



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) Estate of Ralph Harold Pearson Ronald Pearson
GRANTEE: SKAGIT COUNTY Admstr
ADDRESS 17661 S. SkyrIDGE Dr. Mt. Vernon Wa. 98274-7769
PARCEL # P83199-4445-000-001-0007
LEGAL DESCRIPTION: skyrIDGE Dr S Lot 1

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:

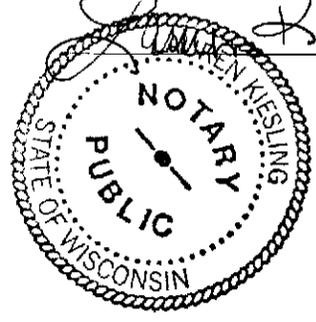
1. Maintenance & Monitoring Required: The septic system to be installed on this lot will require annual or more frequent as required scheduled maintenance and monitoring.
2. Contract Required: A contract for perpetual maintenance and monitoring must be obtained before the onsite sewage disposal system 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) Ronald L. Pearson date 10/16/14

Signed or attested before me on 10/16/14 by (Signature of Notary)

[Signature] date 10/16/14 My appointment expires 2-17-18



UNOFFICIAL DOCUMENT