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

**AFFIDAVIT**

**SECTION 1: PROPERTY INFORMATION**

<table>
<thead>
<tr>
<th>Property Tax ID #:</th>
<th>Property Permit #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Owner:</td>
<td>Phone Number:</td>
</tr>
<tr>
<td>System Address:</td>
<td>Installer:</td>
</tr>
</tbody>
</table>

Legal Description: T. __N, R. __W, Sec. __, 1/4 1/4 1/4 1/4 1/4

County: Township:

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

System Type:

- a. Gravity flow |
- b. Trench |
- Bed |
- Bed on fill |
- Other

Septic Tank:

<table>
<thead>
<tr>
<th>Number of tanks</th>
<th>Total capacity</th>
<th>Material</th>
</tr>
</thead>
</table>

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:

- 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:

<table>
<thead>
<tr>
<th>Width</th>
<th>Length</th>
<th># of laterals</th>
</tr>
</thead>
</table>

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  
- NA

* Boxes checked "No" with an asterisk (*) 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:________________________

phdm: 5/18 [282-12]