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Skagit County Auditor

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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) JAMES SWIFT - COUGAR PEAK LLC
GRANTEE: SKAGIT COUNTY
ADDRESS NOT ASSIGNED
PARCEL # 36121
LEGAL DESCRIPTION:

P#(s): 35733, 35734, 36121; except the East 120 ft. of the south 170 ft. of the North 555 ft. of the SE $\frac{1}{4}$ of the SW $\frac{1}{4}$ (Ptn of P35734); together with the North 385 ft. of the west 53 ft. of the SW $\frac{1}{4}$ of the SE $\frac{1}{4}$ (Ptn of 35737); 350403-3-003-0003, 350403-3-004-0002, 350410-2-001-0008-; within a Ptn of the S $\frac{1}{2}$ of the SW $\frac{1}{4}$ of Sec. 3, and a Ptn of the N $\frac{1}{2}$ of the NW $\frac{1}{4}$ of Sec. 10 all in Twp 35, Rge 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

(Owner signature) James Swift date 2/16/11

Signed or attested before me on 2/16/11 by (Signature of Notary)

Dina Sanders date 2/16/11 My appointment expires 5/14/11

