



CERTIFIED ONSITE SEWAGE SYSTEM INSTALLATION & REPAIR CONTRACTOR AFFIDAVIT OF SEPTIC TANK INSTALLATION

This document must be submitted within 30 days of septic tank installation.

I hereby certify that I performed, or directly supervised this work, in accordance with all permit conditions and with the Washtenaw County General Construction Requirements. I understand that as a certified contractor, I am responsible for the work I perform and the work done under my supervision and certification.

Signature: _____

Date: _____

Business Name	Contractor Name	Certification Number
Street Address Where Work Performed		Township
Sewage Permit Number		Date Work Completed

Number of tank(s) installed at this site: _____

Tank manufacturer: _____

Capacity of tank(s): _____ gallons (tank 1)

N/A _____ gallons (tank 2)

N/A _____ gallons (tank 3)

N/A _____ gallons (tank 4)

Please check **ALL** that apply:

- Tank(s) installed in location shown on the approved site plan
- Tank(s) installed in a revised location (provide our office with a scaled, as-built site plan **OR** a site plan with dimensions to existing landmarks already shown on the approved plan, such as corners of home, outbuildings, utility poles, etc.)
- Riser(s) installed to grade with secondary protection installed over each new tank chamber/outlet device
Number of risers provided: _____
- Riser(s) installed to grade with secondary protection retrofitted to all existing tank(s)
Number of risers provided: _____
- Sanitary tee(s) installed at all tank outlets (unless effluent filter required/installed)
Number of sanitary tees provided: _____
Length of tee drop pipe from outlet invert: _____ inches
- Effluent filter installed at the outlet of the last septic tank
Make: _____
Model: _____