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Skagit County Auditor

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

PHONE: (360) 416-1555 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

Bobrowicz, Joseph (DESIGN)

GRANTOR: (NAME OF OWNER) Bobrowicz, Joseph

GRANTEE: SKAGIT COUNTY

ADDRESS 7450 HIDEAWAY LANE, ANACORTES

PARCEL # 05768 & 05769

LEGAL DESCRIPTION:

LOTS 38 & 39, HOLIDAY HIDEAWAY No. 1, BLOCK 2, 1st
SEC. 8, TWIN. 35, RA. 2.

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) _____

date 8/1/22

Signed or attested before me on 08-01-22 by (Signature of Notary)

[Signature] date 08-01-22 My appointment expires 5-30-26

