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Skagit County Auditor

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POOR ORIGINAL

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) James Frank Ritchie
GRANTEE: SKAGIT COUNTY
ADDRESS 14983 Channel Dr. LeConer, WA 98257
PARCEL # 69432 SW12-0190
LEGAL DESCRIPTION:

Skagit Beach no. 1 Tr. E

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] date 10/2/2012

Signed or attested before me on 10-2-12 by (Signature of Notary)

[Signature] date 10-2-12 My appointment expires 2-27-14

