

Skagit County Auditor

4/6/2012 Page

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1 10:10AM



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) MARKS, JAW HINKS
GRANTEE: SKAGIT COUNTY
ADDRESS 15691 Mwy 9
PARCEL # 27601
LEGAL DESCRIPTION:
NORTH 1/2 SE 14 Sec 23 TWP34 POST TOGETHER WITH
LEGAL DESCRIPTION: North 1/2 SI= 14 Sec 23 Twp 24 PN64 Together with North 1/2 SIE 1/4 Sec 23 Twp 34 PN64
2000 /2 31-/4 J-1-05 11 Y-7

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

OF WASHING

(Owner signaturé)

Signed or attested before me on 4-6-12

by (Signature of Notary)

Mark Hanks Signed in Front of

O- Amy appointment expires

me *