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 __________