



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			MPCA :	#: L		
New	Replacement	Type I	Type II	Type III	Type IV	Type V
Standard Trenche	es Pressure Beds	Mound	At-Grade	Other _		
# of Bedrooms GPD			# of <u>New</u> Tanks Installed			
Size of Tanks			Tank Manufacturer			
Thickness of Rock L	ayer	Depth of w	ashed sand (Mo	ounds Only)		
SQ. FT. of System	Signed "Ot	her System" Wa	iver			
**n	Designer Name	tion to be	Cillad in an			
	enchmark Informa			<u> </u>	age	
<i>№</i>	Show Locations and	Distances from ways, Water We				
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**I hereby Cer	rtify this install was comple	ted according to	all applicable re	equirements ar	nd ordinances.	**
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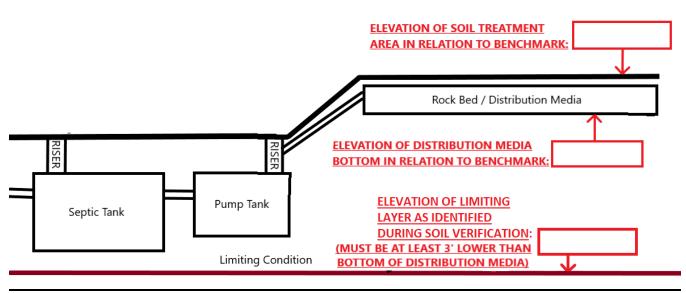
Installer's Printed Name

## **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 c Signature of Licensed Installer: _	ompleted according to all applicable requirements and ordinances. **
Date:	MDCA LICENSE #· I