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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

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Skagit County

This form must be recorded before permit approval

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

GRANTOR:	(NAME OF O	WNER) Gar	LOHMA	ı.		
	SKAGIT COU		K			
ADDRESS_	16162	ASCENSION U	vay ;	MT. VEDNOW	wa.	
PARCEL #_	130/44			gart de la la companya de la company		
LEGAL DES	CRIPTION:	OF SHORT COR	O # PLOT	-0302		
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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

(Owner signature)	Han Ich	date 912 10	
Signed or attested be	efore me on 2-10	by (Signature of Notary)	
you		ite <u>6 2-10</u> My appointme	nt expires 10-1-13
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