202509050001
09/05/2025 08:31 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) BERGEN, KATHRYN MELISSA
GRANTEE: Skagit County
ADDRESS: 13371 EAGLE STREET, ANACORTES
PARCEL: 69362
LEGAL DESCRIPTION:
LOT 5, 6 & PTN. 4, BLOCK 2, SOUND VIEW ADDITION NO. 2 TO SMILK BEACH; SEC. 8, TWN. 34, RG. 02.

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 27th day of August, 2025.

Property Owner

State of Washington)
)ss.
County of Skagit)

Signed or attested before me on _____ by _____(grantor).

Seal/Stamp

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

See attachment for notary

CALIFORNIA ACKNOWLEDGMENT CERTIFICATE

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: **Santa Cruz**

On August 27th, **2025** before me, **Ashish D. Joshi,** Notary Public, personally appeared, Kathryn Melissa Bergen 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 she/ he/ they executed the same in her/ his/ their authorized capacity(ies), and that by her/ his/ 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: **Ashish D. Joshi**

ASHISH D. JOSHI
COMM. # 2417121
NOTARY PUBLIC-CALIFORNIA
ALAMEDA COUNTY
MY COMM. EXP. SEP. 20, 2026

Seal

Title of Document: Operation · Maintenance & Monitoring Requirements for Proprietary onsite Sewage Systems.

Total Number of Pages including Attachment: 2 (two)

Notary Commission Expiration Date: September 20th, 2026

Notary Commission Number: 2417121