



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: _____ ft²

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)