| St. Louis County, MN | | | | | | Point of sale  **Disclosure & Transfer Agreement**  **Subsurface Sewage Treatment System** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Form **3030**  Rev. 01-02-2024 | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| This form is used to submit SSTS information. Additional Information: [www.stlouiscountymn.gov/septic](http://www.stlouiscountymn.gov/septic). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PROPERTY IDENTIFICATION NUMBER (PIN) and SITE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Primary PIN | | | | | | |  |  | | |  | **-** |  | |  |  | |  | **-** |  | |  |  |  |  | | | Associated PIN | | | | |  |  |  | **-** |  | |  |  |  | | **-** | |  | |  | |  |  |  |
| **PIN is found on your Property Tax Statement** (E.g. 123-1234-12345), searching the County Land Explorer at <https://gis.stlouiscountymn.gov/landexplorer/>, or searching the Property Lookup at <http://apps.stlouiscountymn.gov/auditor/parcelInfo2005Iframe/>. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Today’s Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Property Transfer Date | | | | | | | | | | | | | | | | | | | | | | |
| Site Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | City | | | | | | | | | | | | | | | | | Zip | | | | | |
| SSTS INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Check | To the best of my knowledge, this transfer is EXEMPT for the following reason(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | The SSTS has a valid Certificate of Compliance. A Certificate of Compliance is valid for five years for new SSTS installations, and three years from the date an existing SSTS passes a compliance inspection. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | A signed disclosure statement is presented indicating that no SSTS exists nor is one required on the property or that the property is served only by a permitted privy. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Court rulings for wills, probate actions, divorce, estate settlements | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | The affected tract of land is without buildings or contains no dwellings or other buildings with plumbing fixtures. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | The transfer does not require the filing of a Certificate of Real Estate Value, as described in Minnesota Statutes, Section 272.115, Subd. 1. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Any dwellings or other buildings that are connected exclusively to a municipal wastewater treatment system; any dwellings or other buildings that are located within the jurisdiction of a County approved agreement requiring exclusive connection to the wastewater treatment system of any municipality; or any dwellings or other buildings that are connected exclusively to an approved wastewater treatment facility other than an individual sewage treatment system. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SSTS INSPECTION INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Check | Status of the SSTS is determined to be | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **COMPLIANT** - The septic system meets all current standards. The Seller must provide the Buyer with a Certificate of Compliance.  A valid Certificate of Compliance issued by this Department for a **system built within 10 years** or a valid Certificate of Compliance issued within 3 years for systems older than 10 years. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **NON-CONFORMING** - The septic system does not meet current standards but is functioning adequately, or no final inspection was on file with the Department. **No upgrade or replacement is required.** However, an upgrade or replacement may be required to obtain a land use permit.The Seller must provide the Certificate of Non-conformity to the Buyer. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **NONCOMPLIANT** - The septic system does not meet the current standards and **must be replaced within 12 months within shoreland or 24 months in non-shoreland.** TheSeller must provide to the buyer with the Notice of Noncompliance issued by the Department. **Buyer and Seller must complete the Transfer Agreement on the back of this form and submit to the Department an application, permit fee, and design within 60 days; or by June 1st , if frozen soil conditions exist.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **IMMINENT THREAT TO PUBLIC HEALTH** - The septic system is identified as an Imminent Threat to Public Health and **immediate action is required.** The Seller must provide the Notice of Imminent Threat to Public Health to the Buyer**. Buyer and Seller must complete the Transfer Agreement on the back of this form and submit to the Department an application, permit fee, and design within 30 days; or by June 1st, if frozen soil conditions exist. The system must be abated within 10 days and corrected within 10 months.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **To the best of my knowledge this information is correct (please print names)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Seller Name | | | | |  | | | | | | | | | | | | | | | | | | | | | Buyer Name | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Signature | | | | |  | | | | | | | | | | | | | | | | | | | | | Signature | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Seller Name | | | | |  | | | | | | | | | | | | | | | | | | | | | Buyer Name | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Signature | | | | |  | | | | | | | | | | | | | | | | | | | | | Signature | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Reminder:** If the system has NOT been inspected, or if the system is classified as Noncompliant or an Imminent Threat to Public Health, the Buyer and Seller must complete the back of this form and submit it to the Department within the respective timelines identified above. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 and a copy of a written estimate from a licensed septic Installer for the cost of a replacement septic system, and proof of escrow or trust agreement in the amount of said estimate, as noted in St. Louis County Ordinance 61, Article VIII, Section 2, item 2.07, must be submitted to the St. Louis County Onsite Wastewater Division at either of the addresses listed at the bottom of this form. The results of the Compliance Inspection must be submitted to the Department within 30 (thirty) 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 following June 1st. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Agreement Date | | | | | | | | | | | | | | | | | | | | | | | | | | Property Transfer Date | | | | | | | | | | | | | | | | | | | | | | | | | |
| Seller | | | Buyer | | | | | | | Takes responsibility for assuring the compliance inspection is performed and submitted to the department. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **When a System is Classified NONCOMPLIANT or IMMINENT THREAT to PUBLIC HEALTH…** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Check | | Seller and Buyer have agreed to accept responsibility to finance the improvements as follows: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | The Seller(s) agrees to pay the entire cost to upgrade or replace the failing SSTS. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | The Buyer(s) agrees to pay the entire cost to upgrade or replace the failing SSTS. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Seller and Buyer agree to share the cost of upgrading or replacing the failing SSTS as follows | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Seller’s Portion | | | | | | |  | | | | | | | | | | | | | | | | | Buyer’s Portion | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **When a System is on a current Operating Permit…..** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  | | --- | --- | |  | **OPERATING PERMIT REQUIREMENTS:** A new operating permit must be issued in the name of the new owner. At the time of property transfer, the buyer shall complete and submit to the Department an Operating Permit Owner Transfer Application for the transfer of an SSTS operating permit. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SIGNATURES and CONTACT INFORMATION (required)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Seller** | | | | | | | | | | | | | | | | | | | | | | | | | | **Buyer** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | |  | | | | | | | | | | | | | | | | | | | | | | Name | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Signature | | | |  | | | | | | | | | | | | | | | | | | | | | | Signature | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Name | | | |  | | | | | | | | | | | | | | | | | | | | | | Name | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Signature | | | |  | | | | | | | | | | | | | | | | | | | | | | Signature | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Mailing address | | | | | | | | | | | | | | | | | | | | | | | | | | Mailing address | | | | | | | | | | | | | | | | | | | | | | | | | |
| City | | | | | | | | | | | | | | | | | State | | | | Zip | | | | | City | | | | | | | | | | | | | | | | State | | | | | | Zip | | | |
| Email | | | | | | | | | | | | | | | | | Phone | | | | | | | | | Email | | | | | | | | | | | | | | | | Phone | | | | | | | | | |
| **Closing Agency** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business | | | |  | | | | | | | | | | | | | | | | | | | | | | Contact | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Mailing address | | | | | | | | | | | | | | | | | | | | | | | | | | Mailing address | | | | | | | | | | | | | | | | | | | | | | | | | |
| City | | | | | | | | | | | | | | | | | State | | | | Zip | | | | | City | | | | | | | | | | | | | | | | State | | | | | | Zip | | | |
| Email | | | | | | | | | | | | | | | | | Phone | | | | | | | | | Email | | | | | | | | | | | | | | | | Phone | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CONTACT** Planning and Zoning (Onsite Wastewater Division) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Duluth Office** | | | | | | | | | | | | | | | | | | | | | | | | | | | **Virginia Office** | | | | | | | | | | | | | | | | | | | | | | | | |
| Government Services Center  320 W 2nd Street, Suite 301  Duluth, MN 55802 | | | | | | | | | | | | | | Phone (218) 725-5200  Toll-Free (800) 450-9777  [www.stlouiscountymn.gov/septic](http://www.stlouiscountymn.gov/septic) | | | | | | | | | | | | | Government Services Center  201 South 3rd Avenue West  Virginia, MN 55792 | | | | | | | | | | | Phone (218) 749-0625  Toll-Free (800) 450-9777  [www.stlouiscountymn.gov/septic](http://www.stlouiscountymn.gov/septic) | | | | | | | | | | | | | |