Notary)	
Vipray -	date distance My appoint	ment expires 1-24-14
The state of the s	:	14