

Skagit County Auditor 12/29/2017 Page

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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

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

GRANTOR: (NAME OF OWNER) FAM WAR DEEP	NIJHER	
GRANTEE: SKAGIT COUNTY		
ADDRESS 32907 SOUTH SHORE DR	MT.VERNON	_WA
PARCEL# 166823	03	2071
LEGAL DESCRIPTION:	-16	17
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Lake Cavanaugh DIN3 BIR 1 Lts 48 = 49

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 \$kagit

	BRENDA OLSON
1	STATE OF WASHINGTON
(Owner signature) K.M. date 12/29	(NOTARY PUBLIC
	My Commission Expires 08-18-2021
Signed or attested before me on $12/29/17$ by (Signature of Notary	
date 12/29/17 My app	ointment expires 08-18-202