

LONG LAKE TOWNSHIP
SUPPLEMENTAL RESIDENTIAL SELLER DISCLOSURE STATEMENT

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Property Address/ID Number:

MICHIGAN

Purpose of Supplemental Statement: This supplement is required of all transfers of residential real estate sales within Long Lake Township, Grand Traverse County, Michigan, in accordance with Township Ordinance No. 23, which was adopted as authorized by PA 1993, No. 92, Section. 9. Its purpose is to enhance the Buyer's awareness of issues that concern the adequacy of the sewage disposal system serving pertaining to real estate consisting of not less than one or more than four residential units which are to be transferred by sale, exchange, installment land contract, lease with an option to purchase, any other option to purchase, or ground lease coupled with proposed improvements by the Purchaser or Tenant, or a transfer of stock or an interest in a residential cooperative. Certain transfers, set forth at Section 3 of the aforesaid Act (see reverse side) are exempt from the Act, and thus exempt from this ordinance

Instructions to the Seller: (1) Answer ALL questions. (2) Attach additional pages with your signature if additional space is required. (3) Complete this form yourself. (4) If some items do not apply do your septic or sewage disposal system, check N/A (non-applicable). (5) If you do not know the facts, check UNKNOWN. (6) Provide the Purchaser with a copy of this Disclosure Statement, signed by you. (7) **FAILURE TO PROVIDE THE PURCHASER WITH A SIGNED DISCLOSURE STATEMENT, IN ACCORDANCE WITH THE AFORESAID ACT, MAY ENABLE THE PURCHASER TO TERMINATE AN OTHERWISE BINDING PURCHASE AGREEMENT.**

1. a. What type of sewage disposal system do you have for disposing of human waste (holding tanks, septic tank/ tile field, drywell, etc.?)

b. If you have a holding tank, attach a copy of the Health Department permit regarding the holding tank to the Seller's Disclosure Statement.

2. If your sewage disposal system is other than a holding tank specifically authorized by permit from the Grand Traverse County Health Department, answer the following questions.

a. What is the age and size of the system?

b. When was the septic tank last pumped, and by whom (name and address)?

c. When was the last time you had core borings taken of the existing tile field to assist in verifying its condition, and by whom (name and address)?

d. Do you have approval from the Grand Traverse County Health Department for an alternate site for your septic system in case of a failure of the existing system?

Yes

No

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(d. continued) If the answer is "Yes", what was the date of that approval? _____
(Attach a copy of the Health Department approval regarding the alternative septic system.)

e. Do you have drawings showing:

i. The location of your existing system(s) and: Yes No

ii. The location of your approved alternate site (if Yes No

If the answer is "yes":

f. Have you received any written or verbal evaluations of your system? Yes No

i. What were the date(s) of the evaluation(s)?

ii. What is the name and the address of the person performing each evaluation?

iii. What was the result of the evaluation(s)?

iv. If the evaluations were in writing, who is the present custodian of those written evaluations?

Seller certifies that the information in this statement is true and correct to the best of Seller's knowledge as of the date of Seller's signature.

Seller: _____ Date: _____

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