

EXISTING SEWERAGE SYSTEM
and
OWNER'S AFFIDAVIT

COUNTY/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 this 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