



CARROLL COUNTY
GENERAL HEALTH DISTRICT
Healthy People — Safe Communities

FEES:

Septic Inspection with a Coliform Bacteria Water Test: \$400.00

Septic Inspection: \$350.00

Waivers must be paid for when submitted for approval

**WAIVER OF POINT OF SALE EVALUATION
AND HOLD HARMLESS AGREEMENT**

Property Address: _____

Township: _____ Parcel # _____

Due to the following conditions, a waiver of the sewage treatment system (STS) evaluation/inspection is requested for the above-mentioned property, (check whichever applies to this request). **This form must be signed by the Buyer and Seller and submitted to the Carroll County General Health District (CCGHD) with payment, prior to the closing of the real estate transaction.**

Exempted transfer, where no evaluation of the STS is required to sell the property, in accordance with Carroll County Sewage Treatment System Regulations (i.e. Court-ordered transfer or estate transfer to a family member).

Home has been vacant/unoccupied for more than 30 days. *Note:* (Due to the non-use of the STS, it is difficult to adequately evaluate the condition of the STS prior to the property transfer). **Last date occupied:** _____

Connection will be made to an available sanitary sewer within thirty (30) days of transfer.

Other (state reason): _____

****If checked, must have prior approval from the Health Department****

If the home has been vacant/unoccupied (second box above), then the Buyer or Seller agrees to submit the waiver application and fee for a STS evaluation to the Carroll County Health Department immediately. ****Furthermore, it is the Buyer's responsibility to contact the CCGHD to schedule the evaluation within 120 days of occupancy. Any deficiencies in the sewage treatment system, plumbing, or water well must be corrected in accordance with all applicable regulations, and is the responsibility of the new owner.**

Hold Harmless: In consideration for this waiver the Buyer acknowledges that the current conditions are not ideal to perform the STS inspection, and agrees to proceed with the transfer of the deed without a pre-transfer STS inspection. The Buyer agrees to hold harmless and indemnify the CCGHD and the Board of Health for any liability or problems that may arise with the STS and/or private water system.

The following information is required

Please Print the name, address, and phone number of the **Buyer(s)**:

Please Print the name, address, and phone number of the **Seller(s)**:

I (We) hereby agree to all the terms of this Agreement as evidenced by my (our) signature(s):

Buyer(s): _____ **Date:** _____

Seller(s): _____ **Date:** _____

****For Health Department Use****

On Behalf of the Carroll County Health Department, waiver approved by:

_____ ***Date:*** _____