



201110030094

Skagit County Auditor

10/3/2011 Page 1 of 2 4:10PM

Document Title:

NOTICE OF ON-SITE SEWAGE SYSTEM MAINTENANCE AGREEMENT REQUIREMENT

Reference Number :

Grantor(s):

☐ additional grantor names on page ____.

1. MMAK LLC

2.

Grantee(s):

☐ additional grantee names on page ____.

1. SKAGIT COUNTY

2.

Abbreviated legal description:

☐ full legal on page(s) ____.

18-36-04

Assessor Parcel / Tax ID Number:

☐ additional tax parcel number(s) on page ____.

P49427



*"Always working for
a safer and healthier
Skagit County"*

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) MMAK LLC

GRANTEE: SKAGIT COUNTY

ADDRESS UNKNOWN

PARCEL # P49427

LEGAL DESCRIPTION:

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

Notary Public
State of Washington
M. KATHRYN SCHMIDT
MY COMMISSION EXPIRES
November 13, 2012

(Owner signature) MMAK LLC date 10/3/11

Signed or attested before me on 10/3/11 by (Signature of Notary)

M Kathryn Schmidt date 10/3/11 My appointment expires Nov 13, 2012



201110030094
Skagit County Auditor