

FREDERICKTOWNE LABS, Inc.
P.O. Box 245, 3020 Ventrice Court, Myersville, MD 21773
301-293-3340 301-293-2366(Fax)



AUTHORIZATION FOR SEPTIC INSPECTION

Account No. _____
(To be completed by Fredericktowne Labs.)

Date of Request: _____

Address to be inspected: _____

Financially Responsible Party (NOT settlement company without their approval and signature):

Seller Buyer Agent Lender Tenant

Results needed by: _____ Property Phone No: _____ Settlement Date: _____

RESPONSIBLE PARTY INFORMATION:

Name: _____

Address: _____

Phone No.: _____

Email: _____

TERMS OF SERVICE:

I understand that the Maryland Department of the Environment recommends a four-step standardized procedure for the inspection of septic systems:

Step 1. A **review of records** obtained from the health department regarding the septic system such as permits, plats, perc tests, repairs, modifications, and complaints. A copy of the site plan from the appropriate local land office or agent indicating location of tank, drainage fields, well, or any other components of the sewage disposal system.

Step 2. An **owner and/or tenant interview** to include information regarding problems, maintenance, and usage

Step 3. A **field examination** to include (1) a septic dye check examination of the drain field and (2) opening, pumping, cleaning and inspection of the septic tank

Step 4. Preparation of a **final report** of findings

The estimated cost for this service is _____.

Additional charges will be incurred if the main (large) access hole to the tank is not already exposed when the septic pumper arrives. The charge for hand digging is \$100. If the location of the tank is unknown or if the tank is not reasonably accessible by hand digging with a shovel (i.e. covered by more than 24 inches of soil) additional charges will be incurred. Other charges may be applicable on a case-by-case basis.



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Disclaimer of Liability: *The Inspection Report to be issued by Fredericktowne Labs, Inc. shall be limited to the results of the inspection conducted pursuant to this Request and performed in accordance with the procedure disclosed herein and shall not constitute any guarantee, warranty or representation as to any future problems with the inspected septic system. Acceptable or Unacceptable Condition is based on the observable conditions, documented inspection procedures conducted, and experience within the septic/onsite water technology industry and represents the condition of the septic or onsite system on the day of inspection. It is further stated that Fredericktowne Labs, Inc. have not been retained to provide a warranty, guarantee, or certification of the components and functioning of the system for any time into the future, because of the numerous factors (usage, soil characteristics, or existence of previous failures, etc.) that may affect the proper operation of a septic system, as well as the inability of our company to supervise or monitor the use or maintenance of the system. The undersigned further agrees that the liability of Fredericktowne Labs, Inc., its agents and employees, for any and all claims related to this inspection including, but not limited to, claims based on allegations of negligence, negligent misrepresentation, breach of contract and fraud shall be limited to the cost of the inspection.*

I hereby authorize Fredericktowne Labs to perform the **septic check recommended by MDE, Steps 1-4** as described above. **(The charges are as stated.) I have read the terms and services and understand the disclaimer of liability section on the previous page and accept financial responsibility for the charges incurred as described regardless of the settlement or sales outcome.**

Payment will be made: At time of service Credit card hold until settlement payment received

I have read the terms and services and understand the disclaimer of liability section on the previous page and accept financial responsibility for the charges incurred as described regardless of the settlement or sales outcome.

Financially Responsible Party's Name (PRINT)

Financially Responsible Party's Signature (**REQUIRED**)

I have read and understand the disclaimer of liability section above and agree to the scope of the septic examination that will be performed as noted above.

Buyer/Borrower's Name (PRINT)

Seller's Name (PRINT)

Buyer/Borrower's Signature (**REQUIRED**)

Seller's Signature (**REQUIRED**)

If you also need to have the well water or radon levels at this property checked, please phone the lab (301-293-3340) to make arrangements or use one of our well water/radon request forms.