

NEK ENVIRONMENTAL SERVICES

Serving: Atchison, Brown, Doniphan, Jackson and Nemaha Counties
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DISCLOSURE BY SELLER / AGENT

Contact Name: _____ Phone # _____

Contact Company: _____ Fax # _____

Contact Email: _____ Contact Cell: _____

Property Owner/Seller Name _____

Address _____ County _____

Age of House _____ House Empty? Yes ___ No ___ If yes, how long _____

Water Source: RWD _____ Private Well _____ Other (describe) _____

Note: If water source is RWD, provide information showing volume of water used in previous 3 months.

Buyer's Name: _____

Buyer's Address: _____

Location of System: (Provide directions and sketch)

Type of private wastewater disposal system

Lagoon _____

Septic tank/absorption field _____

Septic tank to be located and pumped at the time of evaluation by a licensed wastewater hauler.

Has sewage from this system ever surfaced/has system ever caused a problem? _____

Date of last repairs to system: _____ Contractor: _____

Date of last septic tank pumping: _____ Pumper: _____

Drainage from house not directed to system: _____

To the best of my knowledge, the information provided in this disclosure statement represents the historical and present status of this wastewater disposal system. I authorize representatives of N.E.K. Environmental Services to enter upon the outside premises of this property and complete a requested wastewater disposal system evaluation. This request is not a permit to install or complete repairs to the wastewater system. The seller is responsible for scheduling licensed wastewater hauler.

Signature of Seller: _____

Date: _____

Payment Verification

If request for service is within 10 working days, the fee will be \$400.00. If the request for service is beyond 10 working days, the fee will be \$300.00. Extra trips to site for reevaluation \$100.00

The undersigned hereby verifies that _____ will be responsible for payment to N.E.K.E.S. for the requested
Name

Loan Evaluation in the amount of \$ _____ The person making the request for the Loan Evaluation understands that they will
be responsible for payment if the above named party does not pay.

(Signature of person requesting service)

Date of signature