

Sewage Responsibility Form

AGREEMENT TO REPLACE, UPGRADE, OR ABANDON A SUBSURFACE SEWAGE TREATMENT SYSTEM (SSTS)

Landowner and parcel information:

Name(s):		
Mailing Address:		
City:	State:	Zip:
Telephone:	Email:	
Parcel Number:	Township Name:	
Section:	Township:	Range:
Property Address:		
City:	State:	Zip:

The Goodhue County Subsurface Sewage Treatment System (SSTS) Ordinance, Article VIII 1.4, requires that a compliance inspection is required at the time of property transfer. A Certificate of Compliance or Notice of Noncompliance for SSTS shall be provided by the seller to the buyer on or before the date of the sale or transfer of property occurs.

In lieu of a compliance inspection of the SSTS, the seller has indicated that the system does not meet the requirements for compliance indicated in MN Rules Chapters 7080-7083 and the Goodhue County Zoning Ordinance, therefore, declaring the SSTS noncompliant. The subsequent buyer(s) shall agree to bring the SSTS, located at the address listed above, into compliance with Minnesota Rules Chapters 7080-7083 and the Goodhue County SSTS Ordinance or abandon the SSTS **within 10 months of the recorded documentation of property transfer.**

Sufficient security in the form of an escrow agreement shall be created to ensure installation and inspection of a complying SSTS. The amount escrowed shall be equal to: One hundred twenty-five percent (125%) of a written estimate to inspect and install a complying SSTS provided by a licensed and certified installer; or One hundred ten percent (110%) of the written contract price for the inspection and installation of a complying SSTS provided by a licensed and certified Installer.

ESCROW Information*Escrow shall name Goodhue County as the Authorized Release Agents of said funds. The security shall be placed in escrow with a licensed real estate closer, licensed attorney-at-law, or federal or state chartered financial institution

An escrow account will be established in the amount of: \$

Escrow held by: _____ Contact person: _____ Phone: _____

I/we hereby declare that a replacement or abandonment of the subsurface sewage treatment system located at the address noted above is necessary to comply, in accordance with Minnesota Rules Chapters 7080-7083 and the Goodhue County SSTS Ordinance. If the work is not completed as agreed, I/we understand that I/we may face enforcement legal penalties from Goodhue County's County Attorney and/or the Minnesota Pollution Control Agency.

State of _____

}^{SS}

Signature of Property Owner (Seller)

Date

County of _____

Signature of Property Owner (Buyer)

Date

Notarial stamp or seal (or other title or rank)

This document was acknowledged before me on _____

By _____

SIGNATURE OF PERSON TAKING ACKNOWLEDGMENT