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05/22/2020 10:23 AM Pages: 1 of 1 Fees: \$103.50 Skagit County Auditor

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



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) Sharry DuSois par Adelithror Sind
GRANTOR: (NAME OF OWNER) OF LETTON OF COSTS POR THE CITY OF THE CI
GRANTEE: SKAGIT COUNTY FORM to Market RI. BOW WA 98232
ADDRESS 5864 Farm to Market (d. 500 WH-91252
PARCEL # P49 505
THE AT THE GRANDWICK
Township was
Charter Section Township Range SE 32 36 03
32 36 05
3E 30
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
6 Acres DK19 LT9
THE FOLLOWING INFORMATION HAS BEEN DISCLOSED TO THE HOMEOWNER AS PER SKAGIT
THE POLLOWING INPORTMATION HAS BEEN DISCLOSED TO THE HOMEOWNER AS PER SAAGIT

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.
- 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

Owner signature

Signed or attested before me on $\frac{5}{12/20}$ by (Signature of Notary)

Date <u>5/12/20</u> My appointment expires <u>7/3/2023</u>

PERRY PORDEL NOTARY PUBLIC STATE OF WASHINGTON LICENSE # 69013 MY COMMISSION EXPIRES **JULY 3, 2023**