

# CENTRAL MICHIGAN DISTRICT HEALTH DEPARTMENT

## AFFIDAVIT

Sewage Treatment for \_\_\_\_\_ Permit # \_\_\_\_\_  
Name of Owner

Location: \_\_\_\_\_ Township \_\_\_\_\_ Section # \_\_\_\_\_  
Road

I, \_\_\_\_\_, as the installer, do hereby certify that all authorized work listed below for the above sewage treatment system has been completed in accordance with the Central Michigan District Health Department Sanitary Code.

Date completed: \_\_\_\_\_ Depth of drain field from grade: \_\_\_\_\_

Septic Tank Size: \_\_\_\_\_ Gallons Tank Manufacturer \_\_\_\_\_

Drain Field Size: \_\_\_\_\_ Square Feet Dimensions \_\_\_\_\_ X \_\_\_\_\_

**A diagram is required on the reverse side** describing the onsite sewage system and its relationship to all buildings and water wells, etc.

A diagram example is included with this affidavit.

I further certify that I have contacted the health department official and have received permission to cover the above system.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Owner/Contractor

### Affidavit Diagram Needed

↑  
Direction Arrow

