

Return Address:

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201409260100

Skagit County Auditor

\$73.00

9/26/2014 Page

1 of

2 2:05PM

Document Title:

Notice of OnSite Sewage System Maintenance Agmt.

Reference Number (if applicable):

Grantor(s):

☐ additional grantor names on page \_\_\_\_.

1) Norma Jean Harlow

2) \_\_\_\_\_

Grantee(s):

☐ additional grantor names on page \_\_\_\_.

1) Skagit County

2) \_\_\_\_\_

Abbreviated Legal Description:

☐ full legal on page(s) \_\_\_\_.

Lts 14-19 Blk 2 Similk

Assessor Parcel /Tax ID Number:

☐ additional parcel numbers on page \_\_\_\_.

P69227



Always working for  
a safer and healthier  
Skagit County

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) Norma Jean Harlow  
GRANTEE: SKAGIT COUNTY  
ADDRESS XXXX N Green St Anacortes WA 98221  
PARCEL # 69227  
LEGAL DESCRIPTION:  
(0.3600 ac) Similk Lots 14 to 19 BLK 2

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:

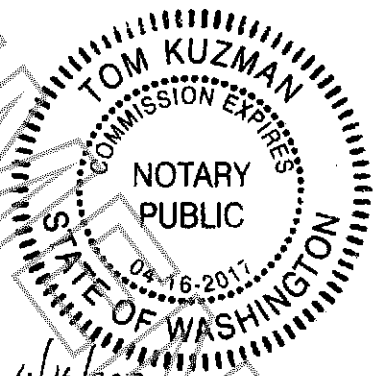
1. Maintenance & Monitoring Required: The septic system to be installed on this lot will require annual or more frequent as required scheduled maintenance and monitoring.
2. Contract Required: A contract for perpetual maintenance and monitoring must be obtained before the onsite sewage disposal system 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) Norma Jean Harlow date 9-10-14 JH

Signed or attested before me on 9/11/2014 by (Signature of Notary)

[Signature] date 9/11/2014 My appointment expires 4/16/2017



Skagit County Auditor  
9/26/2014 Page

2 of

2 2:05PM

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