

# INDIVIDUAL SEWAGE SYSTEM AS-BUILT

Date Installed \_\_\_\_\_ Permit No. \_\_\_\_\_

Owner: \_\_\_\_\_ Project Address \_\_\_\_\_

House Type: I II III Property ID No.(PIN) \_ \_ - \_ \_ \_ \_ \_ - \_ \_ \_ \_ \_ (Dak Co Tax Info 651-438-4576, or www.co.dakota.mn.us)

City/Twp \_\_\_\_\_ Installed for \_\_\_ Bdrms or

\_\_\_\_\_ gal/day Commercial Use? Y / N

New  Replace  Repair  Addition

Property Transfer Upgrade? Y / N

Bsmt Lift Pump? Y/N Future? Y / N

Jacuzzi? Y/N Garb Disp? Y / N

Soil Survey Map Unit \_\_\_\_\_

Soil Compacted? Y / N

Fill Soil? Y / N

### Circle Soil Texture:

(Faster than 0.1 mpi)

Coarse Sand

Medium Sand

Loamy Sand 0.83

**FINE SAND 1.67**

Sandy Loam 1.27

Loam 1.67

Silt Loam, Silt 2.00

Sandy Clay Loam 2.2

Silty Clay Loam

Clay Loam

Silty Clay, Clay 4.2

(Slower than 120 mpi)

Soil dry enough for

construction? Y / N

**SETBACKS:** Prop.Lines 10' \_\_\_\_\_

Bldgs 10' to Tank \_\_\_\_\_ & 20' to Drnflid \_\_\_\_\_

Well(s) setback \_\_\_\_\_ ( ) not installed yet

Well Depth \_\_\_\_\_ ( ) Orig. Well Record ( ) Measured

Distance to Lake \_\_\_\_\_ Creek \_\_\_\_\_ Wetland \_\_\_\_\_

Buried Water Pressure Lines 10' to Tank & Drnflid? \_\_\_\_\_

System located by Photos? Y / N GPS? Y / N

**SEPTIC / HOLDING TANK(S)**  New  Existing

Liquid Capacity \_\_\_\_\_ 1 compartment or 2 ?

Made by \_\_\_\_\_ Watertight? Y / N

Baffle Type: Plastic Fiberglass Sanitary-T Concrete

No. of Inspection Pipes \_\_\_ 4" / 6" diam. Tank Level? Y / N

No./Diam. Manhole Access \_\_\_\_\_ Inlet / Outlet / Center

No. & Height of Manhole Risers \_\_\_\_\_

New Tanks 4 ft or less below Final Grade \_\_\_\_\_ Y / N

Pipes into Tank Sealed? with \_\_\_\_\_ Y / N

Riser into Tank Base Sealed? with \_\_\_\_\_ Y / N

Outlet Effluent Filter? Y / N Type \_\_\_\_\_

### MOUND / ATGRADE:

Percent Slope \_\_\_\_\_ % Scarification Method: \_\_\_\_\_

Dike Width \_\_\_\_\_ Up \_\_\_\_\_ Down \_\_\_\_\_ Side \_\_\_\_\_

Clean Rock? Y / N Depth Below Pipe \_\_\_\_\_ inches

Clean Sand? Y / N Depth Upslope \_\_\_\_\_ Downslope \_\_\_\_\_

Inches to Mottling \_\_\_\_\_ Pipe Size/Spacing \_\_\_\_\_

Perf Size/Spacing \_\_\_\_\_ Final Cover Depth \_\_\_\_\_

Rock Bed Size \_\_\_\_\_ Supplier: \_\_\_\_\_

Sand Base Size \_\_\_\_\_ Supplier: \_\_\_\_\_

Upslope needing drainage/diversion? Y / N Provided? Y / N

Grading done: Rough / Final

( ) Seeding ( ) Sod to be done by:

I hereby certify, as installer, that this individual sewage treatment system was installed according to the approved design, and as applicable, this Municipality's Sewage Treatment System Ordinance, & accurately locates all system components for later relocation.

Installer

Sign \_\_\_\_\_

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

Inspector

Sign \_\_\_\_\_

Date: \_\_\_\_\_ Approved: No / Yes / Yes with Conditions: \_\_\_\_\_

White copy: County Yellow: Owner Pink: Installer

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Line drawn from Tanks to Pump Truck Access < 100'? Y / N

**RESERVE AREA? Y / N Fenced Off? Y / N**

Owner informed to preserve Reserve Area? Y / N

Owner given Septic System Owner Guide? Y / N

**TRENCHES / BED OR GRAVELLESS DRAINFIELD:**

Drop boxes level? Y / N Type \_\_\_\_\_ concrete / plastic

Trench Depth \_\_\_\_\_ Width \_\_\_\_\_

Number of Trenches \_\_\_\_\_ Trench Bottom Level Y / N

Trench Lengths \_\_\_\_\_ Spacing \_\_\_\_\_

Rock Clean? Y/N 2" over Pipe? Y/N GeoTextile Cover? Y/N

Depth Below Pipe? \_\_\_\_\_ " Soil Backfill Depth \_\_\_\_\_ "

Gravelless Pipe Size? \_\_\_\_\_ Made by \_\_\_\_\_

Chamber Size? \_\_\_\_\_ Made by \_\_\_\_\_

Absorption Area: Sq Ft \_\_\_\_\_ Lineal Ft \_\_\_\_\_

Trench Bottom to mottling / bedrock? \_\_\_\_\_ inches

**PUMP TANK** Made by \_\_\_\_\_ Capacity \_\_\_\_\_

No. & Height of Risers \_\_\_\_\_ Sealed? Y / N

Pump Manufacturer \_\_\_\_\_ Model # \_\_\_\_\_

Horsepower \_\_\_\_\_ GPM \_\_\_\_\_ Feet of Head \_\_\_\_\_

Cycles Per Day \_\_\_\_\_ Gallons Per Cycle \_\_\_\_\_

Size of Discharge Line \_\_\_\_\_ 1.5" / 2"

Type of Electrical Hookup \_\_\_\_\_ post & box by tank

Alarm Location \_\_\_\_\_ garage / basement

Alarm: Tank Alert / Level Alarm / Other \_\_\_\_\_

Cycle Counter? Y / N Water Meter? Y / N

Designated Registered Professional Onsite \_\_\_\_\_

PCA Lic. No. \_\_\_\_\_ Company Name \_\_\_\_\_

Ph \_\_\_\_\_ Address \_\_\_\_\_