



MURRAY COUNTY
 ENVIRONMENTAL SERVICES
 2500 28th Street, PO Box 57 Slayton, MN 56172
 Telephone: (507) 836-1166

TRANSFER AGREEMENT

When a Compliance Inspection CANNOT be performed PRIOR to Property Transfer

If, at any time, a Compliance Inspection cannot be performed prior to the property transfer, this Transfer Agreement must be submitted along with the Property Transfer SSTS Disclosure Form and the sale or transfer of title of the property. The results of the Compliance Inspection must be submitted to the Murray County Environmental Services Office within thirty (30) days after the transfer. However, if the transfer takes place when a Compliance Inspection cannot be performed due to frozen soil conditions, the Compliance Inspection must be performed by the next June 1st.

Agreement Date:		Property Transfer Date:	
Parcel #:	Comments about this Transfer:		
Property Address:	City:	Zip:	Township:
<input type="checkbox"/> Seller OR <input type="checkbox"/> Buyer Takes responsibility for assuring the compliance inspection is performed and submitted to Murray County Environmental Services Office			

When a System is classified NONCOMPLIANT or IMMINENT THREAT to PUBLIC HEALTH...

and the system upgrade does not occur prior to the property transfer, this Transfer Agreement must be submitted to the Murray County Environmental Services Office.

Check	Seller and Buyer have agreed to accept responsibility to finance the improvements as follows:
<input type="checkbox"/>	The Seller (s) agrees to pay the entire cost to upgrade or replace the failing SSTS.
<input type="checkbox"/>	The Buyer (s) agrees to pay the entire cost to upgrade or replace the failing SSTS.
<input type="checkbox"/>	Seller and Buyer agree to share the cost of upgrading or replacing the failing SSTS as follows: Seller's Portion: _____ Buyer's Portion: _____

Signatures and Contact Information Required (please print names)

Seller Name:	Buyer Name:
Signature:	Signature:
Seller Name:	Buyer Name:
Signature:	Signature:
Mailing Address:	Mailing Address:
City, State Zip	City, State Zip
Phone #:	Phone #:

INCOMPLETE FORMS WILL BE RETURNED