

District Health Department #10

Crawford, Kalkaska, Lake, Manistee, Mason, Mecosta, Missaukee, Newaygo, Oceana and Wexford Counties

CONTRACTOR AFFIDAVIT REPORT

County _____ Township _____ Section # _____

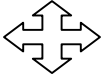
Permit # _____ Tax ID # _____

Owner's Name _____ Address _____

Contractor _____

SITE PLAN

N



Contractor Certification

This on-site septic system was installed under my supervision and this report is true and accurate to the best of my knowledge.

Printed Name of Contractor _____

Mailing address _____

Signature of Authorized Representative _____ Date _____

FOR DEPARTMENT USE ONLY

Affidavit reviewed and approved by _____ Date _____

X = no / = yes NA = not applicable

Septic Tank

Tank type (concrete, plastic, etc.) _____
Tank size _____ gal.
One compartment _____ two _____
Approved baffle present _____
Effluent filter present _____
Connections sealed (no gaps around pipes) _____
Lids secure (lids without gaps or cracked) _____
Comments: _____

Chambers

Chamber type _____
Number of chambers _____
Correct Location _____
Reserve area still present _____
Observation ports present _____
Bottom of chambers _____ in. below/above grade
Comments: _____

Gravel Bed – Trenches – Mounds

Size _____ sq. ft./lin. ft
Depth of stone _____ in.
Bottom of stone _____ in. below/above grade
Stone clean? _____
Correct stone size? _____
Other than stone used _____ if so, what _____
Type of cover over stone (straw, geomesh, etc.) _____

Pipe and installation approved _____
Correct location _____
Reserve area still available _____
Observation port(s) present _____
Comments: _____

Pump Chamber

Tank size _____ gal.
Alarm Installed _____
Comments: _____

Other Septic System Design

Describe and Comment: _____

Isolation Distances

Septic tank

Building _____ ft.
Basement _____ ft.
Well _____ ft.
Property line (if marked) _____ ft.
Surface Water _____ ft.

Septic System

Building _____ ft.
Basement _____ ft.
Well _____ ft.
Property line (if marked) _____ ft.
Surface Water _____ ft.
Drop Off _____ ft.

Comments: _____

