

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 Drnflld _____

Well(s) setback _____ ()not installed yet

Well Depth _____ ()Orig. Well Record ()Measured

Distance to Lake _____ Creek _____ Wetland _____

Buried Water Pressure Lines 10' to Tank & Drnflld? _____

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:

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

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

o:\emgmt\forms\swalm\ists\as-built-form.doc

Designated Registered Professional Onsite _____

PCA Lic. No. _____ Company Name _____

Ph _____ Address _____