



COUNTY OF ORANGEBURG

WWW.ORANGEBURGCOUNTY.ORG



Wastewater Disposal Verification Form

Date: _____

Phone Number of Landowner: _____

Name of Landowner: _____

Address of Landowner: _____

Tax Map Number associated with property: _____

Type of New Construction associated with Disposal System: _____

Site Address of Disposal System: _____

An on-site disposal system does exist at the above referenced site address.

No guarantees are made in regards to it functionality.

Owner is aware that any future malfunction of this system must be repaired immediately.

The system currently has not reached its full capacity and does not require disposal of its contents.

The current system appears to be serving only one dwelling. No dual hook ups were visible.

Licensed Septic Contractor performing inspection: _____

Contractors Address: _____

Contractor's License Number: _____ Expiration Date of License: _____

Signature of License Holder: _____ Date: _____