

Skagit County Auditor

\$74.00

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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 OWNE GRANTEE: <u>SKAGIT COUNTY</u>	R) MARIA CHAMBERLAIN
ADDRESS 14/36 GUAR PARCEL# 48536	DEE AVE., EDISON
LEGAL DESCRIPTION:	
(14.3700 AC) OPE LT 4 LESS TRS	ERT 0-011-01

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 con	nditions contained within this notification.
For witnessing or attesting a signature:	State of Washington, Countries in the state of washington, countries i
	I Notary Public I
	Btate of Washington Susan L Paschal
	E MY COMMISSION EXPIRES S
(Owner signature)	date JUCY CHAMINING MAY 30, 2020

Signed or attested before me on 7-24-2017 by (Signature of Notary)

Susen 1 Rouse date 7242017 My appointment expires May 30201