



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

PREVENT. PROMOTE. PROTECT.

On-Site Septic System Disclosure Form

NAME OF SELLER Clara Tahmisian TELEPHONE

MAILING ADDRESS 1166 E WILLOWOOD Dr. Columbia City, IN 46725

Information on person authorized by seller is required only if seller authorizes someone to provide and sign form

PERSON AUTHORIZED BY SELLER

TELEPHONE

PRESENT ADDRESS

CITY

STATE

ZIP

The following real property is being offered for sale:

ADDRESS OF SITE: 1166 E WILLOWOOD Dr. Columbia City, IN 46725

LOT NUMBER

SUBDIVISION NAME

SECTION

TOWNSHIP NAME

#6

Blue River Estate

6

Columbia Twp.

This disclosure form is being provided by the Seller to a prospective Buyer because the property being offered for sale or transfer, is served by an On-Site Sewage System and is not connected to a public sewer. The Whitley County Department of Health recommends that the Buyer retain an On-Site Septic Inspection to evaluate any On-Site Sewage System prior to closing the sale transaction. The purpose of the recommended evaluation is to assess the functionality of the system and to determine if repairs to the system are required. If repairs are required to ensure proper/legal functionality, the outcome of the evaluation will allow the Buyer and the Seller to work together on this issue prior to the actual sale. A Seller (or someone authorized by seller) must provide this Seller's Disclosure Form to a prospective Buyer before an offer for the sale of real estate is accepted and shall make the property available for inspection/evaluation of the On-Site Sewage System prior to closing the sale transaction if Buyer requests said inspection/evaluation.

INFORMATION ABOUT CURRENT SEPTIC SYSTEM

1. Is there a septic permit on file at the Health Dept. for this address: ☒ Yes ☐ No

2. Has the septic system been located and marked; ☒ Yes ☐ No

3. Has there been any updates/repairs recently: ☐ Yes ☒ No

4. Has the septic tank been serviced or pumped: ☒ Yes ☐ No

(can you provide a receipt)? ☒ Yes ☐ No

THE SIGNATURES BELOW INDICATE THE PROVISION AND RECEIPT OF THIS DOCUMENT ONLY

Signature of Seller or Person Authorized by Seller Clara Tahmisian Date 6-8-2026

Signature of Prospective Buyer _____ Date _____

WITHIN 30 DAYS OF THE TRANSFER OF THE PROPERTY, A COPY OF THIS COMPLETED FORM MUST BE EMAILED TO swagner@whitleygov.com.US, MAILED OR HAND-DELIVERED TO THE ADDRESS NOTED ABOVE OR FAXED TO (260) 248-3129 BY THE SELLER OR PERSON AUTHORIZED BY THE SELLER.