



**Individual Sewage Treatment System  
As-Built Report**

Permit # \_\_\_\_\_

Date Received \_\_\_\_\_

<b>SITE ADDRESS:</b>		<b>PID:</b>	
<b>PROPERTY OWNER:</b>		Address:	
City:	State:	Zip:	Email:
Contact Name:		Phone:	
<b>INSTALLER:</b>		Address:	
City:	State:	Zip:	Phone: State License #:
Email:		Contact Name:	
Is the system in Shoreland, serving a MDH facility or in a Wellhead Protection area? <input type="checkbox"/> Yes <input type="checkbox"/> No			
# of Bedrooms:	Flow Rate # (GPD):	#/Gallon:	Septic Tanks, # and Size:
<b>SEPTIC TANK INFORMATION</b>		<b>PUMP</b>	
Tank Manufacturer:	Liquid Capacity:	Pump Discharge in Gallons Per Minute: ___ at ___ feet of Head	
Installation Date:		Horsepower of Pump:	Make & Model #:
<b>PUMP CHAMBER (if installed)</b>		# of Gallons Pumped Per Cycle:	
Tank Manufacturer:	Liquid Capacity:	Floats Properly Set?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Manufacture:	Type of Warning Device:		<input type="checkbox"/> Visual <input type="checkbox"/> Audio
<b>DRAINFIELD TRANCH</b>		<b>BED OR MOUND</b>	
Width:	Length of Each Trench:	Rock Bed Length:	Width:
Depth of Trench Bottom from Finished Grade:		Area:	
Method of Distribution:		Bed Depth from Grade:	
<input type="checkbox"/> Pressure Bed <input type="checkbox"/> Distribution Box <input type="checkbox"/> Drop Box		Mound:	
Depth of Rock Under Distribution Pipe:		Upslope Sand Base Depth:	Downslope Sand Base Depth:
Square Footage of Tested Area Used:		Depth of Rock Under Pipe:	
Trench Bottom Square Footage Required:		<b>PRESSURE DISTRIBUTION SYSTEM:</b>	
		Lateral Inside Diameter:	Length:
		Perforation Size:	Spacing:
Benchmark Elevation:	Bottom of Soil Treatment Area Elevation:	Number:	Perforation Spacing:
		First Inlet Elevation:	Last Outlet Elevation:

**COMPLETE SITE PLAN ON ATTACHED SHEET.**

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

<b>PRINTED NAME:</b>	<b>SIGNATURE:</b>
<b>MPCA License #:</b>	<b>Dated:</b>

# Athens

TOWNSHIP • MINNESOTA

## Individual Sewage Treatment System As-Built Site Plan

Permit # \_\_\_\_\_

Date Received  
\_\_\_\_\_

COMPLETE AS BUILT SITE PLAN BELOW:



Required Items to Identify on Site Plan:

1. Structures on property.
2. Well.
3. Driveway.
4. Elevations.
5. Septic, holding and pump tanks, piping, and soil system configuration.
6. Label bed or trench width and length, or rock bed size.
7. Label absorption width and final dimensions.
8. Indicate alarm location.
9. Show all setbacks from tank and soil system:
  - a. Property boundaries.
  - b. Buildings.
  - c. Wells.
  - d. Water bodies.
  - e. Road Right-of-Way.
10. Improvements – present and future.
11. Benchmark location and distance of tank and soil system from benchmark.
12. Replacement site.
13. Abandoned system.