



Skagit County Public Health

Keith Higman, Director
Howard Leibrand, M.D., Health Officer

May 2, 2025

Sent via regular and certified mail 7017 3380 0000 4740 6240

To: Tulip Time LLC
15356 Produce Lane
Mount Vernon, WA 98273

-YOUR ACTION IS REQUIRED-

RE: NOTICE OF FINE ACCUMULATION

Parcel ID: P23643

Site Address: 12637 Pulver Road

Previously you were mailed letters from our department on 09/10/2024 and 02/26/2025 regarding the failure of your septic system. As stated in those first two letters, you are in violation of Washington Administrative Code (WAC) 246-272A On-Site Sewage Systems and Skagit County Code (SCC) 12.05 On-Site Sewage Code – Rules and Regulations.

Per the Skagit County Public Health Department Schedule of Charges, a fine of \$250 per day may be assessed for failure to resolve the violation. As stated in the second letter, the violations needed to be corrected by March 28, 2025 or civil penalties would be assessed. **As of May 2, 2025, a 30-day civil penalty of \$7,500.00 has been assessed. The enclosed invoice for \$7,500.00 is due and payable upon receipt.**

The fines will continue until the violation is resolved. Fines may be reduced or removed if the violation is resolved and after inspection. Failure to comply and resolve this failure may result in a referral to the Prosecuting Attorneys' Office for further enforcement action. An appeal form is enclosed should you dispute these fines.

If you have questions, please contact Charese Gainor at 360-416-1563 or email cgainor@co.skagit.wa.us. I look forward to your cooperation in getting this matter resolved.

Sincerely,

Charese Gainor
Drinking Water & On-Site Septic Lead

Enclosure (1)

SKAGIT COUNTY PUBLIC HEALTH DEPT

ENVIRONMENTAL PUBLIC HEALTH DIVISION

700 S. 2nd Street, Room 301

Mount Vernon, WA 98273

Telephone: (360) 416-1500

Invoice

05/02/2025

56006

TO: TULIP TIME LLC - LW15356 PRODUCE LANE
MOUNT VERNON, WA 98273**PHYSICAL ADDRESS:**12637 PULVER ROAD - MH 1
BURLINGTON, WA 98233**Type of Permit(s)**

Failing On-Site Sewage System

Fee(s):

\$7,500.00

Due Date: 6/1/25**Amount Due:** \$7,500.00*Please remit within 30 days of the due date to avoid a delinquency penalty.***Invoice Establishment**

56006 TULIP TIME LLC - LW

Amount Due

\$7,500.00

PLEASE RETURN THIS PORTION OF THIS INVOICE WITH YOUR REMITTANCE AND THE COMPLETED APPLICATION**Outstanding balance:** \$7,500.00



Skagit County Public Health

Keith Higman, Director
Howard Leibrand, M.D., Health Officer

Email: EH@co.skagit.wa.us Web: www.skagitcounty.net/EH

APPEAL NOTICE, FINE, OR ORDER FOR VIOLATION OF SKAGIT COUNTY CODE 12.05 ON-SITE SEWAGE

Appellant Name: _____ Phone: _____

Mailing Address: _____

Appellant Representative Name: _____ Phone: _____

Mailing Address: _____

Property referenced in enforcement action (Parcel Number and Address):

Violation referenced in enforcement action:

Date enforcement action issued by Skagit County Public Health: _____

Reason(s) for request for hearing – please name specific points of appeal:

(attach additional sheets as necessary)

Signature of Appellant: _____ Date: _____

Please submit original signed form to Skagit County Public Health within 10 business days of receipt of enforcement action

SKAGIT COUNTY PUBLIC HEALTH
301 Valley Mall Way Suite 110 Mount Vernon, WA 98273 Phone 360--416--1500 Fax 360--416--1501

**Skagit County Public Health
Environmental Public Health Division**

301 Valley Mall Way, Suite 110
Mount Vernon, WA 98273
360-416-1500

CERTIFIED MAIL®



7017 3380 0000 4740 6240

Tulip Time LLC
15356 Produce Lane
Mount Vernon, WA 98273

**Skagit County Public Health
Environmental Public Health Division**

301 Valley Mall Way, Suite 110
Mount Vernon, WA 98273
360-416-1500

Tulip Time LLC
15356 Produce Lane
Mount Vernon, WA 98273

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Tulip Time LLC
15356 Produce Lane
Mount Vernon, WA 98273



9590 9402 3725 7335 3811 64

2. Article Number (Transfer from service label)

7017 3380 0000 4740 6240

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery

Registered Mail

Registered Mail Restricted Delivery
(\$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☒ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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A. Signature

X

B. Received by (Printed Name)

LARRY C. Jensen

C. Date of Delivery

JUN 10 2025

☒ Agent☐ AddresseeD. Is delivery address different from item 1?
If YES, enter delivery address below:☐ Yes
☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery

☐ Priority Mail Express®☐ Registered Mail™☒ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery☐ Registered Mail Restricted Delivery (\$500)

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt