



201104050050
Skagit County Auditor

4/5/2011 Page 1 of 1 9:52AM



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) Michael Olsen
GRANTEE: SKAGIT COUNTY
ADDRESS 25611 Lake Cavanaugh Rd Mount Vernon, WA 98274
PARCEL # 18100
LEGAL DESCRIPTION:

CF-75 THAT PORTION OF THE NE1/4 LYING NORTHEASTERLY OF THE LAKE CAVANAUGH ROAD, DESCRIBED AS FOLLOWS: BEGINNING AT THE NE CORNER OF SAID SECTION 17; THENCE SOUTH 0-37-29 WEST, ALONG THE EAST LINE THEREOF, 393.94 FEET; THENCE NORTH 89-16-28 WEST, 1073.96 FEET; THENCE SOUTH 61-54-01 WEST, 815.26 FEET TO THE NORTHEASTERLY RIGHT OF WAY LINE OF LAKE CAVANAUGH ROAD; THENCE NORTHERLY ALONG SAID RIGHT OF WAY LINE, 816.65 FEET, MORE OR LESS, TO THE NORTH LINE OF SAID SECTION 17; THENCE SOUTH 89-01-33 EAST, ALONG SAID NORTH LINE 1,941.61 FEET TO THE POINT OF BEGINNING. SURVEY AF#201008300106

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

STATE OF WASHINGTON
COUNTY OF SKAGIT

(Owner signature) Michael R Olsen date 4-4-2011

Signed or attested before me on 04/04/2011 by (Signature of Notary)

[Signature] date 04/04/2011 My appointment expires MARCH 11TH, 2013

Notary Public
State of Washington
ANN K NGUYEN
My Appointment Expires Mar 11, 2013