



PERMIT # _____

DATE RECEIVED _____

AS-BUILT DRAWING SUBSURFACE SEWAGE TREATMENT SYSTEM

SUBMIT APPLICATIONS TO: 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****

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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 _____

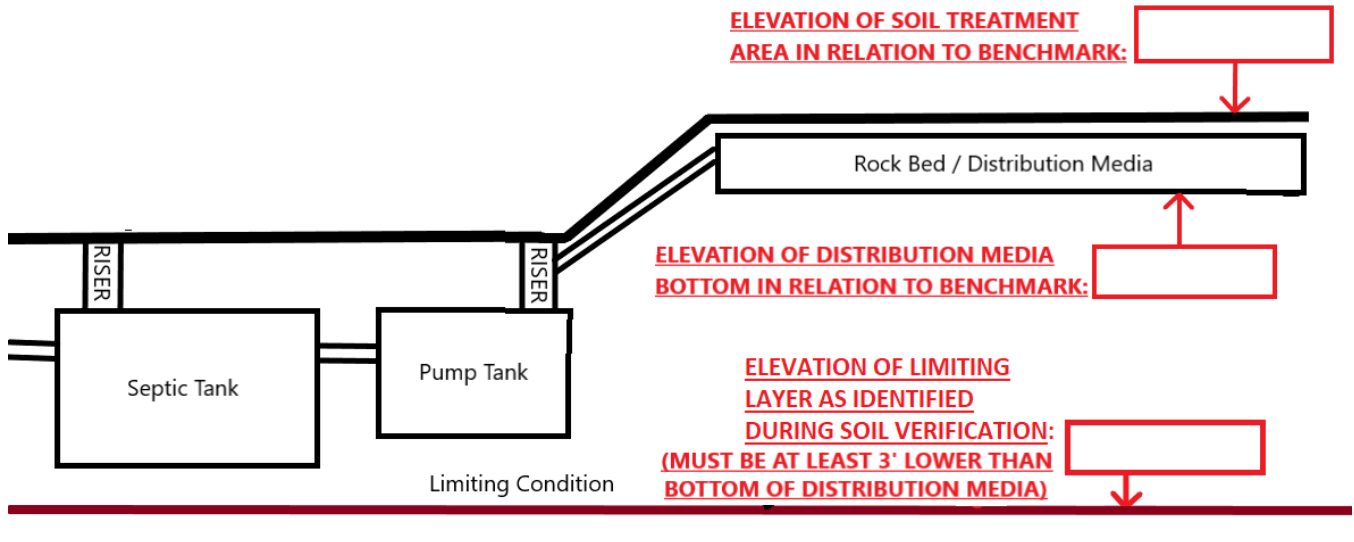
INSTALLER'S NAME _____

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):

CONDITIONS AT TIME OF INSTALL:

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

SIGNATURE OF LICENSED INSTALLER:

DATE: _____

INSTALLER CERTIFICATION #: _____