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07/02/2018 09:07 AM Pages: 1 of 2 Fees: \$100.00
Skagit County Auditor

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) JAN GELDER
GRANTEE: SKAGIT COUNTY
ADDRESS 391 BIG POINT ROAD, ANACORTES
PARCEL # 00370
LEGAL DESCRIPTION:

LOT 6, ELMWOOD SAN JUAN DEL MAR, SUB-DIV. 6.

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) Janice C. Gelder date 6/18/2018

Signed or attested before me on _____ by (Signature of Notary)

_____ date _____ My appointment expires _____

WELLS
FARGO**All-purpose Acknowledgment California only**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of

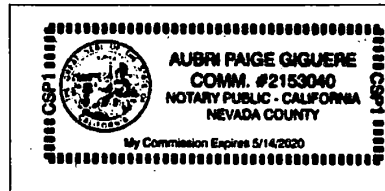
Nevada

On 06/18/2018 before me, Aubri Paige Giguere, Notary Public (here insert name and title of the officer),

personally appeared Janice Claire Geller

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.



Notary Seal

WITNESS my hand
and official seal.

Signature

For Bank Purposes Only

Description of Attached Document

Type or Title of Document

Document Date

Number of Pages

Signer(s) Other Than Named Above



DSG5350CA (Rev 02 - 05/17)

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