



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) John	adovan	
GRANTEE: SKAGIT COUNTY ADDRESS 23319 PRINGLE S	•	0000
ADDRESS <u>23319 PRINGLESS</u>	T. Clear Lake, Wa	48235
PARCEL# 103689		· - -
LEGAL DESCRIPTION:	yek,	
LOT(s) PTN LOTS 7, 8 and, 9	BLOCK BLK 23	
WEST ADD CLEAR LAKE		

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) John Padoran date 10-13-12	
Signed or attested before me on 10-23-12 by (Signature of Notary)	
Geni a. Lane date 10-23-12 My appointment expires	6-8-16
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