

After Recording Return To:



Skagit County Public Health

Monica Negrila, 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) _____
GRANTEE: Skagit County _____
ADDRESS: _____
PARCEL: _____
LEGAL DESCRIPTION: _____

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 _____ day of _____, 20____.

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: _____