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Skagit County Auditor

8/2/2010 Page

1 of

1 10:51AM

PETER BROWNING, DIRECTOR
HOWARD LEIBRAND, M.D., HEALTH OFFICER
CORINNE STORY, ENVIRONMENTAL HEALTH SUPERVISOR
PHONE: (360) 336-9380 FAX: (360) 336-9401



Always working for
a safer and healthier
Skagit County

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) Brent Christensen
GRANTEE: SKAGIT COUNTY
ADDRESS _____
PARCEL # 20053
LEGAL DESCRIPTION:

PTN GOV LT 5 AKA TR D S/P 13-21 AC# 8104270038 TGV 1/8 INT TR
E 30 S/A EXCEPT PORTION FOR STATE HIGHWAY PER AC# 980203011
AND ALSO EXCEPT THE SOUTH 27 FT

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) Brent Christensen date 7/23/10

Signed or attested before me on 7/23/10 by (Signature of Notary)

Eileen R Hebert date 7/23/10 My appointment expires JAN 21, 2014

