

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) KENT VAN	FROM
GRANTEE: SKAGIT COUNTY	
ADDRESS 12590 WHITECOP LEVE	ANGROPES
PARCEL #	LIMITE SELECTION OF THE PROPERTY OF THE PROPER
LEGAL DESCRIPTION:	

RANCHO SAN JUAN DER MAR DIV. Z, LOT. S.

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 ennual 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 notified. For witnessing or attesting a signature: State of Washington, County of Sag.

(Owner signature)	date Oct 26/2011	The state of the s
Signed or attested before me on 10/2/2/26M	_ by (Signature of Notary)	
Donida M Holliman dat	e <u>lo/26/11</u> My appoin	tment expires 8.23.2014