



Goodhue County As-Built Form

Land Use Management
Environmental Health

Installer:	Install Date:	Permit #
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Owner:	Parcel #
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System flow: GPD	Shoreland or WPA <input type="checkbox"/> Yes <input type="checkbox"/> No
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Number of Tanks:		<input type="checkbox"/> Sheets attached		
MFR	MFD Date	Max Bury Depth (ft)	Size (Gal)	Model #

Pump <input type="checkbox"/> N/A	Manufacturer:	Model #
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Floats <input type="checkbox"/> N/A	Set to Design Specifications <input type="checkbox"/> Yes <input type="checkbox"/> No
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Alarm	Type	Location
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Soil Treatment Area				Type <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V			
Limiting Layer Depth		Distribution Media:			Model # If applicable		
Inches							
<input type="checkbox"/> Trench	<input type="checkbox"/> Bed	<input type="checkbox"/> Mound		<input type="checkbox"/> At-Grade			
Depth:	Depth:	Sand height/depth:		Length:			
Width:	Length:	Bed Area:		Bed width:			
Total Lineal ft:	Width:	Ground Slope:		Ground Slope:			
Total Absorption Area Sqft:							

Differences from design:

Installation Conditions, System Abandonment and other information:

Drawing and Checklist

Checklist			<input type="checkbox"/> Abandonment* <input type="checkbox"/> N/A
	Setback distances	Labels and Dimensions	*accordance with Minn. R. 7080.2500
<input type="checkbox"/> North arrow	<input type="checkbox"/> Property Lines	<input type="checkbox"/> Tanks	Tanks: <input type="checkbox"/> Pumped <input type="checkbox"/> Crushed <input type="checkbox"/> Removed
<input type="checkbox"/> Benchmark	<input type="checkbox"/> Buildings	<input type="checkbox"/> Piping	Electrical Devices: <input type="checkbox"/> Removed Cavities: <input type="checkbox"/> Filled
	<input type="checkbox"/> Wells	<input type="checkbox"/> Soil Treatment Area	Contaminated Materials Removed: <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Water Bodies	<input type="checkbox"/> Abandoned system	Future Discharge permanently denied: <input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby certify that I have completed this work in accordance with applicable ordinances, rules, and laws.		
Installer Signature	License #	Date
Abandonment: I hereby certify the system was abandoned in accordance with Minn. R. 7080.2500 and any local requirements.		
Signature of Individual who abandoned the System		Date