

Skagit County Auditor

7/24/2009 Page

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3:36PM



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 OWNE | (R) Drapa | - Vallar | F |
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| GRANTEE: SKAGIT COUNTY | | | |
| ADDRESS 25 304 | minkler | Road | |
| PARCEL# P4003 | 3 | | |
| LEGAL DESCRIPTION: | | e de la companya de l | |
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(sw09-0210)

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) Juff date 7.24.09 Signed or attested before me on 1/24/09 by (Signature of Notary)

Warthon 7/24/0 My appointment expires June 22, 2013

Notary Public
State of Washington
DORRY L WARTCHOW
My Appointment Expires Jun 22, 2013