

OWNER AFFIDAVIT

Owner _____ Onsite Sewage Permit/Application # _____

Street _____ State _____ Zip Code _____

Subdivision _____ Lot # _____

RESIDENTIAL: Number of Bedrooms _____

Is a Garbage Disposal to be installed? _____ Yes _____ No

COMMERCIAL: Number of Employees, Seats, Units, etc. _____

Is a Garbage Disposal/Food Waste Grinder to be installed? _____ Yes _____ No

I hereby certify that the above information provided by me is true and correct to the best of my knowledge. I also understand that onsite sewage disposal system sizing is based on the number of bedrooms and the installation of a garbage disposal, and any changes during construction, in the above sizing information, will require changes in the onsite sewage disposal system sizing.

Owner Signature

Title

Date

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