

BEAR HIGH WOLF LAKE REGIONAL SEWER DISTRICT

WOLF LAKE AREA SANITARY SEWER SYSTEM

Sewer Connection Exemption Waiver

I/We, _____ (*name(s) of owner on current deed*), located at

_____ (*property address*) and

whose phone number is _____, do request a waiver/exemption of the

requirement that my property be connected to the Wolf Lake Area Sanitary Sewer System (*hereinafter*

the "Wolf Lake System").

My reason(s) for requesting exemption to connect to the Wolf Lake System is that my current septic system is approximately _____ years old, was permitted by the Noble County Health Department at the time of installation and is in good working condition.

I have provided the Noble County Health Department with a copy of an inspection report as required by the Noble County Health Department, indicating that my system is working properly, and otherwise complies with the statues, rules, regulations, and ordinances of the Indiana State Department of Health, the Noble County Health Department, the Indiana Code, and the Noble County Code.

In addition, it is my belief that an exemption is appropriate, pursuant to the provisions contained in Indiana Code Section 8-1-2-125. I understand that this written request does not bind the Noble County Health Department or the Bear High Wolf Lake RSD of their own determination of whether my current sewage disposal system qualifies for an exemption.

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IN WITNESS THEREOF the OWNER has hereto signed

this _____ day of _____, 20____

“OWNER”

Signature
Print Name: _____

Signature
Print Name: _____

STATE OF INDIANA)
) SS:
COUNTY OF _____)

Before me the undersigned, a Notary Public in and for said County and State personally appeared _____ and _____, property owner(s), and acknowledged the execution of the foregoing Right-of-Entry and Easement to be a free and voluntary act and deed and for purposed stated therein.

Witness my hand and notarial seal this _____ day of _____, 20____

Notary Public

Printed Name

Resident of the County of: _____

My Commissioner Expires: _____

I affirm under the penalties for perjury that I have taken reasonable care to redact each Social Security number in this document, unless required by law:

This document was prepared by: Triad Associates, Inc.

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ACCEPTED AND APPROVED BY THE NOBLE COUNTY HEALTH DEPARTMENT THIS _____ DAY

OF _____, _____,

SIGNED: _____

PRINTED: _____

TITLE: _____

To Be Recorded in the Noble County Recorder's Office