## BIII BYYCL CHORNEY COMENCATE IN BENEVO CHORCUM CHORCO

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

PHONE: (360) 416-1555 FAX: (360) 336-9416



FOR PROPRIETARY ONSITE SEWAGE SYSTEMS
Attings working for a safer and healthca.
This form must be recorded before permit approval
NOTICE OF ON-SITE SEWAGE SYSTEM MAINTENANCE AGREEMENT REQUIREMENT
(DESIGN)
GRANTOR: (NAME OF OWNER) CHARLENE JUSTICE
GRANTEE: <u>SKAGIT COUNTY</u> ADDRESS <u>(391 MOUNT AIN VIEW LANE, HNACORTES</u>
PARCEL # 65534 & 113210
LEGAL DESCRIPTION:
TRACT A, FUNK EKELLERS LAKE CAMPRELL TRACTS; W/
DRAINFIELD EASEMENT ON THE EAST 136'T OF TOACT B.
FUNK EKELLERS LAKE CAMPELL TRACTS.
THE FOLLOWING INFORMATION WAS DEED BYOKE CORP. TO THE FOLLOWING
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:
The state of the s
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 Skagis
E Community of the second
OTA, AND
(Owner signature) Challed date 8-19-19
W.C.O. CAMPA SE

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

19th date 2019 My appointment expires 5