

**CARLTON COUNTY  
ZONING AND ENVIRONMENTAL SERVICES**

301 Walnut Avenue, Room 103  
P.O. Box 220  
Carlton, MN 55718-0220  
218-384-9176  
[www.carltoncountymn.gov](http://www.carltoncountymn.gov)

\_\_\_\_\_  
**Permit number**  
\_\_\_\_\_  
**City/Township**

**SUBSURFACE SEWAGE TREATMENT SYSTEM  
AS-BUILT CONSTRUCTION FORM**

**A. SITE INFORMATION**

Date of Completion \_\_\_\_\_  
Property Owner(s) \_\_\_\_\_ Phone Number \_\_\_\_\_  
Site Address \_\_\_\_\_  
City/Zip Code \_\_\_\_\_ Township \_\_\_\_\_

**B. SYSTEM**

Usage:  Other establishment  Dwelling  Other \_\_\_\_\_ #Bedrooms \_\_\_\_\_  
Tank(s): \_\_\_\_\_ Tank(s) Material: \_\_\_\_\_ Soil Treatment System: \_\_\_\_\_ System: \_\_\_\_\_  
\_\_\_\_\_ Septic tank \_\_\_\_\_ Plastic \_\_\_\_\_ Rock trench  Type I  
\_\_\_\_\_ Aerobic tank \_\_\_\_\_ Concrete \_\_\_\_\_ Mound  Type II  
\_\_\_\_\_ Pump tank \_\_\_\_\_ Other \_\_\_\_\_ Chamber trench  Type III  
\_\_\_\_\_ Holding tank \_\_\_\_\_ Seepage bed  Type IV \_\_\_\_\_  
\_\_\_\_\_ Other \_\_\_\_\_

Tank Model # \_\_\_\_\_  
Tank Manufacturer: \_\_\_\_\_  
Tank Maximum Depth of Burial: \_\_\_\_\_ feet  
Septic or Holding Tank(s) Size: \_\_\_\_\_ gallons Pump Tank(s) Size: \_\_\_\_\_ gallons  
Number of gallons pumped each pump cycle: \_\_\_\_\_ gallons  
Flow Measurement:  Event Counter  Water Meter  Other \_\_\_\_\_

**C. MATERIALS, MATERIAL TESTING, AND CONDITIONS DURING CONSTRUCTION**

1. Do the materials and tank(s) installed comply with current requirements?  YES  NO
2. Was the soil moisture content below the plastic limit?  YES  NO

**D. WEATHER CONDITIONS DURING CONSTRUCTION**

Sunny \_\_\_\_\_ Temperature \_\_\_\_\_  
Partly Cloudy \_\_\_\_\_ Rain \_\_\_\_\_  
Cloudy \_\_\_\_\_ Snow \_\_\_\_\_

**E. INSTALLATION COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_

**F. EXISTING SEPTIC SYSTEM ABANDONMENT**

Was the existing septic system abandoned according to Minnesota Chapter 7080 or 7081?  
 YES  NO  NOT APPLICABLE Explanation: \_\_\_\_\_

**G. CERTIFIED STATEMENT**

I hereby certify as a State of Minnesota Licensed Installer, that the installation recorded on this form is accurate as of the date at the top of this form for the site stated above. The septic system installation was installed in accordance with the applicable requirements of Minnesota Chapter 7080 or 7081 and Carlton County SSTS Ordinance #30.

Installer's Name \_\_\_\_\_ Phone \_\_\_\_\_ License# \_\_\_\_\_  
Installer's Signature \_\_\_\_\_ Date \_\_\_\_\_