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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, KATHARIN MELISSA

GRANTEE: Skagit County

ADDRESS: 13371 EAGLE STREET, ANACORTES

PARCEL: 69362

LEGAL DESCRIPTION:

LOT 5, 4th PTN. 4, BLOCK 2, SOLID VIEW ADDITION No. 2
TO SINK BEACH, SEC. 8, T4N. 34, R6. 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.

Katharin Bergen
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.

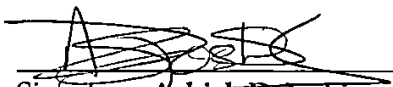
State Of: California

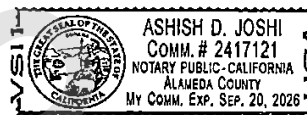
County Of: Santa Cruz

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



Seal

Title of Document: Operation - Maintenance & Monitoring Requirement System
Total Number of Pages including Attachment: 2 (two)
Notary Commission Expiration Date: September 20th, 2026
Notary Commission Number: 2417121