

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

