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Skagit County Auditor

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"Always working for  
a safer and healthier  
Skagit County"

PETER BROWNING, DIRECTOR  
HOWARD LEIBRAND, M.D., HEALTH OFFICER  
CORINNE STORY, ENVIRONMENTAL HEALTH SUPERVISOR  
PHONE: (360) 336-9380 FAX: (360) 336-9401

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 OWNER) STANTON PETERSON  
GRANTEE: SKAGIT COUNTY  
ADDRESS 6551 ERSKINE RD, BOW, WA 98232  
PARCEL # P33584  
LEGAL DESCRIPTION:

NW 1/4 SW 1/4 ALSO EXC RD & ALSO EXC S 526.36 FT THOF

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 septic system to be installed on this lot will require annual or more frequent as required scheduled maintenance and monitoring.
2. Contract Required: A contract for perpetual maintenance and monitoring must be obtained before the onsite sewage disposal system is put into use.
3. Maintenance Specialist Required: The person performing this service must be certified by the Skagit County Health Department.

I have read and fully understand the conditions contained within this notification.  
For witnessing or attesting a signature: State of Washington, County of Skagit

(Owner signature) Stanton Peterson date July 2, 08

Signed or attested before me on 7/2/08 by (Signature of Notary)

Doreen K. Nystrom date 7/2/08 My appointment expires 3/10/10

