

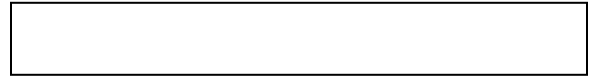
Shiawassee County Health Department

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 the Sewage Permit requirements.

_____ Signature of Installer

_____ Date