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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) Dwayne and Joyce Ching
GRANTEE: SKAGIT COUNTY
ADDRESS 10390 Wallen Road Bow, WA. 98232
PARCEL # P68811
LEGAL DESCRIPTION:
SAMISH SHORES PLAT LOT 21

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 sentic 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
Joyce China 10.15.2008
(Owner signature) Dwayne hing date 10-15-08
Signed or attested before me on 10/15/08 by (Signature of Notary)
See below date My appointment expires * 1074
State of Hawaii
City and County of Honolulu Subscribed and sworn to (or affirmed) before me
this 15th day of October 2006 by Name: JENNIFER R.S. REIS
Duce CMM of and County H Pages: First Circuit Court
Doc. Description: Notice of on-81te swall system maintenance
Notary Public, State of Hawaii SEP 2 1 2011 Ogreement vegure ment Sympholist My commission expires: