

LAC QUI PARLE COUNTY ZONING OFFICE

SSTS WINTER AGREEMENT

For

COMPLIANCE INSPECTION

(For Use November 1st – April 30th)

Parcel ID# _____ - _____ - _____

LANDOWNER/SELLER/BUYER (Circle one) INFORMATION

NAME _____ PHONE _____

MAILING ADDRESS _____

CITY, STATE, ZIPCODE _____

The above named landowner, seller, or buyer hereby agrees to have a Subsurface Sewage Treatment System (SSTS) compliance inspection completed prior to June 1, 201__ for the parcel of property in Lac qui Parle County, Minnesota described as follows:

PROPERTY ADDRESS _____

CITY, STATE, ZIPCODE _____

If this form is used to satisfy requirements for a transfer of property in Lac qui Parle County SSTS Ordinance, the seller is responsible for compliance with these requirements unless the buyer and seller agree to the contrary in writing before the closing of the sale.

Failure to comply with the provisions established in this agreement shall constitute a misdemeanor and shall be subject to enforcement by the Lac qui Parle County Zoning Administrator.

I hereby swear and affirm that all the above information is true and correct to the best of my knowledge.

Landowner / Seller / Buyer
(circle one)

Date