

# 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