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08/30/2019 12:00 PM Pages: 1 of 3 Fees: \$155.50
Skagit County Auditor

JENNIFER JOHNSON, DIRECTOR
HOWARD LEIBRAND, M.D., HEALTH OFFICER

PHONE: (360) 416-1550 FAX: (360) 336-9416



"Always working for
a safer and healthier
Skagit County"

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)

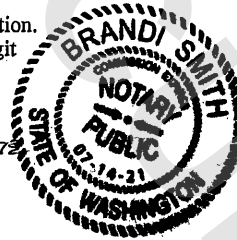
GRANTOR: (NAME OF OWNER) Doug Beplate / Wendy Harper
GRANTEE: SKAGIT COUNTY
ADDRESS 12481 PEARSONS Rd. Bow WA
PARCEL # 34488
LEGAL DESCRIPTION:

LOT 4, SHORT PLAT NO. 32-87
SW 19135103

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] For Doug Beplate date 8-27-19

Signed or attested before me on 8/27/19 by (Signature of Notary)
[Signature] date 8/27/19 My appointment expires 7/14/21



Agent Authorization Form

Planning & Development Services · 1800 Continental Place · Mount Vernon WA 98273
voice 360-416-1320 · inspections 360-416-1330 · www.skagitcounty.net/planning

Permit #

Project Site

Property Address: 12481 Persons Road
City, State, Zip: Bow, WA 98232

Authorization Statement

I/we, as the owners of the property identified above, authorize Charles Tiffany to act as agent to submit applications, receive correspondence regarding the application, and sign title notices on my behalf.

I/we grant permission to field staff to enter the site to verify the presence or absence of critical areas and perform inspections of work proposed by this application.

Property Owner Signature(s)

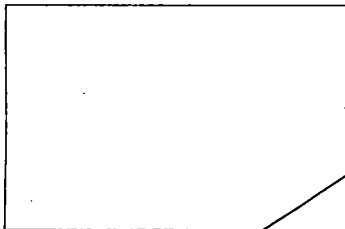
Signature: [Signature]
Printed Name: Douglas Biplate
Title: owner
Company: _____
Date: 8/15/2019

Signature: [Signature]
Printed Name: Wendy Harper
Title: owner
Company: _____
Date: 8/15/2019

Notarization

I certify that I know or have satisfactory evidence that _____ is/are the person(s) who appeared before me, and said person(s) acknowledged that he/she signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: _____



(Notary seal or stamp above)

Signature of Notary Public _____
Printed Name of Notary Public _____
My appointment expires _____

see attached Notary page →



All-purpose Acknowledgment California only

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

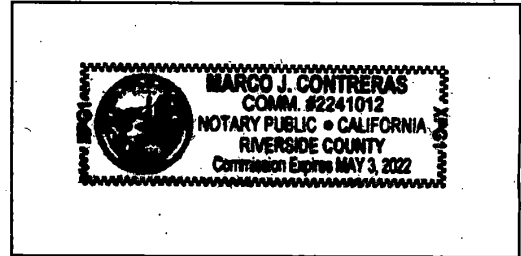
State of California

County of Riverside

On 8/15/19 before me, Marco J Contreras, Notary Public (here insert name and title of the officer),

personally appeared Douglas Beplate and Wendy Harper

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



Notary Seal

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature [Handwritten Signature]

For Bank Purposes Only

Description of Attached Document

Type or Title of Document Agent Authorization Form

Document Date 8/15/2019

Number of Pages 1

Signer(s) Other Than Named Above _____



FO01-000DSG5350CA-01