



Skagit County Auditor

\$72.00

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1 2:50PM



JENNIFER KINGSLEY, DIRECTOR  
HOWARD LEIBRAND, M.D., HEALTH OFFICER  
CORINNE STORY, ENVIRONMENTAL HEALTH MANAGER  
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) Forrest A & Cheryl R. Foss

GRANTEE: SKAGIT COUNTY

ADDRESS —none assigned

PARCEL # P128565

LEGAL DESCRIPTION:

LOT 3 SKAGIT COUNTY SHORT CARD NO. P106-1147, RECORDED UNDER  
AF#100905120079, BEING A PORTION OF SW 1/4 OF SE 1/4 OF SECTION  
31, TOWNSHIP 35 NORTH, RANGE 2 EAST, W.M.

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)

Cheryl R Foss  
Forrest A Foss

date

6/25/14

Signed or attested before me on

6-25-14

by (Signature of Notary)

[Signature]

date

6/25/14

My appointment expires

10/01/14

