

Notification of Responsibility

I, _____, the undersigned, agree to assume responsibility for any required changes to the septic system located on the property at _____ due to the Mills County time of transfer inspection. I will contact the Mills County Department of Public Health to coordinate the inspection of any repair work being completed. If a need arises I can be reached at the following phone number - (____) _____.

Executed this _____ day of _____, 20____.

Signed: _____