

Whitley County Health Department 220 W. VanBuren Street, Ste. 111 Columbia City, IN 46725 Phone (260) 248-3121 - Fax (260) 248-3129

PREVENT, PROMOTE. PROTECT.

On-Site Septic System Disclosure Form

NAME OF SELLER PULLE 9	TELEPHONE 260 - 740 - 7985
MAILING ADDRESS 6466 \$ 100	SCITYCE STATE ZIP 46705
Information on person authorized by seller is required only if seller authorizes someone to provide and sign form	
PERSON AUTHORIZED BY SELLER KERRY PULL Y TELEPHONE	
PRESENT ADDRESS Some	CITY STATE ZIP
The following real property is being offered for sale:	
ADDRESS OF SITE: 6466 10	005 CITY 6), CHY STATE IN ZIP 46725
LOT NUMBER SUBDIVISION N	AME SECTION TOWNSHIP NAME
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This disclosure form is being provided by the Seller to a prospective Buyer because the property being offered for sale or transfer, is served by an On-Site Sewage System and is not connected to a public sewer. The Whitley County Department of Health recommends that the Buyer retain an On-Site Septic Inspection to evaluate any On-Site Sewage System prior to closing the sale transaction. The purpose of the recommended evaluation is to assess the functionality of the system and to determine if repairs to the system are required. If repairs are required to ensure proper/legal functionality, the outcome of the evaluation will allow the Buyer and the Seller to work together on this issue prior to the actual sale. A Seller (or someone authorized by seller) must provide this Seller's Disclosure form to a prospective Buyer before an offer for the sale of real estate is accepted and shall make the property available for inspection/evaluation of the On-Site Sewage System prior to closing the sale transaction if Buyer requests sald inspection/evaluation.	
INF	DRMATION ABOUT CURRENT SEPTIC SYSTEM
1. Is there a septic permit on file at the Health Dept. for this address: yesno	
2. Has the septic system been located and marked; yesno	
3. Has there been any updates/repairs recently: yesno	
4. Has the septic tank been serviced or pumped: yesno	
(can you provide a receipt)? vesno	
THE SIGNATURES BELOW INDI	CATE THE PROVISION AND RECEIPT OF THIS DOCUMENT ONLY
Signature of Seller or Person A	Authorized by Seller Supplied Date 8-31-24
Signature of Prospective Buye	r Date
WITHIN 20 DAYS OF THE TRANSCER OF THE REODERTY, A CODY OF THIS COMPLETED FORM AND THE TOTAL	

WITHIN 30 DAYS OF THE TRANSFER OF THE PROPERTY, A COPY OF THIS COMPLETED FORM MUST BE EMAILED TO swagner@whitleygov.com.US, MAILED OR HAND-DELIVERED TO THE ADDRESS NOTED ABOVE OR FAXED TO (260) 248-3129 BY THE SELLER OR PERSON AUTHORIZED BY THE SELLER.