

Skagit County Auditor 12/2/2016 Page

\$73.00

1 of 111:04AM

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

This form must be recorded before permit approval

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

GRANTOR: (NAME OF OWNER) CRECKS, DE LAKE 16 LIC	<u> </u>
OR AN ORDER OF A CONTROL OF A C	
GRANTEE: <u>SKAGIT COUNTY</u> ADDRESS_15164_DESC/8UTES_CONRT_HAPUNT UTENON,	WA
	98273
I BOAL DECORIDEION	
(,9436 AC) LOT 3 CREEKSINE MEADOWS, AF	S
201002090002, REING A PORTION OF SEC	23
20,10020 1-1-12, NE 1002 A POLLIDO OF	-
TWP 34 RGE 4	
the state of the s	

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 Skage

Poblic

(Owner signature)

date 10 -26.16

Signed or attested before me on 10.25.15 by (Signature of Notary)

date 18-22-16 My appointment expires 03 66 17