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04/11/2025 03:29 PM Pages: 1 of 1 Fees: \$303.50
Skagit County Auditor

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)

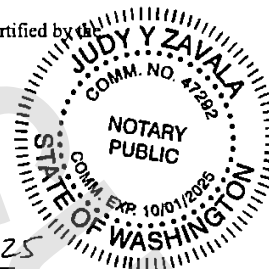
GRANTOR: (NAME OF OWNER) TRAVIS HARDESTY
GRANTEE: SKAGIT COUNTY
ADDRESS 15897 KAMB RD MOUNT VERNON WA 98273
PARCEL # 022511
LEGAL DESCRIPTION:

P+NSE SE 23/34/03

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.
For witnessing or attesting a signature: State of Washington, County of Skagit



Owner signature [Signature] Date 4/11/25

Signed or attested before me on 4/11/25 by (Signature of Notary)

[Signature] Date 4/11/25 My appointment expires 10-1-2025