



JENNIFER JOHNSON, DIRECTOR
HOWARD LEIBRAND, M.D., HEALTH OFFICER
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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) Louis Barrett & Marcia Anthony
GRANTEE: SKAGIT COUNTY
ADDRESS: 10898 Wilson Ln. Mount Vernon, WA 98273
PARCEL #: P34919

LEGAL DESCRIPTION:

(3.9900 ac) LOT 1 S/P 91-51 REC AF#9109110021 BEING PTN SW1/4 SW1/4

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 proposed septic system for this lot will require annual inspections or more frequently as deemed necessary by Skagit County Public Health Department.
2. Maintenance Specialist Required: The person performing this service must be certified by the Skagit County Public 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 William Tom Barrett Date 1/26/18
Marcia E Anthony
Signed or attested before me on 1/26/18 by (Signature of Notary)
J Guzman Date 1/26/18 My appointment expires 04-19-2021