



Owner: _____ Parcel Number: _____

Street/City/Zip Code: _____

Lot: _____ Section: _____ Township: _____ N Range: _____ W

Installation Date: _____ Installer: _____ License Number: _____

Is the system in Shoreland, serving a MDH facility or in a Wellhead Protection area? YES NO

Number of Bedrooms/ Flow Rate: _____ # / gpd Septic Tanks, No & Size: _____ #/gal

Pump Tank Size: _____ gal Tank Manufacturer: _____ Model # _____

Date of Manufacture: _____ Maximum Burial Depth: _____

Pump Size: _____ hp _____ gpm _____ ft of TDH Floats properly set? YES NO

Soil Treatment Area:

- TYPE I TYPE II TYPE III TYPE IV TYPE V
 TRENCH BED MOUND AT-GRADE WARRANTIED OTHER: _____

Limiting Layer/Depth: _____" Rockbed Size: _____ Describe: _____

Depth from Surface: _____" Absorption width: _____

Rock or Slat depth: _____" Sand depth: _____
 (under mound)

Diameter of Gravel less: _____"

Trench Width: _____ ft

Bottom Square Feet Area: _____ ft²

Design Variances: _____

Site Drawing:

North

Items to be Identified:

1. Septic, holding and pump tanks, piping, and soil system configuration. Label bed or trench width and length or rockbed size, absorption width and final dimensions. Indicate alarm location.
2. Show all setbacks from tank and soil system
 - a. Property boundaries
 - b. Buildings
 - c. Wells
 - d. Water bodies
 - e. Road right-of-way
3. Improvements - present and future.
4. Benchmark location and distance of tank and soil system from benchmark
5. Replacement site
6. Abandoned system

Other Information:

List any further system descriptions:

List any material testing results (jar test, sieve analysis, etc):

List conditions during construction:

List who is responsible for establishing vegetative cover:

I hereby certify that I have completed this work in accordance with applicable ordinances, rules, and laws.

_____(Installer) _____(license #) _____(Date)