

16319 Kettle River Blvd, Columbus, MN 55025

Phone: 651-464-3120 | Submit permit applications to  
 permitcdr@ci.columbus.mn.us

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

Original 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:
Email:		State License #:	
Contact Name:			
Is the system in Shoreland, serving a MDH facility or in a Wellhead Protection area?      Yes      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?      Yes      No	
Date of Manufacture:		Type of Warning Device:      Visual      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: Pressure Bed      Distribution Box      Drop Box		Bed Depth from Grade:	
Depth of Rock Under Distribution Pipe:		Mound:	
Square Footage of Tested Area Used:		Upslope Sand Base Depth:	
Trench Bottom Square Footage Required:		Downslope Sand Base Depth:	
Area As Built (square feet):		<b>PRESSURE DISTRIBUTION SYSTEM:</b>	
Benchmark Elevation:		Lateral Inside Diameter:	Length:
Bottom of Soil Treatment Area Elevation:		Perforation Size:	Spacing:
		Number:	Perforation Spacing:
		First Inlet Elevation:	Last Outlet Elevation:

**COMPLETE SITE PLAN ON ATTACHED SHEET.**

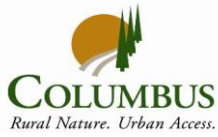
On the Site Plan, include location of the following items:  
 Structures on property, well, driveway, elevations, septic, holding and pump tanks, piping, soil system configuration, label bed or trench width and length, or rock bed size, label absorption width and final dimensions, indicate alarm location, show all set backs from tank and soil system from: property boundaries, buildings, wells, water bodies, road right-of-way. Also, improvements - present and future, benchmark location and distances of tank and soil system from benchmark, replacement site and abandoned system.

As-Built documentation, certification and drawings shall be submitted within five (5) days of completion of any permitted Subsurface Sewage Treatment System

I hereby certify that the system at the above referenced address was installed according to the City of Columbus Individual Sewage Treatment System Ordinance requirements.

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

**48-HOUR NOTICE REQUIRED FOR INSPECTIONS. CALL 952-442-7520.**



**Individual Sewage Treatment System  
As-Built Site Plan**

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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.