

Skagit County Auditor 2/22/2018 Page

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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

Skagat County This form must be recorded before permit approval NOTICE OF ON-SITE SEWAGE SYSTEM MAINTENANCE AGREEMENT REQUIREMENT (DESIGN)

GRANTOR: (NAME OF OWNER) GRANTEE: <u>SKAGIT COU</u> NTY	RICHARD PUTNEY		
ADDRESS 15019 000 0 PARCEL# 73235	ECEPTION MULLAN	<u> </u>	_
LEGAL DESCRIPTION:			_
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24 INCLUSIVE, BUK PRICITY OF FIDALGO (VOLZ. PGO 113 É 114); WI PORTIONS OF MANTED ALEY, 2ND ST., 320ST. É

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 Courts (Co. 1977) For witnessing or attesting a signature: State of Washington, County of Skatil date WASI MIG WASHING WILL Signed or attested before me on 2 - 6 - 18by (Signature of Notary) My appointment expires