

# AS-BUILT DRAWING SUBSURFACE SEWAGE TREATMENT SYSTEM

**SUBMIT APPLICATIONS TO: [Permits@rumrivercc.com](mailto:Permits@rumrivercc.com)** Scheduling: 763-331-7722

SITE ADDRESS \_\_\_\_\_ PROPERTY ID # \_\_\_\_\_

INSTALLER COMPANY NAME \_\_\_\_\_

NEW  REPLACEMENT  TYPE I  TYPE II  TYPE III  TYPE IV  TYPE V  
 STANDARD TRENCHES  PRESSURE BEDS  MOUND  AT-GRADE  OTHER \_\_\_\_\_

# OF BEDROOMS \_\_\_\_\_ GPD \_\_\_\_\_ # OF NEW TANKS INSTALLED \_\_\_\_\_

SIZE OF TANKS \_\_\_\_\_ TANK MANUFACTURER \_\_\_\_\_

THICKNESS OF ROCK LAYER \_\_\_\_\_ DEPTH OF WASHED SAND (MOUNDS ONLY) \_\_\_\_\_

SQ. FT. OF SYSTEM \_\_\_\_\_ SIGNED "OTHER SYSTEM" WAIVER \_\_\_\_\_

DESIGNER NAME: \_\_\_\_\_

## **\*\*BENCHMARK INFORMATION TO BE FILLED IN ON SECOND PAGE\*\***

30  
1

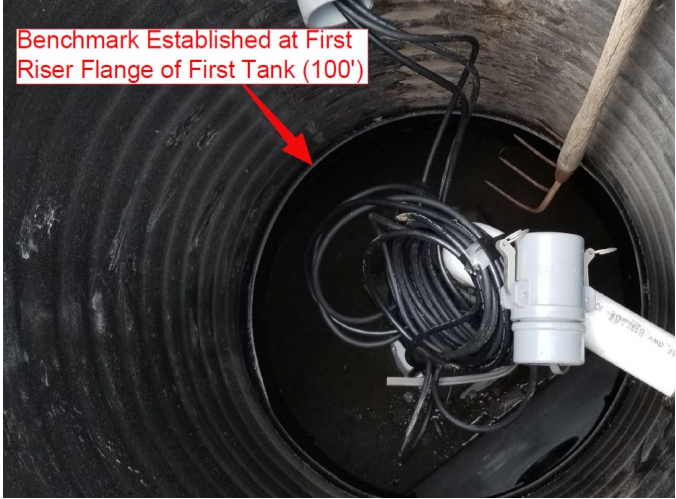
Show Locations and Distances from all System Components to Buildings,  
Driveways, Water Wells and Property Lines if within 30' of System.

\*\*I hereby certify this install was completed according to all applicable requirements and ordinances.\*\*

SIGNATURE OF LICENSED INSTALLER \_\_\_\_\_ DATE \_\_\_\_\_

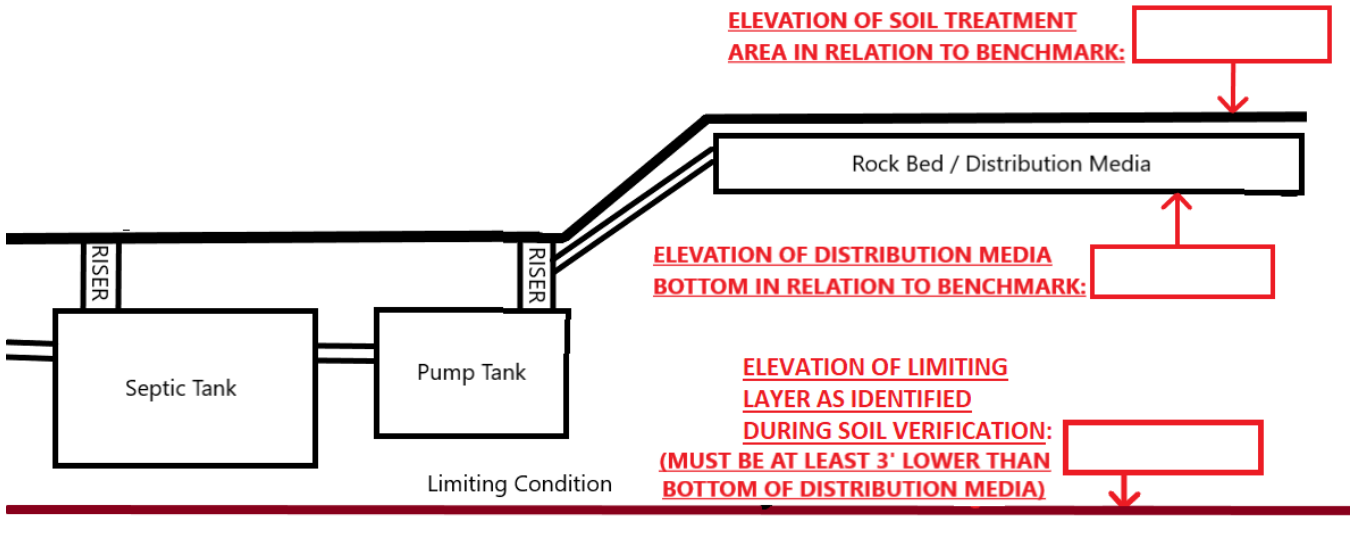
INSTALLER'S NAME \_\_\_\_\_

# SUBSURFACE SEWAGE TREATMENT SYSTEM ELEVATIONS



Establish benchmark at the flange in the first riser of the first septic tank, as shown here.

Fill in all three red boxes below with the applicable elevation in relation to the benchmark.



MATERIALS TESTING PERFORMED (JAR TEST, ETC):

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CONDITIONS AT TIME OF INSTALL:

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\*\*I hereby certify this install was completed according to all applicable requirements and ordinances.\*\*

SIGNATURE OF LICENSED INSTALLER:

DATE: \_\_\_\_\_

INSTALLER CERTIFICATION #: \_\_\_\_\_