

**Skagit County Auditor** 

3/25/2011 Page

1 of

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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)

CRANTON CANADA CRANTON BANGA CANADA C
GRANTOR: (NAME OF OWNER) RONALD KRUGER
GRANTEE: SKAGIT COUNTY
ADDRESS 15689 YOKEKO DR. ANACORTES WA 98221 PARCEL# PG4901
PARCEL# PG4901
LEGAL DESCRIPTION: —
DECEPTION PASS WATERFRONT TRACES TRACTA
LEGAL DESCRIPTION: DECEPTION PASS WATERFRONT TRACTS TRACTA SHORT PLAT #39-75 LOCATED IN TRACTS 43 AND 44 OF SURVEY RECORDED UNDER AF#2002.06060107.
SURVEY RECORDED UNDER AF#2002.06060107.

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 con-	ditions contained y	vithin this potification
For witnessing or attesting a signature:	State of Washingto	n, County of Skagit
		State of Washington LAURIE M HODGSON
		My Appointment Expires Nov 3, 2014
QC1/	•	

(Owner signature) A date 03-25-1/
Signed or attested before me on March 25,201/ by (Signature of Notary)

date 3/25/11 My appointment expires Nov. 3/2014