



201702100091

Skagit County Auditor \$73.00
2/10/2017 Page 1 of 1 1:47PM

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

This form must be recorded before permit approval
NOTICE OF ON-SITE SEWAGE SYSTEM MAINTENANCE AGREEMENT REQUIREMENT
(DESIGN)

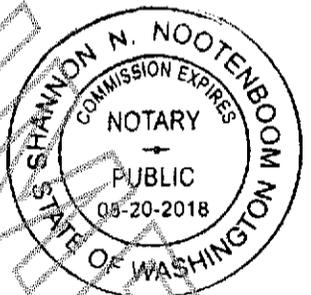
GRANTOR: (NAME OF OWNER) Nate LeSourd
GRANTEE: SKAGIT COUNTY
ADDRESS 18520 Best Road Mt. Vernon WA 98273
PARCEL # 133469
LEGAL DESCRIPTION:

DR 15: THAT PORTION OF THE NORTH 1/2 OF THE NORTHEAST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 4, TOWNSHIP 33 NORTH, RANGE 3 EAST, W.M., DESCRIBED AS FOLLOWS: COMMENCING AT THE NORTHWEST CORNER OF SAID NORTH 1/2 OF THE NORTHEAST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 4; THENCE SOUTH 89-32-45 EAST ALONG THE NORTH LINE OF SAID SUBDIVISION FOR A DISTANCE OF 430.00 FEET; THENCE SOUTH 0-27-15 WEST FOR A DISTANCE OF 50.00 FEET TO THE POINT OF BEGINNING; THENCE CONTINUE SOUTH 0-27-15 WEST FOR A DISTANCE OF 208.00 FEET; THENCE SOUTH 89-32-45 EAST FOR A DISTANCE OF 209.50 FEET; THENCE NORTH 0-27-15 EAST FOR A DISTANCE OF 208.00 FEET MORE OR LESS, TO A POINT BEARING SOUTH 89-32-45 EAST FROM THE POINT OF BEGINNING; THENCE NORTH 89-30-45 WEST FOR A DISTANCE OF 209.50 FEET, MORE OR LESS, TO THE POINT OF BEGINNING.

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) Nate LeSourd date 2/10/17

Signed or attested before me on 2-10-17 by (Signature of Notary)

Shannon Nootenboom date 2-10-17 My appointment expires 08-20-2018

* Nathan LeSourd appeared before me