

AS-BUILT INSPECTION FORM

Date of Install: _____ **Septic Installer:** _____ **Permit #** _____
City/Twp: _____ Owner: _____
Project Address: _____
Installed for (# Bedrooms or gpd): _____ NEW REPLACE REPAIR ADDITION

SETBACKS:

Structures to Tank _____
Structures to Drainfield _____
Well(s) setback 50' or 100' _____ not installed
Distance to Lake _____ Creek _____ Wetland _____
Property Line(s) _____

SEPTIC/HOLDING TANK(S):

New Existing
Liquid Capacity _____
Tank Manufacturer _____
No. & Height of Manhole Risers _____
Top of Tank insulated if less than 2 ft deep: Yes / No
Effluent Filter: Yes / No Filter Alarm: Yes / No
Connections: _____

Mound Trench Bed Atgrade _____

Media: Rock Chamber Beads _____

Dike Width _____ up _____ down _____ side _____
Sand Below Media _____ upslope _____ downslope _____
Sand Base Dimensions _____
Perforation Size & Spacing _____
Pipe Size & Spacing _____
Drainfield Media Depth Below Pipe _____
Media Dimensions / Sq Ft _____
Trench Lengths _____ Total Linear _____
Trench Depth _____ Width _____
Trench Bottom Level Yes / No
Trench Spacing _____

PUMP INFO:

Liquid Capacity _____
Tank Manufacturer _____ new / existing
No. & Height of Risers _____
Pump Manuf. & Model No. _____
Horsepower _____ GPM _____
Feet of Head _____ installed or as per design
Cycles Per Day _____ Installed or as per design
Gallons Per Cycle _____ installed or as per design
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 _____
Water Meter: Yes / No _____ Cycle Counter: Yes / No

Manhole/Risers to Surface: Yes / No

DRAWING OF SYSTEM:

N

Comments: _____

I hereby certify, as the installer, that the Subsurface Sewage Treatment System (SSTS) was installed in accordance with the Scott County Subsurface Sewage Treatment System Ordinance No. 4 and MN Rule Ch. 7080 - 7083.

Installer's Signature: _____

Company Name _____
License Number _____
Phone Number _____