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02/27/2019 01:09 PM Pages: 1 of 1 Fees: \$99.00 Skagit County Auditor

JENNIFER JOHNSON, DIRECTOR HOWARD LEIBRAND, M.D., HEALTH OFFICER PHONE: (360) 416-1500 FAX: (360) 416-1565



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)	EDEN CHRISTOPHER & PATRICIA
GRANTEE: SKAGIT COUNTY	· · · · · · · · · · · · · · · · · · ·
ADDRESS	7453 HOLIDAY BLUD. ANACORTES
PARCEL # P66015	
LEGAL DESCRIPTION: LUTS 53 \$54, BLOCK 6, HOLIDAY HIDEAWAY NO. 1 AS PER PLAT IN VOLUME 8, PAGE 36-42	
AS PER PLAT IN VOLUI	ME 8, PAGE 36-42
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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:

- Maintenance & Monitoring Required: The proposed septic system for this lot will require annual inspections or more frequently as deemed necessary by Skagit County Public Health Department.
- Maintenance Specialist Required: The person performing this service must be certified by the Skagit County Public 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

KRISTIN M HENRICHS
Notary Public
State of Washington
My Appointment Expires
Mar 29, 2022

Signed or attested before me on 2-24-2019 by (Signature of Notary)

Date 2-24-2019 My appointment expires 03-29-2022

Kristin M. Hénricus