JENNIFER JOHNSON, DIRECTOR HOWARD LEIBRAND, M.D., HEALTH OFFICER

PHONE: (360) 416-1550 FAX: (360) 336-9416

Mr. Vernon WA. 98273



ADDRESS

GRANTOR: (NAME OF OWNER) Brian +
GRANTEE: SKAGIT COUNTY
ADDRESS

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)

PARCEL # P127692 LEGAL DESCRIPTION:
(4.000 ac) Lot B of Skas it County Short Plat card number PLO7-0520
PHN 29/35/03
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.
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
5 116/21 Hauton 07/16/2021
(Owner signature)date
Signed or attested before me on 1-110-21 by (Signature of Notary)
While date 7-16-21 My appointment expires March 4,2024