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Skagit County Auditor

6/30/2011 Page

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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)

GRANTEE: SKAGIT COUNTY

ADDRESS 22128 SR #9 #194 Mt Vernon WA 98274PARCEL # 194 - P108928

LEGAL DESCRIPTION:

5109-000-194-0000

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) Craig Bradley date 6/29/11

Signed or attested before me on 6/29/11 by (Signature of Notary) Jill Penso Grant

6/29/11 date _____ My appointment expires 3/9/14

