

After Recording Return To:

202312060019  
12/06/2023 10:58 AM Pages: 1 of 2 Fees: \$204.50  
Skagit County Auditor



### Skagit County Public Health

Keith Higman, Director  
Howard Leibrand, M.D., Health Officer

#### 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 Property Owner) Christopher Jablonski

GRANTEE: Skagit County

ADDRESS: 5006 St. Rt. 20, Anacortes, WA, 998221

PARCEL: 19638

LEGAL DESCRIPTION: LOT 1, SHORT PLAT NO. 93-049, APPROVED MAY 12, 1997, RECORDED MAY 16, 1997, IN VOLUME 12 OF SHORT PLATS, PAGE(S) 199 AND 200, UNDER AUDITOR'S FILE NO. 9705160066, AND BEING A PORTION OF GOVERNMENT LOTS 3, 4 AND 5, IN SECTION 24, TOWNSHIP 34 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.
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.

DATED this 15<sup>th</sup> day of November, 2023.

CE [Signature]  
Property Owner

State of Washington )

) ss.

County of Skagit )

Signed or attested before me on \_\_\_\_\_ by \_\_\_\_\_ (grantor).

Printed Name: \_\_\_\_\_

Notary Public in and for the State of Washington

My commission expires: \_\_\_\_\_

SEE ATTACHED CERTIFICATE

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California )
County of Contra Costa )
On November 15, 2023 before me, Leandro E, Daroza, Notary Public
Date Here Insert Name and Title of the Officer
Personally appeared Christopher Edward Jablonski
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature [Handwritten Signature]
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document NOTICE OF OWN-SHARE SURRENDER Document Date 11/15/2023

Number of Pages 1ps + CERT. Signer(s) Other Than Named Above NONE

Capacity(ies) Claimed by Signer(s)

Signer's Name [Crossed out]
Signer's Name [Crossed out]
Corporate Officer—Title(s) [Crossed out]
Partner [Crossed out] Limited [Crossed out] General [Crossed out]
Individual [Crossed out] Attorney in Fact [Crossed out]
Trustee [Crossed out] Guardian or Conservator [Crossed out]
Other [Crossed out]
Signer Is Representing [Crossed out]