



"Health begins where you live, learn, work, and play."

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**Lake County Environmental Health**

**Conditional Acceptance Document Agreement to Repair an Onsite Wastewater Treatment System (OWTS)**

**AGREEMENT** made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by (Print names of purchaser(s))

Phone Number \_\_\_\_\_ 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, Lake County Public Health Agency (LCPHA) has determined that the onsite wastewater treatment system on the property is not approved in compliance with the Lake County Onsite Wastewater Treatment System (OWTS) Regulations, and in its present condition requires 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 penalties and enforcement action pursuant to C.R.S. §25-10-113; and

Whereas, Purchasers acknowledge that if at any time LCPHA determines that the OWTS has become an immediate threat to public health or environment, 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 apply for a repair permit and complete the repairs to the OWTS servicing the dwelling or occupied building on the Property within 90 days after the closing date.
- 2. 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(s):

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: \_\_\_\_\_