



St. Joseph County Health Department

"Promoting physical and mental health and facilitating the prevention of disease, injury, and disability for all St. Joseph County residents"

APPLICATION FOR A WAIVER OF PROPERTY TRANSFER INSPECTIONS AND TESTS

Background:

Under County Code 24.22 St. Joseph County requires that certain inspections and tests be performed any time a property is sold. The primary purpose of these requirements is to protect public health and to ensure that the condition of the property is properly disclosed to the buyer prior to closing since a buyer can not personally inspect these items. These inspections and tests reduce the likelihood that a buyer will encounter large and unexpected costs soon after they purchase a property. It may cost \$4,000 to \$12,000 or more to replace a septic system, \$3,500 to replace a water supply well, and \$500 to install a drinking water treatment system.

The Health Department does NOT recommend that a buyer waive their rights to receive these inspections and tests. However, the Health Department recognizes that there may be certain circumstances where it may be appropriate for the Health Department to waive the inspections and tests at the request of the buyer.

THIS APPLICATION MUST BE COMPLETED BY THE BUYER

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

Reason for the waiver request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Waiver(s)

I hereby waive my right to receive a septic inspection prior to closing. Check one: \_\_\_ yes \_\_\_ no. By checking yes I agree to indemnify the Health Department from any and all liability or responsibility for any defect in or failure of the septic system. If this waiver is approved you do not need to obtain a septic inspection since you will become fully responsible for the septic system upon the purchase of the property.

I hereby waive my right to receive drinking water tests prior to closing. Check one: \_\_\_ yes \_\_\_ no. By checking yes 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, consistent with the requirements of the Board of Health, within 45 days after closing and to install any water treatment device required by the Health Department to meet Federal Primary Drinking Water Standards. I understand that if I fail to meet these requirements, I will be subject to the enforcement provisions of County Code 24.22 which include significant financial penalties.

\_\_\_\_\_  
Printed Name of Buyer (s) Phone No. \_\_\_\_\_

\_\_\_\_\_  
Signature of Buyer(s) Date

TO BE COMPLETED BY THE HEALTH DEPARTMENT

I hereby \_\_\_\_\_ this variance application subject to the following additional requirements.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Environmental Health Manager Date