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12/26/2018 01:17 PM Pages: 1 of 1 Fees: \$99.00 Skapit County Auditor

JENNIFER JOHNSON, DIRECTOR HOWARD LEIBRAND, M.D., HEALTH OFFICER

PHONE: (360) 416-1550 FAX: (360) 336-9416



OPERATION-MAINTENANCE & MONITORING REQUIREMENT FOR PROPRIETARY ONSITE SEWAGE SYSTEMS

a safer and healthear
This form must be recorded before permit approval
NOTICE OF ON-SITE SEWAGE SYSTEM MAINTENANCE AGREEMENT REQUIREMENT
(DESIGN)
GRANTOR: (NAME OF OWNER) ROLLOWY RICHEY
GRANTOR: (NAME OF OWNER) ROLLING KICKEY GRANTEE: SKAGIT COUNTY
ADDRESS A
DADCEL # PASSAG
in Let 16 and All Lots 2 and 3.
in let le and All les
All lots 2 and 5.
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 Degrined: A contract for your trail and the
2. Contract Required: A contract for perpetual maintenance and monitoring must be obtained before the onsite sewage disposal system is put into use.
chistic sowage 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 Skagn, See 19, 200
Q QIARY SO
PyBu ^C
(Owner signature) Wick Of West Million
(Owner signature) Company (Owner signature)
date 74740//
Signed on attested before me on 12/24/18/ by (Signature of Notary)
date 12 2(d) S My appointment expires 405 1202