



Luce County • 14150 Hamilton Lake Road, Newberry, MI 49868 • (906) 293-5107 • Fax (906) 293-5453

Mackinac County • 749 Hombach Street, St. Ignace, MI 49781 • (906) 643-1100 • Fax (906) 643-0239

Alger County • E9526 Prospect Street, Munising, MI 49862 • (906) 387-2297 • Fax (906) 387-2224

Schoolcraft County • 300 Walnut St., Room 155, Manistique, MI 49854 • (906) 341-6951 • Fax (906) 341-5230

Twitter.com/lmasdhd

WWW.LMASDHD.ORG

Facebook.com/lmasdhd

System Designer Certification

Parcel Number: _____ - _____ - _____ - _____ - _____

Owners Name: _____

I, _____ (system designer's name), certify that the sewage disposal system that I designed, was installed at the above referenced parcel number on _____ (date) by _____ (installer) and was installed in compliance with the permit issued by the LMAS District Health Department. I further certify that the site conditions at the time of the installation were suitable and the site was not excessively wet. This system _____ (is or is not) equipped with a pump that was designed and installed per the technical guidance manual.

_____ (Signature)

_____ (date)