

AFFIDAVIT

EXISTING SEPTIC TANK FORM

NAME: _____ TELEPHONE: _____

SITE ADDRESS: _____

TIMS / PIN #: _____

I do hereby warrant, represent, and certify that this site has a waste disposal system which is not defective and which is adequate and functioning properly. I further certify that I agree and understand that if at any time Horry County, the Horry County Health Department or any other agency having jurisdiction thereof, determines that the waste disposal system at this site is inadequate, defective or is not functioning properly, then such determination will be grounds for Horry County to revoke its permit and to order a cessation of use of the property until an adequate waste disposal system is installed and approved by the appropriate agency.

I hereby grant permission to the Horry County Building Inspection Department or Health Department Officials to visit this site, at reasonable hours, for the purpose of inspection or evaluation if such agency or department deems necessary in its sole discretion.

I further certify and represent that no agent, servant, or employee of Horry County has made any representation to me concerning the adequacy of the waste disposal system now located upon the site. I understand that there is a possibility that the system may have malfunctions and may need repairs and I agree to repair them when the need arises. In consideration of Horry County issuing a permit, I hereby release Horry County, its agencies or employees from and against any claims of any kind or nature arising directly or indirectly from the use of the waste disposal system located upon the site or any matters that may arise there from.

The above statement is given under oath with all penalties of law related thereto.

SIGNATURE

DATE