

Dodge County As Built Form

Permit # _____

Property Owner _____ Property Address OR Parcel ID# _____

Date of Construction: _____ Time: _____ Weather Conditions: _____

SETBACKS:

Building(s) to Tank(s)..... _____
Tank to Drainfield (nearest absorption)... _____
Well(s) to Tank(s)..... _____
Well(s) to Drainfield..... _____
Property Line(s)..... _____

SEPTIC/HOLDING TANK(S):

Liquid Capacity..... _____
Number of Tanks..... _____
Tank Model #..... _____

PUMP:

Capacity of Pump Tank..... _____
Pump Size..... _____
Pump Brand..... _____
Size of Discharge Line..... _____
Drainback..... _____

DRAINFIELD:

Trench Depth..... _____
Trench Length..... _____
Distance Between Drop Boxes..... _____

MOUND/AT-GRADE:

Upslope Dike Width..... _____
Downslope Dike Width..... _____
Rock Below Pipe..... _____
Depth of Sand..... _____
Perforation Size & Spacing..... _____
Dimensions of Rock Bed..... _____
Dimensions of Sand Base..... _____
Mound Sand/Rock Received From: _____

Flow Measurement Device: _____

Pictures of System Attached: YES / NO Additional Attachments: YES / NO

Items to be identified: *Configuration and location of septic, holding & pump tank(s), piping and soil. *Label bed, trench, mound, at-grade absorption length & width, & final dimensions. *Show all setbacks from tank(s) & soil system, ie; property boundaries, buildings, well(s), water bodies, Road right-of-way. *Benchmark location and distance to system. *Secondary/replacement site. *Abandoned system *Elevation

North
↑

Certification

I hereby certify as a state of Minnesota licensed professional that my recorded observations are accurate as of this date on the diagram and form.

Name (print) _____ Phone _____

Signature _____ Lic# _____ Company Name _____ Date _____

(County Use or Designer I/Inspector Use Only)

Based on the inspection conducted above, and information provided with the permit application, the system status is _____, therefore, this document is a _____
(Choose In Compliance OR Failing) (Choose: Certificate of Compliance OR Notice of Noncompliance).

Signature of Qualified Employee Or Contracted Inspector Date License Number