



# First District Health Unit As-Built Form



Owner: \_\_\_\_\_ Permit Number: \_\_\_\_\_

Street/City/Zip: \_\_\_\_\_ County: \_\_\_\_\_

Lot: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ N Range: \_\_\_\_\_ W

Installation Date: \_\_\_\_\_ Installer: \_\_\_\_\_ License Number: \_\_\_\_\_

Number of Bedrooms/ Flow Rate: \_\_\_\_\_ # / gpd Septic Tanks, No. & Size: \_\_\_\_\_ #/gal

Pump Tank Size: \_\_\_\_\_ gal Tank Manufacturer: \_\_\_\_\_

Pump Size: \_\_\_\_\_ hp \_\_\_\_\_ gpm \_\_\_\_\_ ft of TDH Manufacturer: \_\_\_\_\_

Limiting Layer Elevation/Depth: \_\_\_\_\_

Trench  Bed  Mound  At Grade  Alternative/Other

Depth from Surface: \_\_\_\_\_ in Rock depth (if used): \_\_\_\_\_ in Sand depth (under mound): \_\_\_\_\_

Trench/Bed Width: \_\_\_\_\_ ft Trench/Bed Length(s): \_\_\_\_\_

Bottom Square Feet Area: \_\_\_\_\_ ft<sup>2</sup>

North ↑

- Items to be Identified:**
1. Septic, holding and pump tanks, piping, and soil system configuration. Label bed or trench width and length or rock bed size, absorption width and final dimensions. Indicate alarm location.
  2. Show all setbacks from tank and soil system
    - a. Property boundaries
    - b. Buildings
    - c. Wells
    - d. Water bodies
    - e. Road right-of-way
  3. Improvements - *present and future.*
  4. Benchmark location and distance of tank and soil system from benchmark
  5. Alternate site.
  6. Abandoned system.

Inspector: \_\_\_\_\_

I hereby certify that I have completed this work in accordance with applicable ordinances, rules and laws.  
\_\_\_\_\_(Installer) \_\_\_\_\_(License #) \_\_\_\_\_(Date)