



**SIBLEY COUNTY ENVIRONMENTAL SERVICES
SEPTIC CERTIFICATE OF COMPLIANCE
SSTS Design Summary (rev 11)**

Property Owner _____ Phone # _____

Site Address _____ City _____

Zip Code _____ Township _____ Section/Township/Range _____ Permit # _____

Name of Installer _____ License # _____

System: New / Replacement / Repair **System Type:** I II III **Operating Permit:** Holding Tank IV V MSTs
OP# _____

Existing tank(s) pumped? (Y (N) Year system built (If existing): _____ Installer: _____

Preliminary site evaluation / Design by: _____ Lic # _____ Date _____

Soil loading rate/Absorption ratio: _____ Soil treatment area size(s): _____ sq. ft.

Depth to restricting layer _____ inches Number of bedrooms _____ Type (I) (II) (III) (IV) Design flow _____ gpd

Water using appliances () Clothes washer () Dishwasher () Whirlpool bath () Water conditioning unit

Garbage disposal and/or Sewage ejector pump? YES NO (**YES:** Alarm & Effluent Screen required)

Management Plan? YES NO

Employ Flow Measurements? YES NO (Required if Pressurized)

Nearest Surface Water: = _____ ft. from which type of surface water: () river () lake () stream () other (Setback _____)

Distance to well: _____ Distance to neighbor's well(s): _____

Tank(s) Size (gal)	Material (concrete, poly)
Septic _____ gal	_____
Aerobic _____ gal	_____
Pump Tank _____ gal	_____
Holding Tank _____ gal	_____

Manufacturers Name _____

Depth of Cover Over Tank(s) _____ inches

Trench/Bed System:

Rock _____ Gravelless _____ Chamber _____

Lineal Feet of Trench _____ ft

Bed Dimensions _____ ft x _____ ft

Trench Depth _____ inches Soil Cover Depth _____ inches

Mound System:

Rockbed Dimensions _____ ft x _____ ft

Absorption Width _____ ft

Depth of Clean Sand Below Rockbed _____ inches

Atgrade System:

Rockbed Dimensions _____ ft x _____ ft

Absorption width _____ ft

OFFICE USE ONLY
Inspection Record

Soil Verification # _____

Verification method used: _____

Final Installation Date _____

Final Inspection By _____ **Date** _____

Soils:

N.R.C.S. Map Unit: _____

Benchmark Elevation: _____

Restricting Layer Elevation: _____

Bottom of System Elevation: _____

Pressure Distribution System:

Number of perforated laterals _____ Size 1.25" 1.5" 2.0"

Size of Perforations 1/8" 7/32" 1/4" @ _____ inch spacings

Pump Requirements: cap. _____ gpm total head _____ ft

STATEMENT OF CERTIFICATION

I hereby certify as a State of Minnesota licensed Inspector, Designer I or Qualified Employee that based on my observations and/or the information provided me by the Licensed Installer that the information listed above for the site stated at the top of this form indicates that work performed on this septic system was completed in accordance with applicable requirements as of the date below. No determination of future hydraulic performance can be made due to unknown conditions during system construction and/or future water usage over the life of the system.

Inspector's Signature _____ Reg # _____ Date _____

SUBSURFACE SOIL TREATMENT SYSTEM AS-BUILT DRAWING

SCALE 1 INCH = _____



CERTIFICATION STATEMENT/AS-BUILT

I hereby certify as a State of Minnesota Licensed Installer that the individual sewage treatment system diagrammed above was installed in accordance with all applicable requirements of Minnesota Rules Chapter 7080. The diagram of the installation is accurate as of the date at the bottom of this form for the site identified on the reverse side of this form. No determination of future hydraulic performance can be made due to future water usage over the life of the system.

Installer Signature

License #

Date