INDEMNIFICATION AGREEMENT FORM

I/We	COG, 6 Dan, +	ch Ada	MS	do hereby acknowled	gk
that I/We a legally des	ire aware that by insta	alling our owr	septic sys	tem on our own prope	rt
logally doc	9	B 100/	3		_
		1310ch			
-	CALM	waters			
Permit Nur	mber				
conforming	g septic system may n	ot be able to b	e installed	ne extent that a standa and I/We may end up w ks as a means of sewa	ritl
and charge to and co	es that may be incurred	by Aitkin Cou	inty due to	ll losses, damages, com my/our failure to confo nty Subsurface Sewa	rn
(Property C	Cuy Owner)				
(Property C	Owner)				
	l and sworn to me ay of <u>De</u> , 20 <u>19</u> Waller Notary	- ****	MARY L. NOTARY PUBLIC My Comm. Exp.	HAKES MINNESOTA Jan. 31, 2021	
Approved _	(Department Repres	entative)	, Dated	12/19/19	

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