



OPERATIONAL PLAN FOR ALTERNATIVE RESIDENTIAL OR COMMERCIAL ONSITE WASTEWATER TREATMENT SYSTEMS

This Operational Plan is required under Section 6:3 of *The Washtenaw County Regulation for the Onsite Management, Treatment and Disposal of Wastewater*.

System Owner Name: _____

System Address: _____

System Type: Residential Commercial

Pre-Treatment Type (if any): _____

Certified Operation and Maintenance Provider Name: _____

Phone: _____

- Is this a revised or updated Operational Plan? Yes No

"I understand the property listed above has an onsite sewage treatment and disposal system that requires an Operating Permit, together with inspections and maintenance by individuals certified by the Washtenaw County Environmental Health Division. I further agree to submit a revised Operational Plan within 30 days to the Washtenaw County Environmental Health Division in the event a different Certified Operation and Maintenance Provider is used to service this system."

Signature: _____ Date: ____/____/____