

Skagit County Auditor 10/18/2016 Page

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of 1 1:30PM

JENNIFER JOHNSON, DIRECTOR HOWARD LEIBRAND, M.D., HEALTH OFFICER PHONE: (360) 416-1500 FAX: (360) 416-1565



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 OW	NER) Sa	MIBB, JASO	w/ <u>L</u>			
GRANTEE: SKAGIT COUN ADDRESS	1.3026	P P		Bow	/1)A	_ 98232
PARCEL #P//85	74			,		
LEGAL DESCRIPTION:	•		A			
LOT#1, 5/	P#PL01	-392				
LUCATED IN TH	€ NW1/4	NW/	4			

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:

- Maintenance & Monitoring Required: The proposed septic system for this lot will require annual inspections or more frequently as deemed necessary by Skagit County Public Health Department.
- Maintenance Specialist Required: The person performing this service must be certified by the Skagit County Public 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 10-13-1b by (Signature of Notary)

Date 10 | 12 | 16 |

Date 10 | 12 | 16 |

Signed or attested before me on 10-13-1b by (Signature of Notary)

Date 10 | 12 | 16 |

Date 10 | 12 | 16 |

Date 10 | 12 | 16 |

Signature of Notary)

Date 10 | 12 | 16 |

Date 10 | 12 | 16 |

Date 10 | 12 | 16 |

Signature of Notary)