

Affidavit

Installation – Individual On-site Wastewater Disposal System

PROPERTY

Owner Name:		Date:	
Address:		City, ST, Zip Code:	

TREATMENT

Type:	<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Septic Tank and Pump Chamber	<input type="checkbox"/> <i>Advanced Treatment System</i>
Manufacturer:			
MSDH Manufacturer ID Number:			
			Model: _____ Serial Number: _____
Size:	Gallons	Gallons	Gallons per day
Material:	<input type="checkbox"/> Steel <input type="checkbox"/> Polyethylene <input type="checkbox"/> Fiberglass <input type="checkbox"/> Concrete	<input type="checkbox"/> Steel <input type="checkbox"/> Polyethylene <input type="checkbox"/> Fiberglass <input type="checkbox"/> Concrete	<input type="checkbox"/> Steel <input type="checkbox"/> Polyethylene <input type="checkbox"/> Fiberglass <input type="checkbox"/> Concrete
Pump Chamber:		<input type="checkbox"/> Steel <input type="checkbox"/> Polyethylene <input type="checkbox"/> Fiberglass <input type="checkbox"/> Concrete	Gallons

DISPOSAL

<i>Conventional</i>			
Maximum Depth: _____ inches		Backfill Type / Depth: _____ inches	
Trench	Absorption Bed	Trench	Absorption Bed
<input type="checkbox"/> Aggregate:	<input type="checkbox"/> Aggregate:	<input type="checkbox"/> Expanded Polystyrene:	<input type="checkbox"/> Expanded Polystyrene:
<input type="checkbox"/> Gravel _____ ft	<input type="checkbox"/> Gravel _____ ft ²	<input type="checkbox"/> 3-10 inch Horizontal _____ ft	<input type="checkbox"/> 3-10 inch Horizontal _____ ft ²
		<input type="checkbox"/> 3-10 inch Triangular _____ ft	<input type="checkbox"/> 1-12 inch Horizontal _____ ft ²
<input type="checkbox"/> Tire Chips _____ ft	<input type="checkbox"/> Tire Chips _____ ft ²	<input type="checkbox"/> 1-12 inch Horizontal _____ ft	<input type="checkbox"/> 2-12 inch Horizontal _____ ft ²
		<input type="checkbox"/> 2-12 inch Horizontal _____ ft	<input type="checkbox"/> 3-12 inch Horizontal _____ ft ²
		<input type="checkbox"/> 3-12 inch Horizontal _____ ft	
<input type="checkbox"/> Large Diameter:	<input type="checkbox"/> Large Diameter:		
<input type="checkbox"/> Double 6 inch Pipe _____ ft	<input type="checkbox"/> Double 6 inch Pipe _____ ft ²	<input type="checkbox"/> Chambers:	<input type="checkbox"/> Chambers:
<input type="checkbox"/> 8 inch Pipe _____ ft	<input type="checkbox"/> 8 inch Pipe _____ ft ²	<input type="checkbox"/> Class I _____ ft	<input type="checkbox"/> Class I _____ ft ²
<input type="checkbox"/> 10 inch Pipe _____ ft	<input type="checkbox"/> 10 inch Pipe _____ ft ²	<input type="checkbox"/> Class II _____ ft	<input type="checkbox"/> Class II _____ ft ²
		<input type="checkbox"/> Class III _____ ft	<input type="checkbox"/> Class III _____ ft ²
<input type="checkbox"/> Multi-Pipe:	<input type="checkbox"/> Multi-Pipe:	<input type="checkbox"/> Class IV _____ ft	<input type="checkbox"/> Class IV _____ ft ²
<input type="checkbox"/> 9 bundle _____ ft	<input type="checkbox"/> 9 bundle _____ ft ²	<input type="checkbox"/> Class V _____ ft	<input type="checkbox"/> Class V _____ ft ²
<input type="checkbox"/> 11 bundle _____ ft	<input type="checkbox"/> 11 bundle _____ ft ²	<input type="checkbox"/> Class VI _____ ft	<input type="checkbox"/> Class VI _____ ft ²
<input type="checkbox"/> 13 bundle _____ ft	<input type="checkbox"/> 13 bundle _____ ft ²	<input type="checkbox"/> Class VII _____ ft	<input type="checkbox"/> Class VII _____ ft ²
<input type="checkbox"/> 14 bundle _____ ft	<input type="checkbox"/> 14 bundle _____ ft ²	<input type="checkbox"/> Class VIII _____ ft	<input type="checkbox"/> Class VIII _____ ft ²
<i>Advanced</i>		<i>Alternative</i>	
<input type="checkbox"/> Spray Irrigation:	<input type="checkbox"/> Subsurface Drip:	<input type="checkbox"/> Overland Discharge:	<input type="checkbox"/> Elevated Sand Mound:
Area _____ ft ²	Drip field _____ ft	<input type="checkbox"/> 1 point _____ ft	Basal area _____ ft ²
Radius _____ ft		<input type="checkbox"/> 2 point _____ ft	Absorption bed area _____ ft ²
Number of spray heads _____		<input type="checkbox"/> 4 point _____ ft	
Sandy Loam material (if required): _____ inches			



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SKETCH (Show ALL measurements of dwelling and system to property lines, well, driveway, swimming pool, pond, shed/shop, etc.)

ATTESTATION

I attest that the wastewater system described above has been installed and inspected in accordance with Permit/Recommendation, and that complies with all the requirements and regulations. I understand that any falsification and requirements or regulation violations are punishable by **Mississippi Code of 1972, Annotated Section 97-7-35 or 41-67-6(6)**.

Also, I understand if an Advanced Treatment System (ATS) was installed on the above referenced property, I must complete and submit the Manufacturer’s Warranty Registration Card to the registered Manufacturer that is Certified by the Mississippi State Department of Health, distribute a copy of the Home Owner’s manual and perform routine maintenance inspections for a two (2) year period after the initial installation.

Print name: _____ License Number: **CI** - _____

Signature : _____ Date of installation _____

- Certified Installer
- Certified Professional Evaluator
- Eligible Home/Property Owner



Affidavit

Installation – Individual On-site Wastewater Disposal System Form 925 E

PURPOSE

To provide the Mississippi State Department of Health with a record of the Individual On-site Wastewater Disposal System installed on the Applicant's property. This form must be completed by the Certified Installer, Certified Professional Evaluator or eligible Applicant (homeowner). MSDH must receive this document as part of the Applicant's request for Final Approval (Form 910 E).

INSTRUCTIONS

This form is to be completed by the Certified Installer, Certified Professional Evaluator or eligible Applicant (homeowner), only if acting as the installer. All applicable items must be completed and indicated accurately and legibly. If any item is incomplete, this form will be returned for completeness.

Property

1. Owner – Enter the name of the property owner
2. Date – Enter the date of installation
3. Address – Enter address (highway or county road) including number, if available
4. City, ST, Zip Code – Enter the City, State and Zip Code

Treatment

5. Type – Check the type of tank in your wastewater system; septic tank, septic tank and pump chamber or advanced treatment
6. Manufacturer – Enter the name of the manufacturer under the appropriate heading
7. MSDH Manufacturer ID Number – Enter the MSDH registration number of the manufacturer under the appropriate heading
8. Model – Enter the model number of the Advanced Treatment System
9. Serial Number – Enter the serial number from the Advanced Treatment System
10. Size – Septic Tank expressed in gallons, advance treatment expressed in gallons per day
11. Material – Check the construction material of the septic tank, or advance treatment
12. Pump chamber – Check appropriate material and size in gallons for septic tank and pump chamber or Advanced Treatment System

Disposal

13. Check the appropriate type of disposal system and enter applicable system-specific information.

Sketch

14. Sketch the type of Individual On-site Wastewater Disposal System with dwelling, out building, well, plat lines and other necessary information. The sketch must be to scale and indicated from at least two points on the property

Attestation

15. Print name – Print name of Certified Installer, Certified Professional Evaluator or eligible Home/Property Owner
16. License Number – Enter the MSDH certification number from certificate, if applicable
17. Signature – Name of Certified Installer, Certified Professional Evaluator or eligible Home/Property Owner
18. Date of Installation – Date the Individual On-site Wastewater Disposal System is installed
19. Check the appropriate category for the Individual On-site Wastewater Installer

OFFICE MECHANICS AND FILING

The Environmentalist must place this document in the Applicant's file folder with the Form 910E

RETENTION PERIOD

The form must be retained for 3 years or until audited

