

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) McCool, Bryna & Kruger, Jeremy
GRANTEE: SKAGIT COUNTY
ADDRESS 4457 South Shore Drive, Anacortes
PARCEL #
EGAL DESCRIPTION:
(0.3000 ac) LOT 41, PLAT OF CRATER LAKE BEACH CLUB, DIVISION NO. 1, ACCORDING TO THE PLAT
RECORDED IN VOLUME 8 OF PLATS, PAGES 51 AND 52, RECORDS OF SKAGIT COUNTY, WASHINGTON.
(0.4100 ac) LOT 40, PLAT OF CRATER LAKE BEACH CLUB, DIVISION NO. 1, ACCORDING TO THE PLAT
RECORDED IN VOLUME 8 OF PLATS, PAGES 51 AND 52, RECORDS OF SKAGIT COUNTY, WASHINGTON.
(0.3300 ac) LOT 39, PLAT OF CRATER LAKE BEACH CLUB, DIVISION NO. 1, ACCORDING TO THE PLAT
RECORDED IN VOLUME 8 OF PLATS, PAGES 51 AND 52, RECORDS OF SKAGIT COUNTY, WASHINGTON.

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

Date 1/7/2022

Signed or attested before me on 1/4/12 by (Signature of Notary)

Date 1/7/2022

My appointment expires 11/14-2-3

