

\$kagit County Auditor

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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)_	Terr	V9	Del	borah	Sh	affe	K
ODANIER OF ACTOR OCCUPANT	1	J .5"	100				_

ADDRESS

PARCEL# PARCEL # 17795S LEGAL DESCRIPTION:

Lot 1 of Island View Court PTN section 35, Township 36 North, Range

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 Skagir-

(Owner signature)

Signed or attested before me on 10/12/15 by (Signature of Notary)

date 10/12/15 My appointment expires 11/20

WASHING