

Individual Sewage Treatment System Inspection Form

Project Address: 7837 Jamaca AVE N Community: Grant Owner: Jeff Disch Applicant: Bill Wolfe Excavating	Application ID: 2700-12-2 Geo Code: 27-030-21-22-0001 Type of System: Mound Designer: Inspect Minnesota, Midwest Soil Testi
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Type of Installation: <input type="checkbox"/> New <input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Other	Type of Inspection: <input checked="" type="checkbox"/> Site Review <input checked="" type="checkbox"/> Tank <input checked="" type="checkbox"/> Rough-Up <input checked="" type="checkbox"/> Treatment Area <input type="checkbox"/> Final	Inspector: <input checked="" type="checkbox"/> Pete Ganzel <input type="checkbox"/> Chris LeClair <input type="checkbox"/> Other Inspection Dates: 5/18 5/17 5/21 Rock Bed OK
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Number of Bedrooms: _____
Installer: Bill Wolfe

Site Review	Mounds / At-Grade
Date: _____ <input type="checkbox"/> Soil Boring <input type="checkbox"/> Soil Pit Depth of Pit/Boring _____ Comments: _____	<input checked="" type="checkbox"/> Mound <input type="checkbox"/> At-Grade Absorption Area <u>220</u> Percent Slope <u>4</u> Sand Below Bed <u>22"</u> Upslope Width _____ Rock Below Pipe <u>9</u> Downslope Width <u>10</u> Perf Size/Spacing <u>3 1/4"</u> Sideslope Width _____ Pipe Size/Spacing <u>3'</u> Pressure Bed Dimensions: Length <u>45</u> Width <u>10</u>
Conclusions: <input type="checkbox"/> Site Suitable <input type="checkbox"/> Site Unsuitable <input type="checkbox"/> Additional Tests Required	

Sewage / Holding Tanks	Pump Information
Tank 1 <u>1000</u> <input checked="" type="checkbox"/> New <input type="checkbox"/> Existing Tank 2 <u>1000</u> <input checked="" type="checkbox"/> New <input type="checkbox"/> Existing Baffle Type <input type="checkbox"/> Plastic <input type="checkbox"/> Fiberglass <input type="checkbox"/> San-T <input type="checkbox"/> Concrete	Lift Station Capacity <u>1000</u> Feet of Head _____ Horsepower/GPM <u>33+</u> Size of Discharge _____ Gallons Per Cycle _____ Line: _____ Gallons Per Minute _____ Type/Location or Alarm _____

Trenches, Bed or Gravelless Drainfield	Setbacks																								
<input type="checkbox"/> Drop Box <input type="checkbox"/> Distribution Box <input type="checkbox"/> Gravity <input type="checkbox"/> Pump Trench <input type="checkbox"/> Pressure Bed <input type="checkbox"/> Serial <input type="checkbox"/> Parallel <input type="checkbox"/> Chambers <input type="checkbox"/> Gravelless <input type="checkbox"/> 8" <input type="checkbox"/> 10" <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Trench Depth (in)</td> <td style="width:25%;">Trench Length (ft)</td> <td style="width:25%;">Trench Width</td> <td style="width:25%;">Rock Below Pipe</td> </tr> <tr> <td>T1 _____</td> <td>T1 _____</td> <td><input type="checkbox"/> 24"</td> <td><input type="checkbox"/> 6"</td> </tr> <tr> <td>T2 _____</td> <td>T2 _____</td> <td><input type="checkbox"/> 36"</td> <td><input type="checkbox"/> 12"</td> </tr> <tr> <td>T3 _____</td> <td>T3 _____</td> <td><input type="checkbox"/> Other _____</td> <td><input type="checkbox"/> 18"</td> </tr> <tr> <td>T4 _____</td> <td>T4 _____</td> <td>Trench Spacing _____</td> <td><input type="checkbox"/> 24"</td> </tr> <tr> <td>T5 _____</td> <td>T5 _____</td> <td></td> <td></td> </tr> </table>	Trench Depth (in)	Trench Length (ft)	Trench Width	Rock Below Pipe	T1 _____	T1 _____	<input type="checkbox"/> 24"	<input type="checkbox"/> 6"	T2 _____	T2 _____	<input type="checkbox"/> 36"	<input type="checkbox"/> 12"	T3 _____	T3 _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 18"	T4 _____	T4 _____	Trench Spacing _____	<input type="checkbox"/> 24"	T5 _____	T5 _____			Building(s) to tanks _____ Building(s) to drainfield _____ Surface Water _____ Property Lines _____ Wells <input type="checkbox"/> 50' <input type="checkbox"/> 100' <hr/> Pressure Test Time _____ Time _____ PSI _____ PSI _____
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T5 _____	T5 _____																								
Pressure Bed Dimensions: Length _____ Width _____ Absorption Area _____																									

Comments: Minnesota Precast + Poly Loc Filter

P. Leonard
 Inspector