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10/15/2019 02:24 PM Pages: 1 of 1 Fees: \$103.50 Skagit 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

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

GRANTOR: (NAME OF C	OWNER) No G	JAKE (AKE 1	nc Days	SPARY
GRANTEE: <u>SKAGIT CO</u> ADDRESS	UNITY 18235	Bow LK LA.	Bow. W	/A
PARCEL # LEGAL DESCRIPTION:	0113077		op	232
Ro	w Hill Lake,	PTN Lot 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 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)_

Signed or attested before me on 10-4-19 by (Signature of Notary)

My appointment expires <u>12-14-2</u>