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Skagit County Auditor

Document Title:

NOTICE OF ON-SITE SEWAGE SYSTEM MAINTENANCE AGREEMENT

Reference Number :

Grantor(s):

additional grantor names on page ____.

1. DIETER DREWS

2.

Grantee(s):

additional grantee names on page ____.

1. SKAGIT COUNTY

2.

Abbreviated legal description:

full legal on page(s) ____.

GL 1 22/34/02

Assessor Parcel / Tax ID Number:

additional tax parcel number(s) on page ____.

P20616



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) DIETER DREWS
GRANTEE: SKAGIT COUNTY 15796 SNEE OOSH RD, LA CONNER, WA 98257
ADDRESS
PARCEL # P20616
LEGAL DESCRIPTION:

(1.0000 ac) PTN OF GOVERNMENT LOT 1, SECTION 22, TOWNSHIP 34 NORTH, RANGE 2 EAST, W.M., DAF BAAP 904.17FT N & 812.22FT W OF SW C OF SE1/4 SW1/4 SD PT BEING IN WLY R/W LI OF SNEE OOSH RD 69 TH S 75-16-30 W 432FT M/L TO BEACH TH NW LY ALG BEACH 100FT TH N 75-16-30 E 387FT M/L TO RD TH S 41-56 E 112.44FT TPOB EXC TH PTN OF GOV LT 1 BAT SW COR OF SE1/4 SW1/4 TH N 41-56-00 W ALG A DIAGONAL WH RUNS FR TH SE COR OF GOV LT 1 OF SD SEC 22 TO TH NW COR OF SD GOV LT 1 WH COURSE IS ALSO CTR LI OF TH CO RD 896.75FT TH S 75-16-30 W 33.73FT TH N 41-56-00 W ALG TH WLY LI OF CO RD 337.32FT TH S 75-16-30 W 310 FT WH IS TH TPOB TH S 14-43-30 E 2FT TH S 75-16-30 W 50FT TH N 14-43-30 W 2FT TH N 75-16-30 E 50FT TO TPOB

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.

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 [Signature] Date 7/29/21

Signed or attested before me on 07/29/21 by (Signature of Notary)
Teri L Scott Date 07/29/21 My appointment expires 10/21/23

