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Skagit County Auditor

\$74.00

11/23/2015 Page

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2 8:49AM



JENNIFER JOHNSON, DIRECTOR
 HOWARD LEIBRAND, M.D., HEALTH OFFICER
 CORINNE STORY, ENVIRONMENTAL HEALTH MANAGER
 PHONE: (360) 336-9497 FAX: (360) 419-3408

OPERATION-MAINTENANCE & MONITORING REQUIREMENT
 FOR PROPRIETARY ONSITE SEWAGE SYSTEMS

Always look before you start
 a well and health
 Skagit County

This form must be recorded before permit approval

NOTICE OF ON-SITE SEWAGE SYSTEM MAINTENANCE AGREEMENT REQUIREMENT
 (DESIGN)

GRANTOR: (NAME OF OWNER)

John G. Deming

GRANTEE: SKAGIT COUNTY

ADDRESS

5347 Casa Grande Rd, Paradise CA

PARCEL # 127957 & 127958

CA 95967

LEGAL DESCRIPTION:

LOT 2 OF ISLAND VIEW COURT, RECORDED UNDER AF#200810080078, EXCEPT
 THAT PORTION OF LOT 2 IN BLFC LOCATED IN THE NORTHWEST 1/4; BEING A
 PORTION OF LOT 4, SKAGIT COUNTY SHORT PLAT 97-0012 RECORDED AF#
 200007280006, LOCATED IN SW1/4 OF SECTION 35, TOWNSHIP 36 NORTH, RANGE
 3 EAST.

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 proposed septic system for this lot will require annual inspections or more frequent as deemed necessary by Skagit County Health Department.
2. 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)

John G. Deming

date 11/17/15

Signed or attested before me on _____ by (Signature of Notary)

date

My appointment expires

* See attached CA Notary

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- ☒ See Attached Document (Notary to cross out lines 1-6 below)
☐ See Statement Below (Lines 1-6 to be completed only by document signer[s], not Notary)

1 _____
 2 _____
 3 _____
 4 _____
 5 _____
 6 _____

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Butte

Subscribed and sworn to (or affirmed) before me

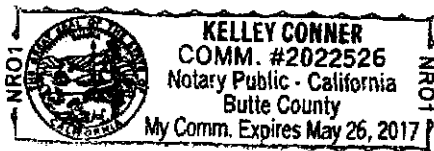
on this 17th day of November, 2015
 by _____ Date _____ Month _____ Year _____

(1) John G. Deming

(and (2) _____),
 Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature Kelley Conner
 Signature of Notary Public



Seal
 Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Swage Maintenance Agreement Document Date: 11-17-15

Number of Pages: 1 Signer(s) Other Than Named Above: _____