

Skagit County Auditor 1/30/2017 Page

\$73.00 3:57PM

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

PHONE: (360) 416-1555 FAX: (360) 336-9416



OPERATION-MAINTENANCE & MONITORING REQUIREMENT FOR PROPRIETARY ONSITE SEWAGE SYSTEMS

Shought County This form must be recorded before permit approval NOTICE OF ON-SITE SEWAGE SYSTEM MAINTENANCE AGREEMENT REQUIREMENT

(DESIGN)

GRANTOR: (NA	ME OF OWNER)	CALL RE	0	
GRANTEE: <u>SK</u> A	AGIT COUNTY			
ADDRESS	RUNBY RD	Bow WA	98232	
PARCEL #	147482		_	
LEGAL DESCRI	IPTION: Lot +	AI SHUCK PLAT	91-029	

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

A CONTRACTOR OF THE PARTY OF TH (Owner signature) Signed or attested before me on 12511 by (Signature of Notary) date 17517 My appointment expires