201407290092 Skagit County Auditor \$72.00
7/29/2014 Page 1 of 1 1:26PM
PETER BROWNING, DIRECTOR HOWARD LEIBRAND, M.D., HEALTH OFFICER CORINNE STORY, ENVIRONMENTAL HEALTH SUPERVISOR PHONE: (360) 336-9380 FAX: (360) 336-9401
Always working hor- estates and healthies
This form must be recorded before permit approval NOTICE OF ON-SITE SEWAGE SYSTEM MAINTENANCE AGREEMENT REQUIREMENT (DESIGN)
GRANTOR: (NAME OF OWNER) William & Tricia Plymale / John & Jean Botes GRANTEE: <u>SKAGIT COUNTY</u> ADDRESS: 27279 Pur MASter Red Sector Woodley is A 98384 PARCEL # <u>P39158</u> LEGAL DESCRIPTION: 15-35-05
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) William light date 7/22/14 by (Signature of Notary) Signed or attested before me on 7/22/14 by (Signature of Notary)
Saughttist date 7/22/14 My appointment expires 1-11-201 0 WASHIN