

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) \_\_\_\_\_

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: \_\_\_\_\_