

**Certification of Existence of a  
Wastewater Disposal System Verification ONLY**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**SITE: ( i.e. - Subdivision/MHP/Street Name/Road )**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

An on-site waste disposal system  
**EXISTS/DOES NOT EXIST** (circle application finding) at the  
above referenced site. No guarantees are made in regards to its  
functionality. Any future malfunction of the wastewater system  
must be repaired immediately. It will be used for its original  
intended purpose and will serve only one dwelling  
**No dual hookups allowed.**

Licensed Septic Contractor: \_\_\_\_\_

Company Name/License #

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature/Date