



202509250021

09/25/2025 10:33 AM Pages: 1 of 2 Fees: \$304.50
Skagit County Auditor

After Recording Return To:



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) Roseman Family Trust Lisa L. Roseman Trustee
GRANTEE: Skagit County
ADDRESS: 13325 Satterlee Rd. Anacortes WA 98221
PARCEL: Property ID 69253

LEGAL DESCRIPTION:
Lot 6 & 7, Block 5, Similk Beach,
Recorded in Volume 14 of Plats, page 51, Records of 5

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 9th day of September, 2025.

Lisa L. Roseman
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 ATTACHED:

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 ORANGE

On 09/09/25 before me, FIONA WYNDER, NOTARY
Date Here Insert Name and Title of the Officer

personally appeared LISA ROSEMAN
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.



Place Notary Seal and/or Stamp Above

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 [Handwritten Signature]
Signature of Notary Public

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: OPERATION - MAINTENANCE + MONITORING REQUIREMENT

Document Date: 09/09/25 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: _____