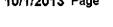


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CORINNE STORY, ENVIRONMENTAL HEALTH SUPERVISOR

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) ZIZABETH A FINALLY
GRANTEE: SKAGIT COUNTY
ADDRESS 20988 Good Way Conway
PARCEL # 330418-0-034-0007 DIJ 7816

LEGAL DESCRIPTION:

8-33-04

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 $10 \cdot [\cdot]$

Signed or attested before me on W - W by (Signature of Notary)

date [U-1-20/3] My appointment expires 10-1-20

PUBLIC

10-01-201