

After Recording Return To:

202503100037  
03/10/2025 11:08 AM Pages: 1 of 2 Fees: \$304.50  
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) Stanley Pura  
GRANTEE: Skagit County  
ADDRESS: 14142 LaConner Whitney RD.  
PARCEL: P22118  
LEGAL DESCRIPTION: NE 18 34 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 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 6<sup>th</sup> day of March, 2025

  
Property Owner

State of Washington )  
                                  )ss.  
County of Skagit        )

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

See attached

Printed Name: \_\_\_\_\_  
Notary Public in and for the State of Washington  
My commission expires: \_\_\_\_\_

## CALIFORNIA 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 San BenitoOn March 6, 2025 before me, Traci Hilton, Notary Public

Date

Here Insert Name and Title of the Officer

personally appeared Stanley Pura

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

Traci Hilton

Signature of Notary Public

Place Notary Seal and/or Stamp Above

## 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 On-Site Sewage System Maintenance Agreement Requirement

Document Date: March 6, 2025

Number of Pages: 1

Signer(s) Other Than Named Above: \_\_\_\_\_

## Capacity(ies) Claimed by Signer(s)

Signer's Name: \_\_\_\_\_

☐ Corporate Officer – Title(s): \_\_\_\_\_

☐ Partner – ☐ Limited ☐ General

☐ Individual

☐ Attorney in Fact

☐ Trustee

☐ Guardian or Conservator

☐ Other: \_\_\_\_\_

Signer is Representing: \_\_\_\_\_

Signer's Name: \_\_\_\_\_

☐ Corporate Officer – Title(s): \_\_\_\_\_

☐ Partner – ☐ Limited ☐ General

☐ Individual

☐ Attorney in Fact

☐ Trustee

☐ Guardian or Conservator

☐ Other: \_\_\_\_\_

Signer is Representing: \_\_\_\_\_