Property Description (Address, City, State, Zip) _____

Louisiana Residential Agreement to Buy or Sell
PRIVATE WATER/SEWERAGE ADDENDUM

This addendum is made a part of Louisiana Residential Agreement to Buy or Sell dated _____.

1. ( ) **SEPTIC/TREATMENT INSPECTION –** The SELLER agrees to have _____ septic/treatment system(s) servicing only the primary residence inspected and approved by the appropriate governmental/governing authority. If the system(s) fail inspection, SELLER shall have the option to repair/replace the system(s) as long as the cost to repair/replace the system(s) does not exceed the sum of $_____. If the cost to repair/replace the system(s) exceeds that amount and the SELLER chooses not to repair/replace the system(s), the BUYER shall have the option of accepting the Property with the private septic/treatment system(s) servicing only the primary residence in the current condition or terminate the Agreement in writing, which termination shall entitle the BUYER to a return of the BUYER'S deposit. Any repair/replacement of the system(s) must be permitted by the Louisiana Department of Health and Hospitals Office of Public Health, if applicable.

2. ( ) **PRIVATE WATER WELL INSPECTION –** The SELLER agrees to have _____ private water well(s) servicing only the primary residence inspected and approved by the appropriate governmental/governing authority. If the water well(s) fail inspection, SELLER shall have the option to repair/replace the water wells(s) as long as the cost to repair/replace the system(s) does not exceed the sum of $_____. If the cost to repair/replace the water wells(s) exceeds that amount and the SELLER chooses not to repair/replace the system(s), the BUYER shall have the option of accepting the Property with the private water well(s) servicing only the primary residence in the current condition or terminate the Agreement in writing, which termination shall entitle the BUYER to a return of the BUYER'S deposit. Any repair/replacement of the system(s) must be permitted by the Louisiana Department of Health and Hospitals Office of Public Health, if applicable.

All other terms and conditions contained within the Agreement remain unchanged.

_____ _____

Buyer Signature Date Seller Signature Date

_____ _____

Buyer Signature Date Seller Signature Date