

AFFIDAVIT AND AS-BUILT DRAWING

In accordance with the Western Upper Peninsula Health Department's Superior Environmental Health Code, Section 5.15(2). An As-Built Drawing of the installation must be attached to the affidavit.

TO: Western Upper Peninsula Health Department

RE: _____ / _____ T _____ R _____
Name of Homeowner County/Township Section # Township# Range#

Contractor/person who installed system: _____

I, as the Homeowner, Contractor, Registered Engineer, Registered Land Surveyor, Architect, do hereby certify that all authorized work at the above location has been constructed in accordance with septic construction permit # _____
Date installed _____ System was installed according to approved plans. Yes No
System installed with modifications listed below: (list reasons)

SYSTEM DESIGN
a) Gravity flow to a conventional system : Bed Trench
b) Pump effluent to a conventional gravity system: Bed Trench
c) Pressure mound
d) Privy: Earthen Vaulted

SEWER LINE
a) Installed: Yes No Material (pipe markings): _____
c) Degree of bend _____ Length _____ Clean-out installed on line: Yes No
d) Isolation distances from: Lot line: _____ Well: _____ Water line: _____

SEPTIC TANK(S)
a) Prefabricated: Concrete Other material: _____
b) Number of tanks: _____ Capacity: _____ Outlet Baffle: Yes No Filer: _____
d) Isolation distances from: Foundation: _____ Lot line: _____ Well: _____
e) Pump Installed: Yes No Pump Size: _____

EFFLUENT LINE
a) Material (pipe markings): _____ Length: _____
b) Diameter: _____ Fall: _____
b) Distribution header Level: Yes No Connection: Center PVC T Distribution Box

ABSORPTION SYSTEM
a) Bed: Width: _____ Length: _____ Depth below grade : _____ Bed at grade
b) Trenches: Number: _____ Width: _____ Length: _____ Depth: _____
c) Mound: Amount of sand fill above original grade: _____ Width: _____ Length: _____
Five foot sand extensions Yes No Slope: 3:1 or less Yes No
c) Laterals installed by: Hand level Transit Laser Number Installed _____
Lateral Diameter: _____ Laterals Interconnected: Yes No
Lateral Material (pipe markings): _____
d) Aggregate: Depth: _____ Proper Hardness, Gradation, & Washed: Yes No
e) System backfilled, seeded, and mulched to prevent erosion: Yes No

ABSORPTION SYSTEM ISOLATION
a) Well installed: Yes No Existing
b) Distance and direction to closest well: _____
c) Distances from: Foundation: _____ Lot line: _____ Lake/stream: _____
Water line: _____ Footing/storm drain: _____ Embankment/steep slope: _____

BEFORE COVERING THE SYSTEM.