

Jerry White, R.S.
Director

Rhonda Taylor
Program Clerk

ENVIRONMENTAL HEALTH DIVISION

Kent Singer, R.S.
Sanitarian

Kristin Ledford
Sanitarian

AFFIDAVIT

(USED ONLY FOR EMERGENCY INSTALLATION/COVERING OF SEPTIC SYSTEM)

I verify the sewage disposal system for Permit # _____:

A. Has been installed in accordance with the Tuscola County Environmental Health Code on _____,
(Date)

1. Meets all the restrictions stated on the permit,
2. Installed in area of original borings and meets elevations as set,
3. Other conditions: _____

B. Provided a sketch which includes: house, septic tank, disposal field, well, road and driveway locations; plus any other feature which may help to locate the system. Include: distances from house to tank and disposal field, well to tank and disposal field and disposal field to property lines. (Please complete grid on back.)

C. Tank Size/Source _____ Disposal Field Size _____
Brand of Tile _____ Stone Size/Source _____

Baffle Installed Yes _____ No _____ Straw/Fabric Type _____

Date

Contractor's Signature

Registration #

Contractor's Printed Name

Address/City

Date Reviewed _____

T.C.H.D. Sanitarian _____

TUSCOLA COUNTY HEALTH DEPARTMENT