



Septic As-Built Form

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 Manufacture: _____

Pump Size: _____ hp _____ gpm _____ ft of TDH Limiting Layer Elevation/Depth: _____

From grade/benchmark

TRENCH BED MOUND AT-GRADE ALTERNATIVE, OTHER PERFORMANCE WARRANTIED

Depth from Surface: _____ in Rockbed Size: _____ Describe: _____

Rock or Slat depth: _____ in Adsorption width: _____

Diameter of Gravelless: _____ in Sand depth (under mound): _____

Trench Width: _____ ft _____

Bottom Square Feet Area: _____ ft² _____

DESIGN VARIANCES: _____

SITE DRAWING



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. Alternate site.
6. Abandoned system.

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

_____ (Installer) _____ (License #) _____ (Date)

OVER →

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:

Please turn in completed form to:

DEPARTMENT OF BUILDING SAFETY
OTSEGO CITY HALL
13400 – 90th STREET NE
OTSEGO, MN 55330

(fax) 763-441-9163

E-Mail: building@ci.otsego.mn.us