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

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



OPERATION-MAINTENANCE & MONITORING REQUIREMENT FOR PROPRIETARY ONSITE SEWAGE SYSTEMS

Sw19-6327

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

grantor: (name of owner) CHASE &	COLE MANAGEMENT LLC	
GRANTEE: SKAGIT COUNTY	72 20032	
ADDRESS 14969 W. BOW HILL BY	D DW W# 48252	
PARCEL #_P48583 LEGAL DESCRIPTION:		
LEGAL DESCRIPTION:		

(0.4700 ac) TAX 20B BAAP 175FT W & 162.25FT S OF NE C GV LT 8 TH W 146.5FT TH S 160.2FT TH NELY TAP S OF TPB TH N 163.5FT TPOB

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

ONOTARY

PUBLIC

ONOTARY

Signed or attested before me on 10/22/19 by (Signature of Notary)

_date <u>10|22| | P__</u> My appointment expires <u>08:18:202</u>/