

# 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 \_\_\_\_\_