

02/28/2020 11:42 AM Pages: 1 of 1 Fees: \$103.50

JENNIFER JOHNSON, DIRECTOR HOWARD LEIBRAND, M.D., HEALTH OFFICER PHONE: (360) 416-1500 FAX: (360) 416-1565



Owner signature

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) Brandy A./ Albert H. Sikkens GRANTEE: SKAGIT COUNTY ADDRESS 18550 PARCEL # β 729 PARCEL # LEGAL DESCRIPTION: The West Half of Lots 5, 6,7 and 8, Block 3, PLAT OF THE TOWN OF CONWAY SKAGIT

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.

PUBLIC

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 G. ALOA G. ALOA WHISSION EXPANSION AND NOTARY

11-28-2021 Signaturas d'Notary) Signed or attested before me on 2

8000) My appointment expires 11-26-202