

Skagit County Auditor

\$72.00 1:41PM

8/12/2013 Page

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) HAGMAN PAUL N. & DEBORAL R.
ADDRESS_ 18626 CASCADE VIEW DR. MT. VERYON 98274
PARCEL # P16290 LEGAL DESCRIPTION: PROPOSED LOT 6 OF SHORT PLAT #99-0007
AF \$199909150089

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.

certified by the Skagit 3. Maintenance Specialist Required: The person performing this service must be County Health Department.

I have read and fully understand the conditions contained within this retir For witnessing or attesting a signature: State of Washington, County of S (Owner signature) Signed or attested before me on 8 by (Signature of Notary) date 8 8 13 My appointment expires