Shiawassee County Health Department
Environmental Health Division
201 N. Shiawassee Street
Corunna, Michigan 48817
Phone (989) 743-2390 Fax (989) 743-2413

VERIFICATION FORM

_____ _____ _____
Address/Road Location Township Sec. No.

Owner's Name _____

Owner's Mailing Address: _____
House No./Street City State Zip Code

_____

_____ Gallon Septic Tank Number of Tanks _____ One Compartment [ ] Two Compartments [ ]

_____ Linear Feet of Drainfield Installed If solid bed: _____ Square Feet of Bed Installed

_____ Inch Wide Trenches Trench Bottom _____ Inches below original grade (Max. Pt.)

_____

Sketch the following information and dimensions below: property lines, house location, well location, septic tank and disposal field location and dimensions. If area filled, indicate location in drawing, indicate north arrow. Also, list sizes and types of materials used.

System was installed according to plans and approved for Deviation Permit requirements under the Sanitary Code.

_____ _____
Signature of Installer Date