

4901 Wailapa Road
Kilauea, HI 96754



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07/13/2026 10:05 AM Pages: 1 of 2 Fees: \$304.50
Skagit County Auditor

Document Title:

NOTICE OF ON-SITE SEWAGE SYSTEM MAINTENANCE AGREEMENT REQUIREMENT

Reference Number :

Grantor(s):

☐ additional grantor names on page ____.

1. Jennifer Garland

2.

Grantee(s):

☐ additional grantee names on page ____.

1. Skagit County

2.

Abbreviated legal description:

☐ full legal on page(s) ____.

LOT 14 AND THE NORTHEASTERLY 20 FEET OF LOT 15,
DEWEY BEACH ADDITION NO. 2, AS PER PLAT RECORDED
IN VOLUME 6 OF PLATS, PAGE 13, RECORDS OF
SKAGIT COUNTY, WASHINGTON.

Assessor Parcel / Tax ID Number:

☐ additional tax parcel number(s) on page ____.

P65013



Keith Higman, Director
Howard Leibrand, M.D., Health Officer

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 Property Owner) JENNIFER R GARLAND
GRANTEE: Skagit County
ADDRESS: 15260 DECEPTION ROAD, ANACORTES, WA 98221
PARCEL: **P65013**

LEGAL DESCRIPTION: LOT 14 AND THE NORTHEASTERLY 20 FEET OF LOT 15, DEWEY BEACH ADDITION NO. 2, AS PER PLAT RECORDED IN VOLUME 6 OF PLATS, PAGE 13, 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:

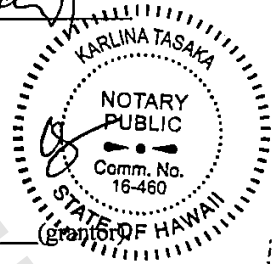
1. Maintenance & Monitoring Required: The proposed septic system for this lot will require annual inspections or more frequently as deemed necessary by Skagit County Public Health Department.
2. Maintenance Specialist Required: The person performing this service must be certified by the Skagit County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

I have read and fully understand the conditions contained within this notification.

DATED this 6 day of July, 2026.

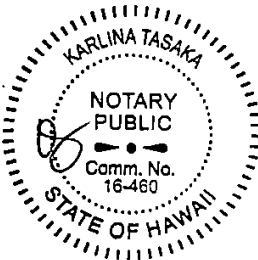
Jennifer R Garland
Property Owner

(X) Hawaii
State of Washington)
(X) Kauai) ss.
County of Skagit)



Signed or attested before me on July 6 2026 by Jennifer Garland (grantor)

Date: 7/06/26 # Pages: 1 Circuit
Name: KARLINA TASAKA
Doc. Description: Septic Seal/Stamp
Agree
Kushnotasaka
Notary Signature
NOTARY CERTIFICATION



Kushnotasaka
Printed Name: Karlina Tasaka
Notary Public in and for the State of Hawaii
My commission expires: 04-24-2028