

Skagit County Auditor

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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)	DOUGLAS	SELLIN	
GRANTEE: SKAGIT COUNTY			
ADDRESS 15718 SNEE	E0954 140A	<u>-D</u>	
PARCEL# P20630 / 3402	222 - 0 - 0 <u>2</u> 0	1-0008	
LEGAL DESCRIPTION:	- N. T.		

PTN GV LT 4 SEC 21 & GV LT 1 SEC 22 BAT SW C SE1/4 SW1/4 SEC 22 TH N 41-55 W AL GDIAG LI WH RUNS FR SE C TO NW C LT 1 SE C22 & SD LI IS ALSO C/L CO RD-1683.83FT TH S 75-16-30 W TAP ON WLY LI CO RD & W HPT IS POB TH S 75-16-30 W TO MEAN HI-TD ETH NWLY ALG BCH FR N LI LT 4 SEC 21 TH NELY N 72-41-30 E TAP 90FT S OF NE C LT 4 SEC 21 TH NELY ON SD LI TO INT W LI C RD TH SELY ALG W LI

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) Signed or attested before me on 10-21-11

by (Signature of Notary)

My appointment expires date TO THE PROPERTY OF THE PROPERT

