



# LA PORTE COUNTY HEALTH DEPARTMENT

809 STATE ST. SUITE 401 A, LA PORTE, IN 46350

PHONE: 219-326-6808 FAX: 219-325-8628

## Application for Waiver of Property Transfer Inspections and Tests

La Porte County Ordinance #2016-02 requires the inspection of septic systems and testing of drinking water wells any time a property is sold. The purpose of this requirements is to protect public health and to ensure that the condition of the property is properly disclosed to the buyer prior to closing. These inspections and test reduce the likelihood that a buyer will encounter large and unexpected costs soon after they purchase a property. A new septic system may cost \$5000-\$15000 or more, water well supply \$4000 or more, and a drinking water treatment system \$500.

**This application must be completed by the buyer.**

Address of property being sold: \_\_\_\_\_

Reason for waiver request: Bank owned property: \_\_\_\_\_ HUD owned property: \_\_\_\_\_ Quit Claim: \_\_\_\_\_

Trust Transfer: \_\_\_\_\_ Tax/Sheriff Sale: \_\_\_\_\_ Formation of Revocable Trust: \_\_\_\_\_

### Certification and Agreement

\_\_\_\_\_ I certify that the reason for the waiver request listed above is accurate.

\_\_\_\_\_ I hereby waive my right to receive a septic inspection prior to closing. I agree to indemnify the Health Department from any and all liability or responsibility for any defect in or failure of the septic system. . **I further agree to submit a septic inspection to the Health Department within 45 days after closing** for bank owned, HUD, and tax/sheriff properties.

\_\_\_\_\_ I hereby waive my right to receive drinking water tests prior to closing. I agree to indemnify the Health Department from any and all liability or responsibility for any defect in or failure of the drinking water system or water quality. **I further agree to submit a drinking water test to the Health Department for coliform and nitrate within 45 days after closing** for bank owned, HUD, and tax/sheriff properties.

\_\_\_\_\_/\_\_\_\_\_ Phone: \_\_\_\_\_

Printed Name of Buyer(s)

\_\_\_\_\_/\_\_\_\_\_ Date: \_\_\_\_\_

Signature of Buyer(s)

Application: Approved: _____ Denied: _____ Comments: _____
Administrator: _____ Date: _____

This variance is not valid unless approved by the Health Department. This variance must be submitted to the Health Department with the Property Transfer Application.