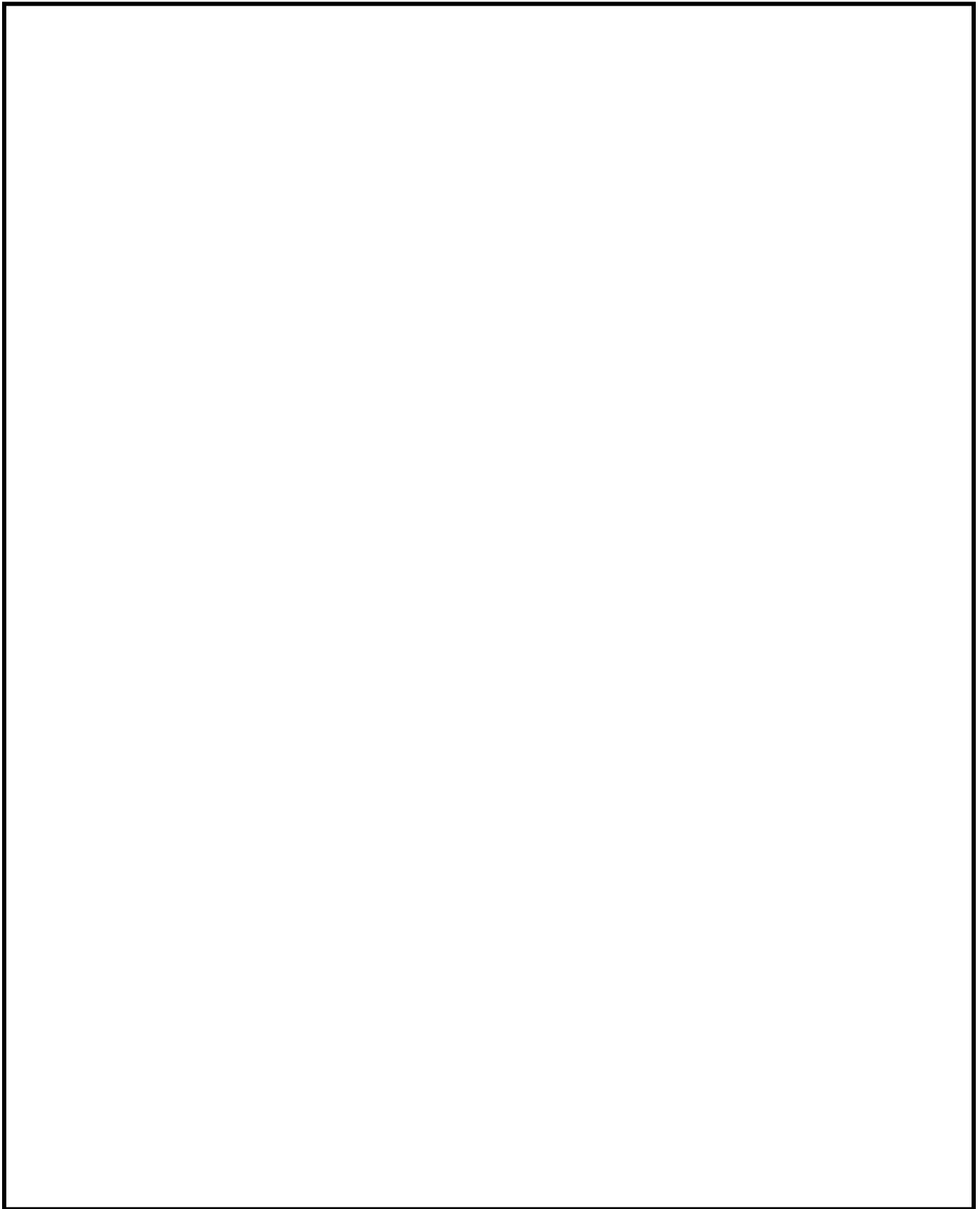


**Owner:** enter name **Parcel Number:** enter number **Parcel Address:** enter street address



**Owner:** enter name **Parcel Number:** enter number

**Slope:** Click enter text.%

**Type of system:** Choose an item.

**Dispersal Bed:** enter feetft. X enter feetft. **Absorption Area:** enter feetft. X enter feetft.

**Final Dimensions:** enter feetft. X enter feetft. (finished size)

**Distribution Media:**  Rock  Chambers  EZFlow

**Depth:** enter depthin. **Depth of sand:** enter sand depthin

**Trenches:** Linear ft:enter feet or Final Dimensions: enter feet

Trench depth: enter feet Number of trenches: enter qty Trench Spacing: enter feet

Gravity  Pump to Gravity  Pressure Distribution

**Number of Laterals:**enter qty  End or  Center Feed **Lateral Diameter:** enter size in.

**Perforation size:** enter size **and perforation spacing:** enter spacing

**Pump:** enter sizeGPM at (TDH)enter head ft. of head **Dose:** enter dose gal

**Benchmark** (elevation reference point): enter benchmark location

<b>Elevations</b>		Pump to STA=enter elevation	
Benchmark=	enter elevation	SB1=	enter elevation
Septic Tank=	enter elevation	SB2=	enter elevation
Pump Tank=	enter elevation	SB3=	enter elevation

**Check box when put on drawing:**

- North arrow
- Location of system components
- Type of system components
- Soil bore locations- labelled
- Soil treatment area location
- Well(s)
- Buried water lines  
(shared well or city services only)
- All property lines
- Secondary site (if applicable)
- Location of unsuitable area(s)
- Existing/abandoned system
- All actual setbacks
- All sewer lines and locations
- Erosion control (if applicable)
- Existing/proposed buildings/improvements
- Slope direction
- Bluff(s)
- OHWL lakes, streams, rivers, wetlands, etc.
- Pools
- Easements
- Road Right of Way
- Neighboring property setbacks (if applicable)
- Legible certified statement and signature
- Maintenance access



Septic System Site Sketch and Record Drawing

**Owner:** enter name **Parcel Number:** enter number

**List any further system descriptions:** Click or tap here to enter text.

**List any material testing results (jar test, sieve analysis, etc.):** Click or tap here to enter text.

**Conditions during construction:** Circle all that apply

Dry Moist Wet At plastic limit Freezing Frozen Hot Rain Snow Cool Cold

**Who is responsible for establishing vegetative cover:** Check all that apply

Landowner  Septic contractor  Building contractor  Other Click or tap here to enter text.

I hereby certify as a State of Minnesota Licensed SSTS Designer/Installer that the septic system diagram on this form was designed/installed in accordance with all applicable requirements of Minnesota Rules Chapters 7080 &/or 7081, the Le Sueur County Zoning Ordinance, and Le Sueur County Office Policies. The drawing is accurate as of the date of this form for the site identified at the top of this form. No determination of the future hydraulic performance can be made due to future water usage over the life of the system.

**SSTS Designer Signature:**

**SSTS Designer Company:** Click or tap here to enter text.

**License Number:** Click or tap here to enter text.

**Certification Number:** Click or tap here to enter text.

**Date:** Click or tap here to enter text.

**SSTS Installer Signature:**

**SSTS Installer Company:** Click or tap here to enter text.

**License Number:** Click or tap here to enter text.

**Certification Number:** Click or tap here to enter text.

**Date:** Click or tap here to enter text.