EXISTING SEWERAGE SYSTEM
and
OWNER’S AFFIDAVIT

COUNTRY/DISTRICT HEALTH DEPARTMENT

Name of Owner ___________________________ Date __________________

Location of Property ___________________________

City ___________________________ County ___________________________

Lot Size Acreage __________ Proposed use: Residence ☐ Commercial ☐

List Type: Retail Food Market, Beauty Parlor, etc.

TO BE FILLED OUT BY OWNER

Check ☐, if information can be validated by previous inspection records

Date System Installed ___________ Previous use: Residence ☐ Commercial ☐

Size of septic tank ___________ gal. Length of lateral field ___________ ft.

System installed by ___________________________

Is additional area available for repairs? ___________________________

OWNER’S AFFIDAVIT

I, ___________________________ owner of the above mentioned property and the onsite subsurface sewage disposal system installed therein, certify that the above information supplied by me is true and correct to the best of my knowledge. Based upon the above information, and my intended use for this property, I believe that the existing subsurface sewage disposal system will adequately serve such use, however, if the system fails to operate in an acceptable manner, I will take immediate action to correct any problems, and accept full responsibility for corrections.

WITNESS ___________________________ SIGNATURE ___________________________ DATE ___________________________

TO BE COMPLETED BY CERTIFIED INSPECTORS

Is the system currently being used functioning properly? Yes ☐ No ☐

Explain ___________________________

Are records on file at the local health department regarding any previous investigations or complaints relating to malfunctioning of the system?

Yes ☐ No ☐ If yes, what type of correction made on system ___________________________

CERTIFIED INSPECTOR ___________________________ CERTIFICATION NO. ___________________________ DATE ___________________________