

**INDIVIDUAL SEWAGE TREATMENT SYSTEM INSPECTION FORM
AITKIN COUNTY, MINNESOTA**

Township _____ Date of Inspection _____ Permit Number _____

Owner _____ Parcel Number _____

Project Address _____ Installer _____

City _____ Zip Code _____

New Repair

DIST. or DROP BOX & TYPE _____

SETBACKS:

Buildings to tank(s) _____

Buildings to drainfield _____

Well(s) 50' or 100' _____

Lake/Creek/Wetland _____

TRENCHES, BEDS, OR GRAVELLESS LEACHFIELD:

Trench depth _____

Trench length _____

Trench bottom width _____

Trench spacing _____

Drainfield rock below pipe _____

Size of gravelless pipe _____

Depth of backfill _____

Absorption area: square feet _____

lineal feet _____

SEPTIC TANKS: New _____ Existing _____

Number of tanks installed _____

Liquid capacity and type _____

Type of baffle _____

Inspection pipes _____

Manholes size _____

Manhole to grade Yes _____ No _____

MOUNDS:

Percent slope _____

Upslope dike width _____

Downslope dike width _____

Sideslope dike width _____

Drainfield rock below pipe _____

Depth of sand below rock _____

Perforation size & spacing _____

Pipe size & spacing _____

Dimensions of rock bed _____

Dimensions of sand base _____

Final cover _____

PUMPS: New _____ Existing _____

Tank capacity and type _____

Pump manufacturer & model # _____

Horsepower & GPM _____

Feet of head _____

Gallons per cycle _____

Size of discharge line _____

Type & location of alarm _____

Water meter _____

DRAWING OF SYSTEM: (include soils)

Inspector's Comments: _____

Inspector's Signature _____ Installer's Signature _____

AITKIN COUNTY
CERTIFICATE OF INSTALLATION/~~NOTICE OF NONCOMPLIANCE~~

This certificate of installation/~~notice of noncompliance~~ has been issued this _____ day of _____, 20____ to certify compliance/~~noncompliance~~ with Aitkin County's Subsurface Sewage Treatment System Ordinance.

The premises covered by this certificate are legally described as: _____

Section _____ Township _____ Range _____ Lake _____
PERMIT NO. _____ Owner Name _____
Address _____
Installer Name _____
Type of System Inspected _____
Parcel Number _____

The certificate of installation/~~notice of noncompliance~~ was based on No ___ of the following:

- 1) Inspection of the installation or construction as in accordance with the above referenced permit and application design.

- 2) Review of as-built plans submitted in accordance with Subdivision 9.2 D of Aitkin County's Subsurface Sewage Treatment System Ordinance.

If the above permitted subsurface sewage treatment system is in noncompliance with Aitkin County's Subsurface Sewage Treatment System Ordinance, then the following shall serve as a Notice of Violation:

- 1) Statement of the findings of fact through inspections or investigations:

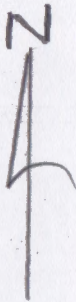
- 2) List of specific violations of Ordinance: _____

- 3) Requirements for correction or removal of violations: _____

- 4) Time schedule for compliance: _____

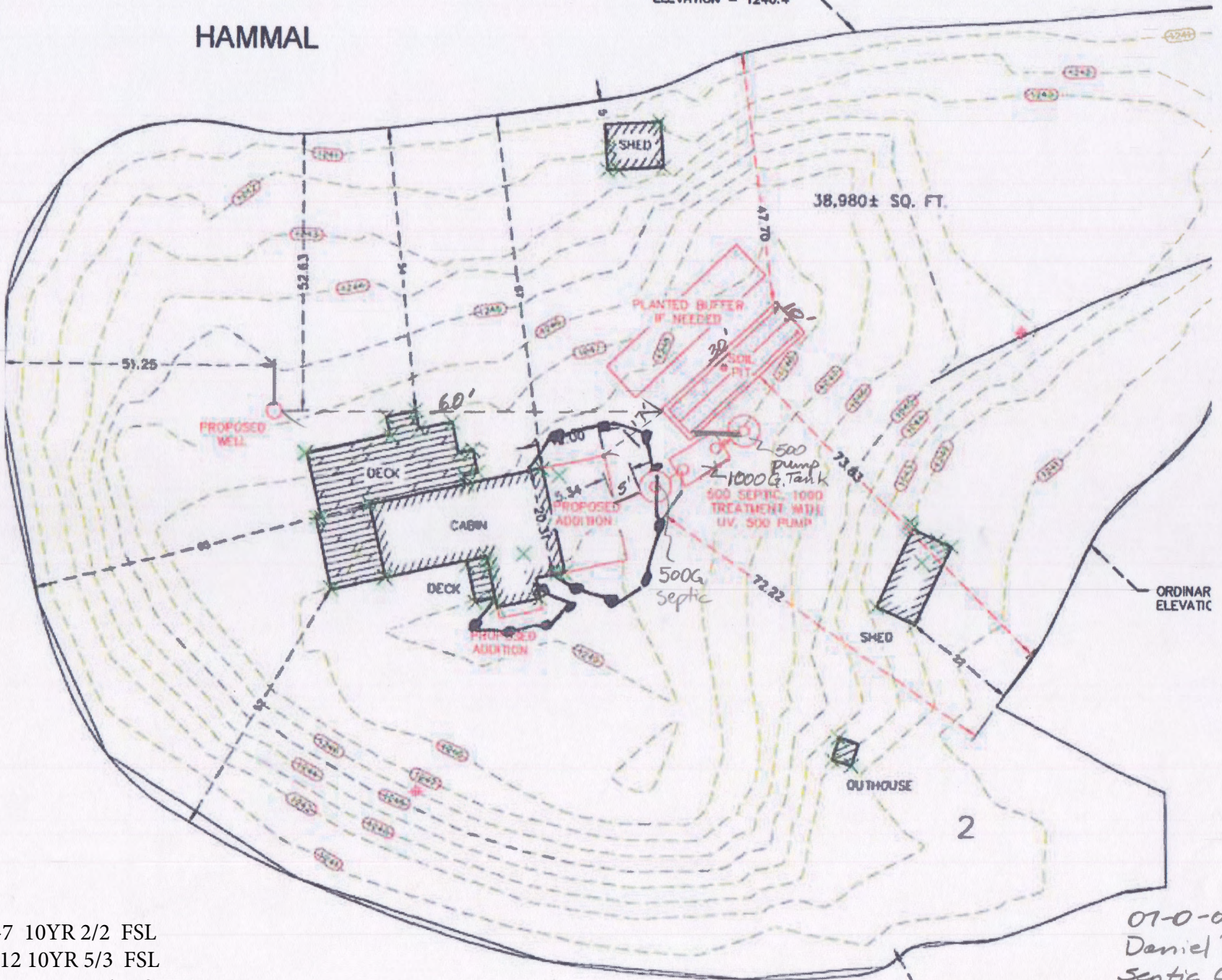
Failure to correct or remove the above violation(s) will result in this matter being turned over to the Aitkin County Attorney's Office for further legal action, which may result in revocation of licenses or registrations, fines and/or imprisonment.

INSPECTOR SIGNATURE _____



HAMMAL

ORDINARY HIGH WATER LINE
ELEVATION = 1240.4



38,980± SQ. FT.

PROPOSED WELL

DECK

CABIN

DECK

PROPOSED ADDITION

SHED

PLANTED BUFFER
IF NEEDED

500 pump
1000 G. Tank
500 SEPTIC, 1000
TREATMENT WITH
UV, 500 PUMP

500G
septic

SHED

OUTHOUSE

ORDINAR
ELEVATIC

2

Soil
 A 0-7 10YR 2/2 FSL
 E 7-12 10YR 5/3 FSL
 B 12-18 10YR 4/3 FSL
 Bt 18+ 10YR 4/4 CL Redox @ 18"

BENCHMARK=SPIKE IN WEST FACE OF 16'
ELEVATION=1241.94

01-0-021600
 Daniel Behrens
 septic check
 installer



2016/07/22



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2016/07/22



2016/07/25



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SCH 40 PVC WELL CASING 11
UP CODE RSTM D 1785
PIPE: 1120 PR 280 PSI @ 23°C NSF-FR-01
TYPE 1 SD 40 NSF-FR-01

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