## THE REPAIR AND A THE REPAIR OF THE ADDRESS OF THE REPAIR O 202010080044 10/08/2020 10:09 AM Pages: 1 of 1 Fees: \$103.50 Skagit County Auditor

POOR ORIGINAL
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) LYNN KRAUS AND LISA KERR
GRANTEE: <u>SKAGIT COUNTY</u> ADDRESS WEST SHORE DRIVE, ANACORTES (GUEMES ISLAND)
PARCEL #P31205LEGAL DESCRIPTION:
(10.0100 ac) THE SOUTHEAST 1/4 OF THE SOUTHWEST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 2, TOWNSHIP 35 NORTH, RANGE 1 EAST, W.M.
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.
<ol> <li>Maintenance Specialist Required: The person performing this service must be certified by the Skagit County Public Health Department.</li> </ol>
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 en aller of a logo Date 10/6/20
Signed or attested before me on $10/06/2020$ by (Signature of Notary)
Date 10/06/2020 My appointment expires 02/05/2024
NOTARY PUBLIC WASHING

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