

# Affidavit Exemption

**PROPERTY**

Owner(s) name:	Telephone:	
Address:	City, ST, Zip Code:	
Acreage:	Property must be 2 acres or larger having a single dwelling utilizing an IOWDS on a single tract of land	

**TREATMENT**

Type:	<i>Describe installation and/or materials used...</i>
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**DISPOSAL**

Type:	<i>Describe installation and/or materials used...</i>
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**SKETCH** (Show ALL measurements of dwelling and system to property lines, well, driveway, swimming pool, pond, shed/shop, etc.)

**ATTESTATION**

As the person who installed the above described and drawn Individual On-site Wastewater Disposal System, I attest that the following requirements for the above referenced property are met: (a) All wastewater is contained on the lot or tract and (b) No water course, as defined in **Section 51-3-3(h)**, of Mississippi or the United States is impacted.

I understand that any falsification and requirements or regulation violations are punishable by **Mississippi Code of 1972, Annotated Section, 41-67-7(4)(5), 41-67-28(5), 97-9-59 and 97-9-61.**

Print name: \_\_\_\_\_ Certified Installer:  Yes  No

Signature : \_\_\_\_\_ Date of installation: \_\_\_\_\_

# Affidavit

## Exemption

### Form 923 E

#### **PURPOSE**

To provide the Mississippi State Department of Health with a record that the lot/tract is two (2) acres or larger and is exempt from the requirements of Final Approval, provided that all the wastewater is contained on the lot or tract, no water course is impacted and no development is commercial in nature.

#### **INSTRUCTIONS**

This form must be completed by a Certified Installer who is currently licensed in the State of Mississippi. All applicable items must be completed, indicated accurately and legibly. If any section is incomplete, this form will be returned to the Certified Installer.

##### Property

1. Owner – Enter the name of the property owner(s)
2. Telephone – Enter the telephone number for the property owner(s)
3. Address – Enter address (highway or county road) including number, if available
4. City, ST, Zip Code – Enter the City, State and Zip Code
5. Acreage – Enter property size, if two (2) acres or larger

##### Treatment

6. Type – Indicate what type and size of treatment (Septic Tank or Advanced Treatment System) was installed

##### Disposal

7. Type – Indicate what type and size of treatment (Aggregate, Aggregate Replacement, Spray Irrigation, Drip Irrigation, Overland Discharge, Elevated Sand Mound, etc.) was installed

##### Sketch

8. Sketch the IOWDS installed, showing all measurements of dwelling and system to property lines, well, driveway, swimming pool, pond, shed/shop, etc., and any other necessary information. The sketch must be as accurate as possible, indicating measurements from at least two (2) points on the property

##### Attestation

9. Print name – Print name on line indicated
10. License Number, if a Certified Installer
11. Signature – Sign name of person who installed the IOWDS
12. Date of Installation – Enter date the IOWDS is installed

#### **OFFICE MECHANICS AND FILING**

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

#### **RETENTION PERIOD**

This form must be retained for 3 years or until audited.