



**AS-BUILT REPORT  
INDIVIDUAL SEWAGE TREATMENT SYSTEM**

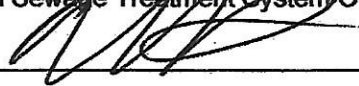
Washington County Public Health & Environment  
14949 – 62<sup>ND</sup> ST N, PO BOX 6, STILLWATER, MN 55082-0006  
651/430-6688 OR 651/430-6655 FAX 651/430-6730

Legal Description or Complete Street Address <b>23855 Forest Blvd. N</b>		City of Township <b>Forest Lake</b>		
Owner Name <b>Eileen Bayless</b>	Mail Address <b>23855 Forest Blvd. N</b>	City <b>Forest Lake</b>	State <b>MN</b>	Zip <b>55025</b>
Installer <b>SCANDIA CONTRACTING</b>	Mail Address <b>10500 250<sup>TH</sup> ST</b>	City <b>SCANDIA</b>	State <b>MN</b>	Zip <b>55073</b>
Septic Tank Information Tank Manufacturer: <b>Brown Wilbert</b>		Liquid Capacity <b>2-1500 1-1000</b>		

PUMP CHAMBER (if installed)			
Tank Manufacturer: <b>Brown Wilbert</b>	Liquid Capacity: <b>1000</b>	Horsepower of Pump: <b>2 - 1/2 PUMPS</b>	Type of Warning Device: <b>OUTDOOR FLOAT</b>
Pump Discharge in Gallons Per Minute: <b>48</b> at <b>15</b> Feet of		Number of Gallons Per Cycle: <b>150.</b>	

DRAINFIELD TRENCH		BED OR MOUND		
Width:	Length of Each Trench:	Rock Bed Length: <b>65</b>	Width: <b>10</b>	Area: <b>1300</b>
Depth of Trench Bottom from Finished Grade:		Bed Depth from Grade:		
Method of Distribution: <input type="checkbox"/> Pressure <input type="checkbox"/> Distribution Box <input type="checkbox"/> Drop Box		MOUND: Upslope Sand Base Depth: <b>36"</b> Downslope Sand Base Depth: <b>48"</b>		
Depth of Rock Under Distribution Pipe:		Depth of Rock Under Pipe: <b>9"</b>		
Square Footage of Tested Area Used:		PRESSURE DISTRIBUTION SYSTEM:		
Trench Bottom Square Footage Required:	Area As Built:	Lateral Inside Diameter: <b>2"</b>	Length: <b>2 AT 63'</b>	Perforation Size: <b>1 1/4</b>
		Spacing: <b>3 AT 36" &amp;</b>	Number: <b>66</b>	Perforation Spacing: <b>36"</b>

Complete site plan on an attached sheet. On the site plan, include location of the following items.  
Structures, septic tank, pump chamber, line from house to tank treatment system, distribution lines, distribution or drop boxes, well, and driveway. Show all distances applicable to the sewage treatment system (distance from structure to tank, tank to treatment system, distance between distribution lines, length of distribution lines, and distance between well and sewage treatment system). Indicate NORTH on the site plan and the sale of the plan.

I hereby certify that the system at the above referenced address was installed according to the Washington County Individual Sewage Treatment System Ordinance requirements.  
Signed:  MPCA License #: **2914** Dated: **12/11/13**

WASHINGTON COUNTY SEPTIC PERMIT NUMBER **0600-13-13**