SHIAWASSEE COUNTY
HEALTH DEPARTMENT
Promoting Wellness. Protecting Health.

Sewage Permit Number:

VERIFICATION FORM
CONVENTIONAL SEPTIC SYSTEM

_____ _____ _____
Address Township Sec. No.

Owner's Name _____ Email: _____

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 the Sewage Permit requirements.

Installer Name: _____ Email: _____

Address: _____ Phone: _____

_____ _____
Signature of Installer Date