

Skagit County Auditor

\$73.00

9/22/2016 Page

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1 10:50AM



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) PHATE VINCENT	
GRANIOK: (NAME OF OWNER)	
CTR A N I B B C X R A C I I T Y X I X I T Y X X X X X X X X X X X X X X X X X X	
ADDRESS 1477 (0 HOXIE LANGE HALACACTES	
PARCEL# 73/22	
LEGAL DESCRIPTION:	
FIDALGO CITY, BLK 102, 20TS 1/4 & 11-14, ACRES 1.85,	
TUGETHER W/ VACATED MUSYS/MORIENT TO SKID LOTS, ALSO	>
TOGETHER UP VACATED STREETS HOJAKENT TO SAID LOTS	5
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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 retifical vary Public

For witnessing or attesting a signature: State of Washington, County & State of Washington

Diffication in the property of the property of

(Owner signature)

date 9/19/10

Signed or attested before me on 4-19-16

_ by (Signature of Notary)

date 9-19-110 My appointment expires March 4 mile