

Skagit County Auditor

9/24/2012 Page

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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	O ROSALS W. M	MARCHET_		
GRANTEE: SKAGIT COUNTY ADDRESS 3005 7006	0 55 5402	Carret : "	26-0	
PARCEL# <b>P66037</b>		weens, say	78270	
GRANTEE: SKAGIT COUNTY ADDRESS PARCEL # P66 37 LEGAL DESCRIPTION: LEGA	16, BLOCK &	"PLAT of	Holiday Hist	non
WINDOW NO. 1	AS DER PLAN.	SELORIED 1	N VERENIS	8
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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) Make Maching date 9-15-12
Signed or attested before me on 9/15/12 by (Signature of Notary)

Adate 7/15/12 My appointment expires 025/13