

Skagit County Auditor  
5/19/2017 Page

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11:46AM



Skagit County  
Washington  
Working for  
a better future

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)

BOBKO FAMILY TRUST

GRANTOR: (NAME OF OWNER) JOHN R. & DIANE M. BOBKO TRUSTEES

GRANTEE: SKAGIT COUNTY

ADDRESS 8539 TURNERS BAY PLACE ANACORTES

PARCEL # 114783

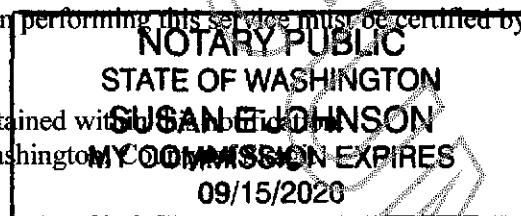
LEGAL DESCRIPTION:

LOT 10 PLAT OF ESTATES AT SUMMIT PARK DIVISION III

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 document.  
For witnessing or attesting a signature: State of Washington



Owner signature John R. Bobko  
Diane M. Bobko Date 5/19/17

Signed or attested before me on 5.19.17 by (Signature of Notary)

Susan E. Johnson Date 5.19.17 My appointment expires 09.15.2020