

# Inspection

## Existing – Individual On-site Wastewater Disposal System

**APPLICANT**

Name:		Home Telephone:	
Current Address:		Cellular Telephone:	
City, ST Zip Code:		Work Telephone:	

**PROPERTY**

Property Address:	City, ST Zip Code:
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**LEGAL DESCRIPTION**

Section:		Township:		Range:	
Acreage:					
Subdivision Name:				Lot number:	

**PLAT (Plot Plan)**

Total Number of Bedrooms:		Total Number of Occupants:	
Other:			

**WATER SUPPLY**

Public:	<input type="checkbox"/> Water Meter	Private:	<input type="checkbox"/> Well
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FEE	TYPE	PIMS Code
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\$50.00	<input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Cash <input type="checkbox"/> Credit/Debit (if available)	94021
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**DIRECTIONS**



# Inspection

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**WASTEWATER SYSTEM HISTORY AND TYPE**

Date of installation:		Date of repair:	
Is residence being lived in (currently occupied)?	<input type="checkbox"/> Yes - How long? _____ (weeks/months/years)	<input type="checkbox"/> No	
What type of on-site system do you have?	<input type="checkbox"/> Conventional (i.e. “Septic Tank and Underground Absorption”) <input type="checkbox"/> *Advanced Treatment System (Spray, Drip or Overland) <input type="checkbox"/> Alternative (Elevated Sand Mound, Sand Filter or Plant Rock Filter)		

\*In addition, requires: 1) Inspection report from a Certified Installer/factory authorized representative for your particular brand.  
 2) Continuing Maintenance Agreement (contract) from Certified Installer or become a Qualified Homeowner

**SKETCH OR SCAN AND E-MAIL SKETCH OF EXISTING SYSTEM TO WASTEWATER@MSDH.MS.GOV WITH THIS APPLICATION**

**NOTE:** Show ALL measurements of dwelling and system to property lines, well, driveway, swimming pool, pond, shed/shop, etc.

**ATTESTATION**

By signing or typing my name in below, I attest that the information submitted is an accurate representation to the best of my ability and knowledge. I understand my Individual On-site Wastewater Disposal System can only be **Accepted** IF the residence is, and has been, occupied for the required time, no failure/malfunction is observed at the time of inspection, and for Advanced Treatment Systems only, a Continuing Maintenance Agreement is established. **NOTE: If a malfunction of the Individual On-site Wastewater Disposal System is found, I will receive a Permit/Recommendation and a NOTICE to make corrective measures within 30 days.**

Or, IF the residence is unoccupied, or has not been occupied the required amount of time, I will only receive a Permit/Recommendation for a new Individual On-site Wastewater Disposal System.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Inspection

## Existing – Individual On-site Wastewater Disposal System

### Form 776 E

#### PURPOSE

To provide a notice to the Mississippi State Department of Health that an Applicant request the inspection of the installed (existing) Individual On-site Wastewater Disposal System.

#### INSTRUCTIONS

An Applicant must provide legal description, plat (plot plan), fee and written directions to the property. The Applicant must read all pages of this document. The Applicant agrees to authorize the Environmentalist to enter the property to conduct an inspection of the attested existing Individual On-site Wastewater Disposal System.

#### Existing Application

##### Applicant

1. Name – Enter name of property owner(s)
2. Telephone – Enter telephone number of the Applicant
3. Current Address – Enter complete mailing address of the Applicant
4. Cellular Telephone – Enter alternate telephone number of the Applicant
5. City, ST, Zip Code – Enter the City, State and Zip Code for Mailing Address
6. Work Telephone – Enter work telephone number of the Applicant

##### Property

7. Property Address – Enter complete physical address for the property location
8. City, ST, Zip Code – Enter the City, State and Zip Code for property address

##### Legal Description

9. Section – Enter the Section number from the legal description
10. Township – Enter the Township from the legal description
11. Range – Enter the Range from the legal description
12. Acreage – Enter the size of the property in acres
13. Subdivision – If applicable, enter the name of Subdivision where property is located, including lot number.
14. Lot Number – If applicable, enter number of lot in Subdivision

##### Plat (Plot Plan)

15. Total Number of Bedrooms – Enter number of bedrooms of the dwelling
16. Total Number of Occupants – Enter number of people who will be living in the dwelling on the property
17. Other – Describe any additional structures with dimensions and locate on the plat

##### Water Supply

18. Check “public” if source of water is public or community water system, check “private” if source of water is an individual well

##### Fee / Type / PIMS Code

19. Check payment method

##### Directions

20. The Applicant must provide written, detailed directions to their property from the Health Department

##### Wastewater System History and Type

21. Date of Installation – Enter date the system was installed
22. Date of Repair – Enter date the system was repaired (if applicable)
23. Is residence being lived in (occupied) – Check yes or no. If yes, enter length of occupancy.
24. What type of on-site system do you have – Check type of system at the site



Sketch

25. Applicant must sketch a plat with the dwelling, wastewater disposal system and setbacks from property lines.

Attestation

26. Signature – Signature of the Applicant
27. Date – Date the form is completed.

**OFFICE MECHANICS AND FILING**

The Department will electronically file all documentation associated with the property.