



INDIVIDUAL SEWAGE TREATMENT

SYSTEM As-Built Form

14070 HIGHWAY 52 SE
CHATFIELD, MN 55923

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Permit Owner Name: _____ Permit Number: _____
 Construction Date: _____ Installer: _____ License Number: _____
 Weather Conditions: _____ Vegetative Cover Responsibility: _____
 Tanks/Pumps: Maximum Burial Depth: _____ Filter: _____ Insulation: _____
 Number of tanks: _____ Tank Manufacturer: _____ Tank Model: _____
 Volume of each tank / compartment: _____, _____, _____
 Dosing tank: Gallons _____ Standalone: Yes ___ No ___ Tank Model _____
 Pump Size: _____ hp _____ gpm _____ ft of TDH Floats properly set: Yes ___ No ___
 Treatment System: Maximum Penetration _____ Depth of Sand _____ Pressurized: ___ Gravity: ___
 Trench: ___ Bed: ___ Mound: ___ At Grade: ___ Distribution Media: _____
 Number of trenches: _____ Length: _____ Width: _____ Inches of rock under pipe: _____
 Bed: Length: _____ Width: _____ Mound Bed: Length: _____ Width: _____ Sand Depth: _____
 Scarification Length: _____ Width: _____

Site Drawing: *include dimensions*

The entire installation and all materials conform to and were constructed in accordance with the current Minnesota Rules "Individual Sewage Treatment Systems Standards" CHAPTER 7080-7083, Township Subsurface Sewage Treatment System Ordinance and any other applicable state and local regulations.

Signature: _____ Date: _____ MPCA Lic. # _____