



Central Michigan District Health Department
Promoting Healthy Families, Healthy Communities

A Home Owner's Guide: Onsite Sewage Treatment System Care

Septic System Do's and Don'ts

DO

- Learn the location of your septic tank and drainfield
- Pump your septic tank every 3-5 years
- Keep your septic tank cover secured and accessible for maintenance
- Keep a detailed record of repairs, pumping, inspections, etc.
- Conserve water to avoid overloading the system
- Repair leaky plumbing fixtures – a leaky toilet can add 6,000 gallons a month to the sewage system
- Spread out water use throughout the day and week to avoid sudden overloading
- Wash clothes over the entire week and avoid half loads
- Prevent roof, foundation, driveway, basement, water softener discharge from entering the septic tank or disposal area



DON'T

- Drive or park on any part of the tank or field
- Go down into your septic tank
- Make repairs without consulting your health department
- Ignore slow drains or standing water on top of the septic tank or drainfield
- Dig into your drainfield or build anything over it

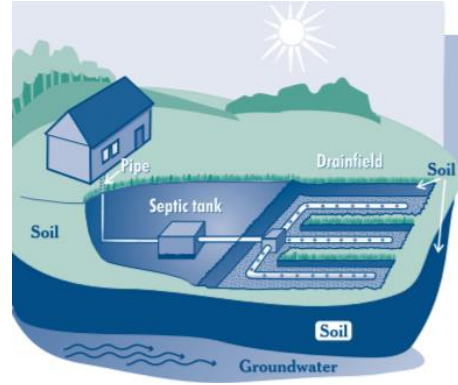
Sewage Systems aren't trash cans, never pour down drain or flush

- Cooking grease or oil
- Flushable wipes
- Feminine hygiene products
- Condoms
- Dental Floss
- Cigarette butts
- Coffee grounds
- Cat litter
- Paper towels
- Medicines
- Household chemicals, gasoline, oil, pesticides, antifreeze, paint, or paint thinner





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Maintenance Record

Use the Following Spaces to record information about your own septic tank system. Some of this can be copied from your **Approval for Use**, which can be obtained from your county health department. Having good maintenance records can be a positive selling point for your home when the time comes (wouldn't you rather buy a car that has a proven maintenance record?)

Permit Number: _____ **Date Issued:** _____

Issued to: _____ **Date Installed:** _____

Address: _____

System Description: _____

Drain field Type:

- | | |
|--------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Conventional Trenches | <input type="checkbox"/> Gravel |
| <input type="checkbox"/> Shallow Trenches | <input type="checkbox"/> Chamber |
| <input type="checkbox"/> Mound / Controlled Fill | <input type="checkbox"/> Gravelless pipe |
| <input type="checkbox"/> Bed | <input type="checkbox"/> Styrofoam |
| <input type="checkbox"/> Drip Irrigation | <input type="checkbox"/> Tire Chips |
| <input type="checkbox"/> Other _____ | |

Septic Tank Size (gallons) _____
Pump Tank Size (gallons) _____
Drain field Dimensions: _____
Number of Trenches: _____
Trench Length: _____

Septic Tank System Installer:

Name: _____

Address: _____

Telephone: _____

Septic Tank System Pumper:

Name: _____

Address: _____

Telephone: _____

System Maintenance Record			
Date	Work Description	Firm	Cost