

PROPOSED CORRECTIVE ACTION
Shiawassee County Health Department – Environmental Health Division

Date:

Property Address:
Township:

Seller's Name:
Purchaser's Name:

Tax/Parcel I.D. No.:

Dear Sir or Madam:

In order to bring our septic/well system into substantial conformance, we will complete the following corrections by _____.*

1. _____
2. _____
3. _____
4. _____

We cannot complete these corrections before closing/transferring the property, therefore, we agree to place \$ _____ (1 1/2 X contracted amount) in an escrow account at:

Name:
Address:
City: State:
Phone No.: () _____
Contact Person:

X _____ Date: _____
Signature of Agent where escrow is held

Attached is a contract with a licensed well/septic contractor for the repairs/upgrade needed.

Sincerely,

X _____
Property Owner/Authorized Agent Signature

X _____
Witness' Signature

Printed Name for Above Signature

Printed Name for Witness' Signature

Address (Full)
Phone No. () _____

* Corrections must be completed before closure or within 180 days of sale/transfer.