



2241 221<sup>st</sup> Ave. NE • East Bethel, MN 55011  
Phone: (763) 367-7844 • Fax: (763) 434-9578

PERMIT NUMBER: \_\_\_\_\_

**INDIVIDUAL SEWAGE TREATMENT SYSTEM AS-BUILT REPORT**

(To Be Filled Out By Septic Installer)

Date: \_\_\_\_\_ Permit #: \_\_\_\_\_ Pin #: \_\_\_\_\_

Property Address: \_\_\_\_\_

Installer's Name: \_\_\_\_\_

Installer's Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ MPCA #: \_\_\_\_\_

Construction Type:  New Building  Alteration  Repair  Replace

Type of Septic System:  Type I  Type II  Type III  Type IV  Type V

Number of bedrooms the system is built for: \_\_\_\_\_

**SEPTIC TANK**

Manufacturer: \_\_\_\_\_ Septic Tank #1 Capacity: \_\_\_\_\_

Pump Tank Capacity: \_\_\_\_\_ Septic Tank #2 Capacity: \_\_\_\_\_

Manufacturer of Tank: \_\_\_\_\_ Septic Tank #3 Capacity: \_\_\_\_\_

Horsepower of Pump: \_\_\_\_\_

Pump Discharge in Gallons/Minute: \_\_\_\_\_ at \_\_\_\_\_ feet of Head

Type of Warning Device:  Visual  Audio

Number of Gallons Pumped per Cycle: \_\_\_\_\_

**TREATMENT AREA**

Treatment Type: \_\_\_\_\_ Size: \_\_\_\_\_ Basin Size: \_\_\_\_\_

Width:  24  30  36  OTHER \_\_\_\_\_ Ft. Length of Drainfield: \_\_\_\_\_ Ft.

Method of Distribution: Pressure  Gravity

Depth of Rock beneath Distribution Pipe:  6  12  18  24  Other: \_\_\_\_\_

Area Required: \_\_\_\_\_ Sq. Ft. Area as Built: \_\_\_\_\_ Sq. Ft.

**Complete site plan on attached sheet.** On site plan include location of structures, septic tank, pump chamber, line from house to tank, line from tank treatment system, distribution lines, distribution or drop boxes, well and driveway. Show all distances applicable to the sewage treatment system: distance from structure to tank, tank to treatment system, distance between distribution lines, length of distribution lines and distance between well and sewage treatment system. Indicate on the site plan north and the scale of the site plan. I hereby certify that the above described septic system was installed as per the submitted design and meets all of the requirements of MN 7080 and The City of East Bethel Ordinances.

Installer's Signature \_\_\_\_\_ Date \_\_\_\_\_



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# SEPTIC SYSTEM AS-BUILT DRAWING FORM

**\*Laser readings must be recorded at time of soil pit inspection\***

Property Address: \_\_\_\_\_



<b>Elevations:</b>	
Bottom of distribution media:	_____
Periodically saturated soil/bedrock:	_____
System Separation:	_____
Required compliance separation:	_____
Benchmark location:	_____

### **Items to be identified:**

- Septic, holding, and pump tanks, piping, and soil configuration. Label bed or trench width and length or rock bed size, absorption width, and final dimensions. Indicate alarm location.
- Show all setbacks from tank and septic system. (Property boundaries, Buildings, Wells, Water bodies, Road right-of-way)
- Improvements: present and future
- Benchmark location and distance of tank and septic system from benchmark. (e.g. - two corners of home to tank hatch/manhole)
- Alternate site.
- Abandoned system.
- Pump size

I hear by certify that I have completed this work in accordance with applicable designs, ordinances, rules and laws.	
Installer:	_____
License #:	_____
Signature:	_____
Date:	_____

### **Soil Test Pit Results:**

**\*City Use Only\***

Boring # \_\_\_\_\_ Redox Elevation: \_\_\_\_\_ Bottom Elevation of Drainfield: \_\_\_\_\_ System Separation: \_\_\_\_\_

Boring # \_\_\_\_\_ Redox Elevation: \_\_\_\_\_ Bottom Elevation of Drainfield: \_\_\_\_\_ System Separation: \_\_\_\_\_

**Inspected by:** \_\_\_\_\_