



Skagit County Auditor
5/15/2015 Page

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\$72.00
11:58AM



"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) MORGAN TURNER PROPERTIES LP

GRANTEE: SKAGIT COUNTY

ADDRESS -no address assigned-

PARCEL # P123431

LEGAL DESCRIPTION: ACREAGE ACCT, ACRES 0.60, TRACT E OF
BOUNDARY LINE SURVEY AFB#200505110080 AKA LOT 1,
BLK. 5, SIMILK BEACH; PTN. OF GOVERNMENT LOT 2, SEC. 8,
TOWNSHIP 34 N, RGE 02, QTR 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) Betty A. Morgan date 5-15-15

Signed or attested before me on 5-15-15 by (Signature of Notary)

Betty A. Morgan date 5-15-15 My appointment expires 10-31-2018

John B. Semrau

RESIDING IN MOUNT VERNON

