



**Agreement for Connection to
 Public Sanitary Sewer System or Repair**

AGREEMENT made and entered into this ____ day of _____, 20__, by
 (Print names of purchasers) _____

Phone # _____ Email Address: _____
 who intend to purchase certain real property and improvements ("Property")
 described as follows:(Print complete legal)

More commonly known and referred to as
 (Print property address) _____

Whereas, Boulder County Public Health (BCPH) has determined that the onsite wastewater treatment system on the property is not approved in compliance with the Boulder County Onsite Wastewater Treatment System (OWTS) Regulations, and in its present condition requires major repairs to provide on-going protection of public health and the environment; and

Whereas, Purchasers are desirous of proceeding with their purchase of the Property subject to the terms and conditions of this agreement; and

Whereas, failure to comply with the terms of this Agreement will subject the Purchasers to enforcement action; and

Whereas, Purchasers acknowledge that if at any time BCPH determines that the OWTS has become an immediate threat to public health or water quality, a written notice shall be issued to the Purchasers to immediately bring the OWTS into compliance with the Regulations.

NOW, THEREFORE, Purchasers agree as follows:

1. Purchasers agree to connect the dwelling(s) or occupied building(s) into the existing public sanitary sewer system within two years after the closing date.
2. If connection to the public sanitary sewer system is not possible, purchasers agree to apply to the Public Health Department for an OWTS permit to install a new OWTS within one year after becoming aware that public sanitary sewer system connection is not possible.
3. Purchasers acknowledge that their failure to complete repairs will cause Public Health to initiate enforcement actions against them, including injunctive relief precluding the use of the Property unless and until repairs are completed.



Purchaser's (Signature): _____
Contact name and phone _____

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of, _____, 20____
by _____.

Witness my hand and official seal.

Notary Public
My Commission Expires: _____
BOULDER COUNTY PUBLIC HEALTH

(Signature)

(Print Name)