



ST. JOSEPH COUNTY
DEPARTMENT OF HEALTH
Prevent. Promote. Protect.

St. Joseph County Department of Health

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

APPLICATION TO DEFER THE REQUIRED PROPERTY TRANSFER INSPECTIONS AND TESTS UNTIL AFTER THE PROPERTY IS PURCHASED

Background:

St. Joseph County requires an inspection of the septic system and the testing of the drinking water quality any time a property is sold. These inspections and tests are needed to protect public health and to ensure the condition of the property is properly disclosed to the buyer. **These inspections and tests reduce the likelihood that a buyer will encounter very large and unexpected costs soon after they purchase a property.** This deferment is not valid unless approved by the Department of Health prior to closing. This deferment must be submitted to the Department of Health with the Property Transfer Application.

**THE DEPARTMENT OF HEALTH RECOMMENDS THAT YOU DO NOT APPLY FOR A DEFERMENT
THIS APPLICATION MUST BE COMPLETED BY THE BUYER**

Address of property being purchased: _____

Current mailing address of the buyer: _____

Reason for the deferment request: _____

I hereby apply to defer the septic inspection until after I purchase the property. Check one: yes no

I hereby apply to defer the water test until after I purchase the property. Check one: yes no

Certification and agreements:

I agree to submit any inspection or test for which a deferment has been granted to the Department of Health, consistent with the requirements of the Board of Health, within 45 days after closing and to repair or replace any deficient items on the systems ordered by the Department of Health.

I certify that the reason for the deferment application listed above is accurate. I understand that the deferment may not be approved.

I agree to indemnify the Department of Health from any and all liability or responsibility for any defect in or failure of the septic system or drinking water quality.

I understand that if I fail to meet these requirements, I will be subject to the enforcement provisions of County Code 52 which include financial penalties.

Printed Name of Buyer (s)

Phone No.

Signature of Buyer(s)

Date

TO BE COMPLETED BY THE DEPARTMENT OF HEALTH

I hereby _____ this deferment application subject to the following additional requirements.

Environmental Health Director

Date