

Affidavit

Maintenance – Advanced Treatment System (ATS)

APPLICANT

| | | | |
|---------------------|--|---------------------|--|
| Name: | | Date: | |
| Address: | | Cellular Telephone: | |
| City, ST, Zip Code: | | Work Telephone: | |

CERTIFIED INSTALLER

| | | | |
|-------|--|-----------------|------------|
| Name: | | License Number: | CI- |
|-------|--|-----------------|------------|

ACKNOWLEDGEMENT

I understand that an Advanced Treatment System (ATS) was installed on my property and requires maintenance. I have received from the Certified Installer a copy of the Home/Property Owner’s manual for the system and understand that the Certified Installer will perform routine maintenance inspections for a two (2) year, or more, period after the initial installation.

ATTESTATION

After the Certified Installer performs the initial maintenance, I agree that I will secure a continuing maintenance agreement (contract) with a Certified Installer OR become a Qualified Homeowner (maintenance provider) for my Advanced Treatment System in perpetuity.

Any person violating this shall be subject to the penalties and damages and may be assessed an administrative fine in the amount of Five Hundred Dollars (\$500.00) and the public water system may discontinue service to that property owner until the failure to comply has been corrected. **Mississippi Code of 1972, Annotated, Section 41-67-28 (5).**

Print name: _____

Signature: _____ Date: _____

Affidavit

Maintenance – Advanced Treatment System (ATS)

Form 924 E

PURPOSE

To provide Mississippi State Department of Health with a record that the Applicant keeps a continuous maintenance agreement with an Authorized Certified Installer or becomes trained as a Qualified Homeowner (maintenance provider) on the Advanced Treatment System installed.

INSTRUCTIONS

This form must be completed by the Applicant who has an Advanced Treatment System installed by a Certified Installer on his/her described property as part of the Final Approval.

Applicant

1. Name – Enter name of Applicant
2. Date – Enter date
3. Address – Enter physical address where the Advanced Treatment System is installed
4. Cellular Telephone – Enter alternate telephone number of Applicant
5. City, ST, Zip Code – Enter the City, State and Zip Code for Mailing Address
6. Work Telephone – Enter work telephone number of Applicant

Certified Installer

7. Name – Enter name of Certified Installer
8. License Number – Enter complete certification number of Certified Installer

Acknowledgement

9. Read statement

Attestation

10. Read statement
11. Print name – print name of applicant
12. Signature – Signature of the Applicant
13. Date – Enter date

OFFICE MECHANICS AND FILING

The Environmentalist must place this document in the Applicant's file folder with the Final Approval (Form 910 E).

RETENTION PERIOD

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