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07/20/2021 11:05 AM Pages: 1 of 1 Fees: \$103.50 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) Vincent C Stream & Carol Havens
GRANTEE: SKAGIT COLINTY
ADDRESS 15297 Deception Road
PAPCEI # (2 (a < C) C) < 3
LEGAL DESCRIPTION: (0, 4700c) Dewey Boach Add TOLNAS INFR OF \$LT 23
(0, 47cac) (Cwed)

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.
- 2. 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 Vincont C. Trean Date 7/202/
Signed or attested before me on 100/21 by (Signature of Notary)

Date 7/20/21 My appointment expires 50/1, 2023