

Skagit County Auditor

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\$73.00

4/22/2016 Page

1 12:35PM



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

DW16-0084

This form must be recorded before permit approval

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

	- A A A A A A A A A A A A A A A A A A A
	GRANTOR: (NAME OF OWNER) Yefremora Lyudmila Yefremor
	GRANTEE: SKAGIT COUNTY
	GRANTEE: SKAGIT COUNTY ADDRESS 18317 Colony Rd Bow Skagit County PARCEL # 124362
	PARCEL # 124362
	LEGAL DESCRIPTION: A Portion of Lot I short plat #
2	cated in 1/2 SW 1/4 (a portion of this lot also located in section 19)
0	cated in 1/2 SW 1/4 la portion of this lot also
	Located in section 193
	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) ____

Signed or attested before me on $\frac{4/24/16}{}$ by (Signature of Notary)

Slanger Ung date 4728116 My appointment expires 11/13