

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
(DESIGN)

GRANTOR: (NAME OF OWNER) MINDY HERZGESELL
GRANTEE: SKAGIT COUNTY
ADDRESS 11392 BAYSIDE TERRACE
PARCEL # P134389
LEGAL DESCRIPTION:

(1.0000ac) LOT 3, PLAT OF SPRING BREEZE PL-08-0112, RECORDED
ON SEPTEMBER 5, 2018 UNDER AUDITORS FILE NO. 201809050030,
RECORDS OF SKAGIT COUNTY, WASHINGTON

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) Mindy Herzgesell date 3/20/2020

Signed or attested before me on 3/20/2020 by (Signature of Notary)

Gratianne E Martin date 3/20/2020 My appointment expires May 27th 2020

