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Skagit County Auditor

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Always working for
a safer and healthier
Skagit County

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)

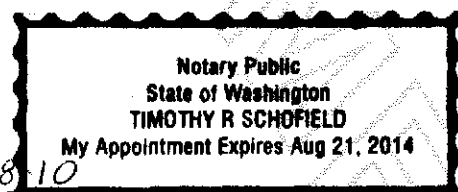
GRANTOR: (NAME OF OWNER) SAMUEL A. BRYANT & JANE E. BESHORE
 GRANTEE: SKAGIT COUNTY
 ADDRESS 15877 YONEKO DR. ANACORTES, WA 98221
 PARCEL # P64868
 LEGAL DESCRIPTION:

EAST 1/2 OF LOT 5 AND ALL OF LOT 6,
 DECEPTION PASS WATERFRONT TRACTS, RECORDED IN VOL. 5 OF
 PLATS, PAGE 26; TOGETHER WITH TIDELANDS OF THE SECOND CLASS
 EXTENDING TO THE LINE OF EXTREME LOW TIDE AND SITUATED
 IN FRONT OF, ADJACENT TO OR ABUTTING SAID PROPERTY.

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) Samuel A. Bryant date 12-18-10

Signed or attested before me on 12/18/2010 by (Signature of Notary) SAMUEL BRYANT

[Signature] date 12/18/2010 My appointment expires 8/21/2014