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and the state of t	
	ICATION DI ANI:
	IGATION PLAN M WELLHEAD PROTECTION AREA
TODE! WATEROIGIE	W WELLIEAD FROTECTION AREA
Property Owner/Grantor: Foster Cochrai	
Property Owner/Grantor: 1 05167 COCTIVEO	<u></u>
Grantee: PUBLIC	
Property ID #: P 43287 Assessor's Tax Acc	count #: 3869-009-009-6006
Site Address: 41921 South Shore Dr	Legal Desc.: Sec. 12 Twp. 35Rng. 7
Plat Name: Cape Horn Div 2	
This property is located in the wellhead protection a	area for the Capt Horn public water system.
Special precautions must be taken to protect the sou	rce of this public water system. These precautions are
associated with Permit #: 8001-0040 and inclu	de:
1. Store all chemicals (solvents, fuels, oils, pe	esticides etc.) with secondary containment or in a building with a
concrete floor. It is assumed that these are	normal household quantities only.
2. All application and disposal of all chemica available County disposal practice. See St.	Is will be according to the manufacturer's label directions or best cagit County Health Department for more information.
3. No industrial, commercial or agricultural a	ctivities that utilize chemicals that could injure the aquifer will
be conducted on this property.	
4. On-site sewage system disposal installation	n, alteration, or repair shall be in accordance with Skagit County ules and Regulations governing on-site sewage disposal systems.
Code 12.05 of applicable bragh County Ki	nes and Regulations governing on-site sewage disposal systems.
This wellhead protection area map may be upgrade	ed to a more accurate wellhead protection map by a professional
nydrogeologist. If a new well head protection plan this property will not be located in the future wellbe	is created, the new map will take precedence. It is possible that ad protection area of this water system. This public water system
may cease operation as a public water system. Th	is mitigation plan will become null and void if the public water
system ceases to be a public water system.	
$P = A M \cdot A \cdot A$	The state of the s
Owner Musiame M	Chban Date 1-22-01
On this day personally appeared before me	Knows to be the individual described herein and acknowledged to me
that signed the same as free and voluntary act and d	eed for the uses and purposes there mentioned.

____, Notary Public in and for the State of Washington, residing at SKABIT \\Admnwmv1\usr\HOME\Planning\Shared\Forms\CRITICAL AREAS\Mitigation Plan for Public Water System Wellhead doc Last printed 05/12/98 9 00 AM