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PERSON AUTHORIZED BY THE SELLER.



Whitley County Health Department 220 W. VanBuren Street, Ste. 111 Columbia City, IN 46725 Phone (260) 248-3121 - Fax (260) 248-3129

TELEPHONE February 7, 2023

PREVENT, PROMOTE, PROTECT.

On-Site Septic System Disclosure Form

NAME OF SELLER St. Nick, LLC		TELEPHONE	February 7, 2023		
MAILING ADDRESS	5000 N. Elder Rd. L	arwill, IN 46764			
Information on pers	son authorized by selle	r is required only if	seller authoi	rizes someone to p	provide and sign form
PERSON AUTHORIZED BY SELLER		TEI	EPHONE	260-285-0599	
PRESENT ADDRESS	CIT	Y STATE	ZIP		
The following real p	roperty is being offere	d for sale:			
ADDRESS OF SITE: 5000 N. Elder Rd. Larwill, IN 46764					
LOT NUMBER		SECTION	7 TOWNSHIE	<sub>P NAME</sub> Etna Troy	
******	******	******	******	********	******
System and is not connected evaluate any On-Site Sewag and to determine if repairs to Buyer and the Seller to work prospective Buyer before an	provided by the Seller to a prose d to a public sewer. The Whitley e System prior to closing the sale to the system are required. If rep to together on this issue prior to to a offer for the sale of real estate it ale transaction if Buyer requests	County Department of Heal e transaction. The purpose of pairs are required to ensure he actual sale. A Seller (or so is accepted and shall make t	Ith recommends to the recommend to the recommend proper/legal functions authorize the property avail	that the Buyer retain an Or ded evaluation is to assess ctionality, the outcome of ed by seller) must provide	n-Site Septic Inspection to s the functionality of the system the evaluation will allow the this Seller's Disclosure Form to a
INFORMATION ABOUT CURRENT SEPTIC SYSTEM					
1. Is there a septic permit on file at the Health Dept. for this address: $X^{Yes}$					
2. Has the septic system been located and marked; $x^{Yes}$ $N^{O}$					
3. Has there been any updates/repairs recently: Yes X No					
4. Has the septic tank been serviced or pumped: X Yes No					
(can you prov	ride a receipt)? [ *********	X Yes No	******	******	******
THE SIGNATURE	S BELOW INDICATE	THE PROVISION	AND REC	EIPT OF THIS DO	OCUMENT ONLY
Signature of Sel	ler or Person Autho	orized by Seller _	Paul Ulrich 65ABEEEF48F44F1		Date
Signature of Pro	ospective Buyer				_ Date
	E TRANSFER OF THE PROPER				2/19_2120 BY THE CELLED OR