



**ALLEGAN COUNTY HEALTH DEPARTMENT**

3255 – 122<sup>nd</sup> Avenue, Suite 200, Allegan, MI 49010

**Environmental Health** 269-673-5415

PERMIT NO \_\_\_\_\_

TAX ID NO \_\_\_\_\_

**MAINTENANCE RECORD FOR ONSITE SEWAGE DISPOSAL SYSTEMS**

**PROPERTY INFORMATION**

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ TOWNSHIP \_\_\_\_\_ SEC # \_\_\_\_\_

OWNER/AGENT \_\_\_\_\_

1. Volume of Tanks(s): Tank #1 \_\_\_\_\_ Tank #2 \_\_\_\_\_ Tank #3 \_\_\_\_\_ Pump Chamber \_\_\_\_\_
2. Number of Tanks Pumped: \_\_\_\_\_ Outlet Baffle(s) – In place and functioning? Yes \_\_\_ No \_\_\_
3. Tank Construction: Precast \_\_\_ Block \_\_\_ Steel \_\_\_ Other \_\_\_
4. Disposal System Type: Bed \_\_\_ Tile Field \_\_\_ Drywell \_\_\_ Other \_\_\_
5. Was the drywell pumped? Yes \_\_\_ No \_\_\_
6. Was there any flow back into the tank? Yes \_\_\_ No \_\_\_ Other signs of failure? Yes \_\_\_ No \_\_\_
7. IF yes to either in line 6 – explain \_\_\_\_\_

Name of Company: \_\_\_\_\_

Date Pumped: \_\_\_\_\_

Pumper Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Disposal Site: \_\_\_\_\_

**SITE PLAN DRAWING**

All submitted statements must be accompanied with a site plan drawing. PLEASE include all of the following that apply.  
Residence, garage, driveway, other out buildings, pools, fronting road, and any other pertinent property information