

Public Health Delta & Menominee Counties  
Division of Environmental Health  
On-Site Sewage Treatment/Disposal System

**AFFIDAVIT**

**SECTION 1: PROPERTY INFORMATION**

Septic Permit #: \_\_\_\_\_ Property Tax ID #: \_\_\_\_\_  
System Owner: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
System Address: \_\_\_\_\_ Installer: \_\_\_\_\_  
Legal Description: T. \_\_\_\_\_ N, R. \_\_\_\_\_ W, Sec. \_\_\_\_\_, \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4  
County: \_\_\_\_\_ Township: \_\_\_\_\_

**SECTION 2: ON-SITE SEWAGE SYSTEM INFORMATION**

System Type: a.  Gravity flow  Pressure distribution  
b.  Trench  Bed  Bed on fill  Other \_\_\_\_\_  
Septic Tank: Number of tanks \_\_\_\_\_ Total capacity \_\_\_\_\_ Material \_\_\_\_\_  
Outlet baffle  Yes \*  No Effluent filter  Yes \*  No  
Risers to surface  Yes \*  No Risers secured  Yes \*  No  
Existing tank removed or crushed or filled  Yes \*  No  NA  
Piping Material: (Record Pipe Markings)  
a. Effluent Line (Pipe between septic tank and drainfield) \_\_\_\_\_  
b. Header/Footer/Drainfield Pipe \_\_\_\_\_  
Absorption System: Located as noted on permit:  Yes \*  No  
System elevation according to permit requirements:  Yes \*  No  
Benchmark verified  Yes \*  No  NA  
Dimensions: Width \_\_\_\_\_ Length \_\_\_\_\_ # of laterals \_\_\_\_\_  
Total absorption area (sq. ft.) \_\_\_\_\_ Distance between laterals \_\_\_\_\_  
Approved stone material used  Yes \*  No  
Thickness of stone \_\_\_\_\_ Stone cover material \_\_\_\_\_  
Depth of final earth cover over absorption system \_\_\_\_\_  
Location of replacement area available  Yes \*  No  
Gray water routed to OSTDS  Yes \*  No  NA  
Pressurized System:  
Lateral diameter \_\_\_\_\_ Head at end of lateral \_\_\_\_\_ Force main diameter \_\_\_\_\_  
On, off & alarm floats correctly set:  Yes \*  No  
State electrical inspection of pump wiring:  Yes \*  No

\* Boxes checked "No" with an asterisk (\*  No) indicate a change from permit stipulations and/or code requirements and must be authorized by Public Health Delta & Menominee and documented by the installer under Section 4 (COMMENTS) of this form.

**SECTION 3:**

**AS BUILT SKETCH OF THE CONSTRUCTED SYSTEM**



Show the locations of all wells, septic tank(s), dosing chamber, replacement area, all buildings, surface water, drop off, embankments, and property lines. You must include length of laterals in drainfield, length of effluent line, distance from drainfield and septic tank to closest property lines, wells, and dwellings (at least 2 distances).

**SECTION 4: COMMENTS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 5: Construction was performed by:**

- Property Owner (Permittee)
- Sewage Treatment Disposal Contractor \_\_\_\_\_  
(Business Name)

I certify the information provided on this form is correct and that the construction of this system was in accordance with the permit and the rules regulating the construction of On-Site Sewage Treatment Disposal Systems under the Delta Menominee District Sanitary Code.

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(System Installer's Signature)      (Title)      (Date)

Date of Installation: \_\_\_\_\_