



201612140051

Skagit County Auditor \$73.00
12/14/2016 Page 1 of 1 12:47PM

JENNIFER JOHNSON, DIRECTOR
HOWARD LEIBRAND, M.D., HEALTH OFFICER

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

SW16-0296

This form must be recorded before permit approval

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

GRANTOR: (NAME OF OWNER) ANN D. BARSHNEY
GRANTEE: SKAGIT COUNTY
ADDRESS 1216 12th St Anacortes, WA 98221 mailing
PARCEL # P73567
LEGAL DESCRIPTION: single family home 3 bedroom 1610 sq ft
full garage single story
parcel address 14715 Hoxie LN Anacortes, WA 98221

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) Ann D. Barshney date 12-9-2016

Signed or attested before me on 12/9/2016 by (Signature of Notary)

Darla T. Simpson date 12/9/2016 My appointment expires 10/25/2020

Darla T. SIMPSON
NOTARY PUBLIC
State of WASHINGTON
County of Skagit

