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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

This form must be recorded before permit approval NOTICE OF ON-SITE SEWAGE SYSTEM MAINTENANCE AGREEMENT REQUIREMENT (DESIGN)

GRANTOR: (NAME OF OWNER) Scott W. Petersen
CD A NITTEE , CLY A CUT CYNUNITY
ADDRESS 13187 Thompson Rd.
PARCEL# Paoa30
LEGAL DESCRIPTION:
Portion of the south half of the nonthwest
14, northeast 14 of Sec. 9, Tup 34, Rag 2

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 Sk MARIA A SAUCEDA NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES OCTOBER 19, 2012

(Owner signature)

Signed or attested before me on 8/21/20/0 by (Signature of Notary) date 08/21/26/0 My appointment expires 10/19/2012