

SUPPLICITE ALTI

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

GRANTOR: (NAME OF OWNER) Brad Johnson

GRANTEE: SKAGIT COUNTY

ADDRESS 2136 Comm Hill Line

PARCEL # 127654

LEGAL DESCRIPTION: SW12-0036

(DESIGN)

LOTA SP PLOT-0138 NE 20/3/3/04

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

R. TEMOTARY

Owner signature)

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Owner signature: State of Washington, County of Skagit

R. TEMOTARY

PUBLIC

Owner signature: State of Washington, County of Skagit

R. TEMOTARY

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date 3/12/12 My appointment expires 1 36-14