After Recording Return To:

202503120033

03/12/2025 12:14 PM 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

(DESIG	
GRANTOR: (Name of Property Owner) Matthe	Whalank Breland
GRANTEE: Skagit County	
ADDRESS: 7200 Step/head/N	Rurlington WA 98202
PARCEL:	
LOTS Samish River park Wigt	200 Cap land W
1045 /7003e-10	1. 0000 2 Oloval
Ruchert	an 11/A 98223 PL8681
Samish River park of ""	
THE FOLLOWING INFORMATION HAS BEEN DISCL COUNTY CODE 12.05.120 AND WASHINGTON ADMI	OSED TO THE HOMEOWNER AS PER SKAGIT
1. Maintenance & Monitoring Required: The propose	ed sentic system for this lot will require annual
inspections or more frequently as deemed necess	
2. Maintenance Specialist Required: The person performance	orming this carries must be certified by the Skarit
County Public Health Department.	offining this service must be certified by the skagt
I have read and fully understand the conditions contained w	vithin this notification.
DATED this // day of Morth	29
DATED this 17 day of 1770 CON	-2005
	Mhtha / hthadad
	11 (M/4 BW (M 8 BU)NO
	Property Owner
State of Washington)	
)ss.	
County of Skagit)	
Signed or attested before me on by	(grantor).
seeattached	
maga 1 No. 1 or	Brigated Names
mga i Sili Li Y	Printed Name:
	Notary Public in and for the State of Washington
	My commission expires:

ACKNOWLEDGMENT

	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 Francisco)
	On 3/11/25 before me, Roy Almanza (insert name and title of the officer)
	personally appeared Watthew W Breland, 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. ROY ALMANZA COMM. #2599592 NOTARY PUBLIC @CALIFORNIA SAN FRANCISCO COUNTY Commission Expires: JANUARY 14, 2029
	Signature 19 (Seal)
_	