



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



OPERATION-MAINTENANCE & MONITORING REQUIREMENT
FOR PROPRIETARY ON-SITE SEWAGE SYSTEMS

This form must be recorded before permit approval
NOTICE OF ON-SITE SEWAGE SYSTEM MAINTENANCE AGREEMENT REQUIREMENT
(DESIGN)

GRANTOR: (NAME OF OWNER) Whellillseries Beach Cottage
ADDRESS 504 E Fairhaven Ave, Burlington, WA 98233
PARCEL # 73636
LEGAL DESCRIPTION Lot 31, Gibraltar Annex

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) [Signature]
Signed or attested before me on June 10, 2011 by (Signature of Notary) Kim Walley
date 6/10/2011
My appointment expires 10-04-2012

