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8:43AM



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)	LISA ELYONS	
GRANTEE: <u>SKAGIT COUNTY</u>		
ADDRESS 6100 GUENCES	ISLAND ROAD, ANACORTES	
PARCEL# Pleases		
LEGAL DESCRIPTION:		
	70 Aug. 10 Aug	

Weer's PLAT TO ANA., LOT 4, BURAT; 12 OF VAC STS ? LESS W 6" OF 4.

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

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(Owner signature) March date 7-26-10		
Signed or attested before me on $\frac{7/26/10}{\text{by (Signature of Notary)}}$	· .	
Jod & Weekin date 7/26/10 My appointment	evnires //	May 15 2014
	. expires_7.	
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