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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
(DESIGN)

GRANTOR: (NAME OF OWNER) Orelair LLC
GRANTEE: SKAGIT COUNTY
ADDRESS: Jackson Rd / Sinclair Island
PARCEL # P46354

LEGAL DESCRIPTION: All that portion of government Lots 4 & 5, Section 9, Township 36 North, Range 1 East, Lying North of the following described line: beginning at a point on the East line of said government Lot 5 a distance of 480.48 feet South of the North line thereof; thence South 89-28-30 West 1299.46 feet to the line of ordinary high tide and terminus of said line; except the East 987.88 feet of government Lot 4; Also except the East 987.88 feet of the North 440.48 feet of government Lot 5; also except the East 20 feet as granted to Skagit County for Road purposes by deed recorded under AF#671932. Also, together with tidelands of second class as conveyed by the State of Washington adjacent to or abutting upon the North 480.48 feet of government Lot 5, Section 9, Township 36 North, Range 1.

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.
2. Maintenance Specialist Required: The person performing this service must be certified by the Skagit County Public Health Department.
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

[Signature]
Owner signature

3/21/20
Date

Signed or attested before me on 3/21/20 by (Signature of Notary)

[Signature] Date 3/21/20 My appointment expires 3/14/24

DAWNA HANKINS
Notary Public
State of Washington
License Number 17155
My Commission Expires
March 14, 2024