

Affidavit

Installation – Individual On-site Wastewater Disposal System (IOWDS)

PROPERTY

Owner(s) Name:	Date:
Address:	City, ST, Zip Code:

TREATMENT

Type:	<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Pump Chamber	<input type="checkbox"/> <i>Advanced Treatment System</i>
Certified Manufacturer:			
Certified 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	Disinfection: (if required) <input type="checkbox"/> Chlorine tablets <input type="checkbox"/> Chlorine liquid <input type="checkbox"/> Ozone <input type="checkbox"/> UV Light

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
Trench width _____ft	L X W _____ft X _____ft	<input type="checkbox"/> 3-12 inch Horizontal _____ft	
<input type="checkbox"/> Large Diameter:	<input type="checkbox"/> Large Diameter:	<input type="checkbox"/> Chambers:	<input type="checkbox"/> Chambers:
<input type="checkbox"/> Double 6 inch Pipe _____ft	<input type="checkbox"/> Double 6 inch Pipe _____ft ²	<input type="checkbox"/> Class I _____ft	<input type="checkbox"/> Class I _____ft ²
<input type="checkbox"/> 8 inch Pipe _____ft	<input type="checkbox"/> 8 inch Pipe _____ft ²	<input type="checkbox"/> Class II _____ft	<input type="checkbox"/> Class II _____ft ²
<input type="checkbox"/> 10 inch Pipe _____ft	<input type="checkbox"/> 10 inch Pipe _____ft ²	<input type="checkbox"/> Class III _____ft	<input type="checkbox"/> Class III _____ft ²
		<input type="checkbox"/> Class IV _____ft	<input type="checkbox"/> Class IV _____ft ²
<input type="checkbox"/> Multi-Pipe:	<input type="checkbox"/> Multi-Pipe:	<input type="checkbox"/> Class V _____ft	<input type="checkbox"/> Class V _____ft ²
<input type="checkbox"/> 9 bundle _____ft	<input type="checkbox"/> 9 bundle _____ft ²	<input type="checkbox"/> Class VI _____ft	<input type="checkbox"/> Class VI _____ft ²
<input type="checkbox"/> 11 bundle _____ft	<input type="checkbox"/> 11 bundle _____ft ²	<input type="checkbox"/> Class VII _____ft	<input type="checkbox"/> Class VII _____ft ²
<input type="checkbox"/> 13 bundle _____ft	<input type="checkbox"/> 13 bundle _____ft ²	<input type="checkbox"/> Class VIII _____ft	<input type="checkbox"/> Class VIII _____ft ²
<input type="checkbox"/> 14 bundle _____ft	<input type="checkbox"/> 14 bundle _____ft ²		
<i>Advanced</i>			<i>Alternative</i>
<input type="checkbox"/> Spray Irrigation:	<input type="checkbox"/> Drip Irrigation:	<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	Zones _____	<input type="checkbox"/> 2 point _____ft	Absorption bed area _____ft ²
Number of spray heads _____		<input type="checkbox"/> 4 point _____ft	
Sandy Loam fill 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 Individual On-site Wastewater Disposal System described and drawn above has been installed and inspected in accordance with the Permit/Recommendation, and complies with regulations of the Department and the **Mississippi Code of 1972, Annotated Section, 41-67-7**. I understand that any falsification and requirements or regulation violations are punishable by **Mississippi Code of 1972, Annotated Section, 97-7-10, 97-9-59 and 97-9-61**.

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 or more period, after the initial installation.

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

Signature : _____ Date of installation _____

- Certified Installer (Licensed by the MSDH)
- Certified Professional Evaluator (Licensed by the MSDH)
- Property Owner (ONLY if, an aggregate disposal system is listed as an option of the Permit/Recommendation)

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

PURPOSE

To provide the Mississippi State Department of Health with a record of the IOWDS installed on the Applicant's property. This form must be completed by the Certified Installer, Certified Professional Evaluator or eligible property owner. The Department 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 (property owner), 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(s) – Enter the name(s) of the property owner
2. Date – Enter the date of installation
3. Address – Enter location of the installed system (highway or county road) including number, if available
4. City, ST, Zip Code – Enter location of the installed system

Treatment

5. Type – Check the type of tank utilized; septic tank, pump chamber or advanced treatment
6. Certified Manufacturer – Enter the name of the manufacturer under the appropriate heading
7. Certified Manufacturer ID Number – Enter the Department 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 System
12. Disinfection – Check types method utilized, if required

Disposal

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

Sketch

15. Sketch the type of IOWDS 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

16. Print name – Print name of Certified Installer, Certified Professional Evaluator or eligible property owner
17. License Number – Enter the Department certification number from certificate, if applicable
18. Signature – Name of Certified Installer, Certified Professional Evaluator or eligible property owner
19. Date of Installation – Date the IOWDS was installed
20. Check appropriate box indicating the type of certification or eligible property owner

OFFICE MECHANICS AND FILING

The Environmentalist must place this document in the Applicant's file folder

RETENTION PERIOD

The form must be retained for 3 years or until audited