

**Skagit County Auditor** 

\$72.00

9/30/2015 Page

1 of

1 9:39AM



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)

GRANTEE: SKAGIT COUNTY ADDRESS 22965 S

PARCEL# P 3 005 LEGAL DESCRIPTION:

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 for 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)

Signed of attested before me on au Wood by (Signature of Notary)

9/24/15 My appointment expires