

# District Health Department #10

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

## CONTRACTOR AFFIDAVIT REPORT

County \_\_\_\_\_ Township \_\_\_\_\_ Section # \_\_\_\_\_

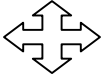
Permit # \_\_\_\_\_ Tax ID # \_\_\_\_\_

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 \_\_\_\_\_

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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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_