

Marion County Health Department

3105 Route W / P.O. Box 1378

Hannibal, MO 63401

Phone 573-221-1166 Fax 573-221-1214

Installer Certification of Installation

Owner _____ Permit # _____

Site Address _____

City _____ Zip Code _____

The on-site sewage disposal system for the address listed above was installed according to MCHD On-Site Wastewater Treatment Systems Ordinance #79-061295 and the State of Missouri Minimum Constructions Standards for On-Site Sewage Disposal Systems 19 CSR 20-3.060.

In the space below draw a sketch of the on-site wastewater system including cleanouts, septic tank, pump tank, distribution box, absorption trenches, and curtain drains. Show the lines coming out of the distribution box so that it is clear which absorption trench the line goes to. Be as detailed as possible.

Installer Name **(Print)**

Installer Name **(Sign)**

Date

Installer registration number