



AS-BUILT REPORT INDIVIDUAL SEWAGE TREATMENT SYSTEM

Washington County Public Health and Environment
14949 62nd Street North, PO Box 3803, Stillwater, MN 55082-3803
651/430-6655 FAX 651/430-6730

Legal Description or Complete Street Address of Septic System Installed		City or Township	
4041 Osgood CT N		Baytown Twp	
Owner Name	Mail Address	City	State Zip
Installer		Mail Address	City State Zip
Barnes Inc		157 St Croix Trail N	Lakeland MN 55043
Septic Tank Information			
Tank Manufacturer:		Liquid Capacity:	
Minnesota Precast		11500 gal & 1000 gal	

PUMP CHAMBER (if installed)			
Tank Manufacturer:	Liquid Capacity:	Horsepower of Pump:	Type of Warning Device:
Minnesota Precast	11500 2 1000	1/2 HP	Float Alarm
Pump Discharge in Gallons Per Minute:	at	Feet of Head	Number of Gallons Pumped Per Cycle:

DRAINFIELD TRENCH SYSTEM		BED OR MOUND SYSTEM		
Width:	Length of Each Trench:	Rock Bed Length:	Width:	Area:
3'	83'			
Depth of Trench Bottom from Finished Grade:		Bed Depth from Grade:		
36"				
Method of Distribution:		MOUND:		
<input type="checkbox"/> Pressure <input type="checkbox"/> Distribution Box <input checked="" type="checkbox"/> Drop Box		Upslope Sand Base Depth: Downslope Sand Base Depth:		
Depth of Rock Under Distribution Pipe:		Depth of Rock Under Pipe:		
12"				
Square Footage of Tested Area Used:		PRESSURE DISTRIBUTION SYSTEM		
1000'		Lateral Inside Diameter:	Length:	Perforation Size:
Trench Bottom Square Footage Required:	Area As Built:	Spacing:	Number:	Perforation Spacing:
1000'				

Complete site plan on 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 scale 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: Thomas C Barnes MPCA License #: 42644 Dated: 9-30-10

WASHINGTON COUNTY SEPTIC PERMIT NUMBER: 0002-10-6 INSTALLED DATE: 9-14-10

An Equal Employment Opportunity/Affirmative Action Employer
If You Need Assistance Due to Disability or Language Barrier, Please Call 651/430-6655 (TDD 651/430-3220)