

5/11/2012 Page

1 of

1 8:36AM



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)	rsten	Edden	E	DGLEY	<u>/</u>
GRANTEE: SKAGIT COUNTY		TO 1		A A	
ADDRESS 15361 leve	1 Ave	Bow	WA	96232	
PARCEL# 71233		_			
LEGAL DESCRIPTION:		<del></del>			

Lots 8-9 BLI morrisons to Blanchard

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)

date 5/7/h

Signed or attested before me on 5/4/2 by (Signature of Notary)

by (Signature of Notary)

\_\_date \_5/9//2\_ My appointment expires \_4/ \$//(