



201511300126

Skagit County Auditor \$73.00  
11/30/2015 Page 1 of 1 11:07AM

RETURN ADDRESS:  
DAVID HUEY  
1622 EUCLID AVE  
BELLINGHAM, WA 98229

JENNIFER JOHNSON, DIRECTOR  
HOWARD LEIBRAND, M.D., HEALTH OFFICER  
CORINNE STORY, ENVIRONMENTAL HEALTH SUPERVISOR  
PHONE: (360)416-1555 FAX: (360)336-9416



"Always working for  
a safer and healthier  
Skagit County"

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) DAVID HUEY & JOHN SIBOLD  
GRANTEE: SKAGIT COUNTY  
ADDRESS CHUCKANUT RIDGE DR BOW, WA  
PARCEL # 47649  
LEGAL DESCRIPTION:

ABBREVIATED LEGAL: (20.4000 AC) ACRES 20.40, CF-75 O/S #6  
AF # 911260032 1992: ALL THAT PORTION  
OF THE SOUTHEAST 1/4 0

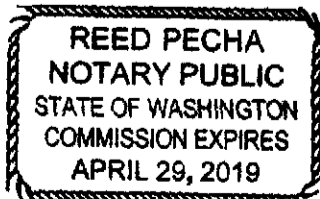
THE FOLLOWING INFORMATION HAS BEEN DISCLOSED TO THE HOMEOWNER AS PER SKAGIT  
COUNTY CODE 12.05.120 AND WASHINGTON ADMINISTRATIVE CODE 246-272A-0015 and 0270:

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) David Huey 11/28/15  
John Sibold date 11/28/15

Signed or attested before me on 11/28/2015 by (Signature of Notary)



*[Handwritten signature]*