



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

Washington County Public Health & Environment
 14949 – 62ND ST N, PO BOX 6, STILLWATER, MN 55082-0006
 651/430-6688 OR 651/430-6655 FAX 651/430-6730

Legal Description or Complete Street Address		City of Township		
Owner Name	Mail Address	City	State	Zip
Installer	Mail Address	City	State	Zip
Septic Tank Information Tank Manufacturer:		Liquid Capacity		
PUMP CHAMBER (if installed)				
Tank Manufacturer:	Liquid Capacity:	Horsepower of Pump:	Type of Warning Device:	
Pump Discharge in Gallons Per Minute:		at	Feet of	Number of Gallons Per Cycle:
DRAINFIELD TRENCH		BED OR MOUND		
Width:	Length of Each Trench:	Rock Bed Length:	Width:	Area:
Depth of Trench Bottom from Finished Grade:		Bed Depth from Grade:		
Method of Distribution: <input type="checkbox"/> Pressure <input type="checkbox"/> Distribution Box <input type="checkbox"/> Drop Box		MOUND: Upslope Sand Base Depth: Downslope Sand Base Depth:		
Depth of Rock Under Distribution Pipe:		Depth of Rock Under Pipe:		
Square Footage of Tested Area Used:		PRESSURE DISTRIBUTION SYSTEM:		
Trench Bottom Square Footage Required:	Area As Built:	Lateral Inside Diameter:	Length:	Perforation Size:
		Spacing:	Number:	Perforation Spacing:
Benchmark elevation:	Bottom of soil treatment area elevation:	First inlet elevation:	Last outlet elevation:	

Complete site plan on an attached sheet. On the site plan, include location of the following items.
 Structures, septic tank, pump chamber, line from house to 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 NORTH on the site plan and the sale of the plan.

I hereby certify that the system at the above referenced address was installed according to the Washington County Individual Sewage Treatment System Ordinance requirements.

Signed: _____ MPCA License #: _____ Dated: _____

WASHINGTON COUNTY SEPTIC PERMIT NUMBER _____