

EXISTING SEWAGE 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 _____ gallon

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 to 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