

SUBSURFACE SEWAGE TREATMENT SYSTEM INSPECTION FORM  
AITKIN COUNTY, MINNESOTA

Township Hill Lake Date of Inspection 7-22-22 App. Number 2022-009104  
Owner Rosalie Terabasz Trustee Parcel Number 12-0-0039DD  
Project Address 69172 US Hwy 169 Installer Langes Nursery & Landscape  
City Hill City Zip Code 55748

New  Repair

DIST. or DROP BOX & TYPE \_\_\_\_\_

SETBACKS:

Buildings to tank(s) 33'  
Buildings to drainfield \_\_\_\_\_  
Well(s) 50' or 100' >52'  
Lake/Creek/Wetland >100'

TRENCHES, BEDS, OR GRAVELLESS LEACHFIELD:

Trench/Bed depth \_\_\_\_\_  
Trench/Bed length \_\_\_\_\_  
Trench/Bed bottom width \_\_\_\_\_  
Trench spacing \_\_\_\_\_  
Drainfield rock below pipe \_\_\_\_\_  
Size of gravelless pipe \_\_\_\_\_  
Depth of backfill \_\_\_\_\_  
Absorption area: square feet \_\_\_\_\_  
lineal feet \_\_\_\_\_

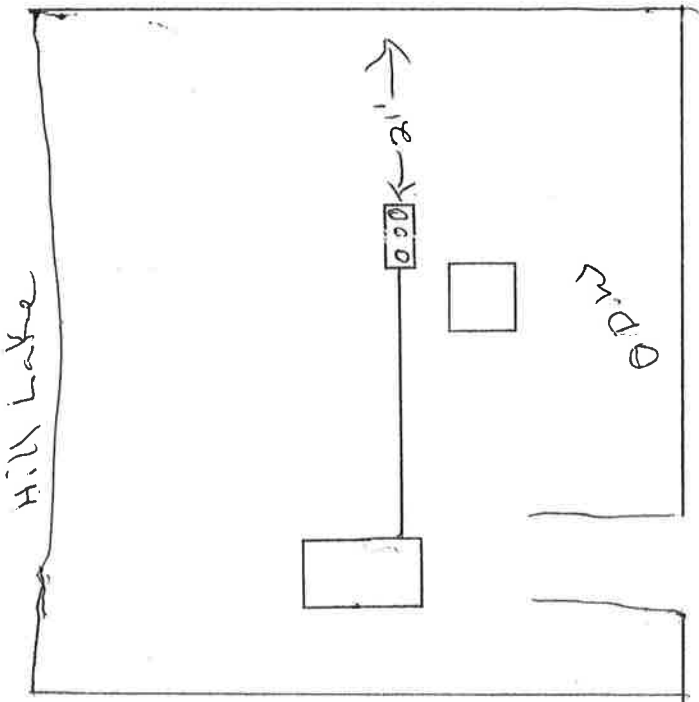
SEPTIC TANKS: New  Existing \_\_\_\_\_  
Number of tanks installed 1 SALADINSON  
Liquid capacity and type 1820 POLYUB  
Type of baffle Plastic

Inspection pipes \_\_\_\_\_  
Manholes size 2 @ 24"  
Manhole to grade Yes  No \_\_\_\_\_

MOUNDS:  
Percent slope \_\_\_\_\_  
Upslope sand width \_\_\_\_\_  
Downslope sand width \_\_\_\_\_  
Sideslope sand 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 mechanical  
Water meter \_\_\_\_\_

DRAWING OF SYSTEM: (include soils)



Hwy 169

Inspector's Comments: \_\_\_\_\_

Inspector's Signature [Signature] Installer's Signature \_\_\_\_\_

Janghi Plumbing Terebayza

7-21-22 JACOBSON PRECAST CONCRETE, LLC

TANK INSTALLATION INSTRUCTIONS

Model # 1820H Date Built: 9.1.21 Gallons: 1820 Bury Depth 1 1/2'

Model # \_\_\_\_\_ Date Built: \_\_\_\_\_ Gallons: \_\_\_\_\_ Bury Depth \_\_\_\_\_

SITE CONDITION:

The site must be accessible to large, heavy trucks. Free of items like trees, stumps, overhead wires, etc. That could interfere with delivery or installation and allows trucks to within 3 to 5 ft of placement excavation.

EXCAVATION:

Excavation should be approximately 12" minimum larger than tank size to allow for adequate back fill. This may vary with soil conditions. Excavation shall have a level bottom so the weight bears on the outside walls of the tank.

BEDDING:

Each tank should be placed on about 6" of proper bedding material leveled, and should be compacted to minimum 95% compaction if tested, to ensure the life of the tank structure. Bedding must be capable of bearing the weight of the tank. Bedding material shall have the ability of 100% to pass through a 1/2" screen.

WATER TABLE:

When tanks are being placed where water levels can potentially be higher than the elevation of the tank cover, an alternate location should be considered. If water table is high installer must also consider the tank my float, if this is a possibility tank must be tied down before backfillings.

BACKFILL MATERIAL:

Sidewall of tanks require dry backfill materials that have the ability of 100% to be able to pass through a 2" screen and a minimum of 12" on all sides from the bottom to top of tank. Backfill material shall be placed to avoid impact loads on sidewall of the tank.

COVER MATERIAL:

Cover material shall be dry soil, material that has the ability of 100% to be able to pass through a 2' screen. Cover material shall be mounded over tank and around risers to direct run-off away from both.

INLET & OUTLET:

Pipe not to exceed 1" past the interior wall of tank where a baffle is used.

BURIAL DEPTH: Tanks to be installed according to model's maximum bury recommendations:



Minnesota Department of Health  
Well Management Section  
P.O. Box 64975, St. Paul, Minnesota 55164-0975  
651/201-4600 or 800/383-9808

For Permit # 47096  
# 12-0-003900

### Certification of Buried Sewer Construction and Testing

This form must be completed and submitted to the Minnesota Department of Health (MDH) for installation of a buried sewer located 20 to 50 feet from a water-supply well, or the installation of a water-supply well located 20 to 50 feet from a buried sewer. **NOTE:** A 50-foot minimum separation must be maintained between a water-supply well and a buried collector or municipal sewer, an unapproved sewer, or a buried sewer serving a facility handling infectious or pathological waste.

Owner of Property Where Sewer is Located (please print)

Rosie Tethaza Trustee

Street Address, City, ZIP for Property Where Sewer is Located

69172 US Hwy 169

County Name

Aitkin

Township No.

52

Range No.

26

Section No.

2

Fraction

1/4 SE Cor. Lot 10 1/4

Date of Testing (mm/dd/yyyy)

07/21/2022

Person(s) Present to Witness Testing

R. Tethaza

### Well Information

Provide Minnesota Well and Boring Number(s) \_\_\_\_\_ or, if unavailable, provide the following information for each well located within 50 feet of the buried sewer. Location 1580

Well No./Description	Well Depth	Well Diameter	Year of Construction	Well Contractor Company Name	Well Address (if different from above)
Drill Well	67	4" IN	1996	Hasskamp	

### Variance Information

Was a variance issued by the MDH for this sewer or well installation?  Yes  No  
If yes, please provide the variance tracking number: TN \_\_\_\_\_

### Sewer Materials

- ABS (ASTM D2661)  
 PVC (ASTM D2665)  
 PVC (ASTM F891)
- ABS (ASTM D2751)  
 PVC (ASTM D3034)  
 Cast Iron

### Test Methods (check one)

- Air Test (5 psi constant pressure for 15 minutes).  
 Manometer Test (1-inch water column).  
 Hydrostatic Test (for plastic pipe only).

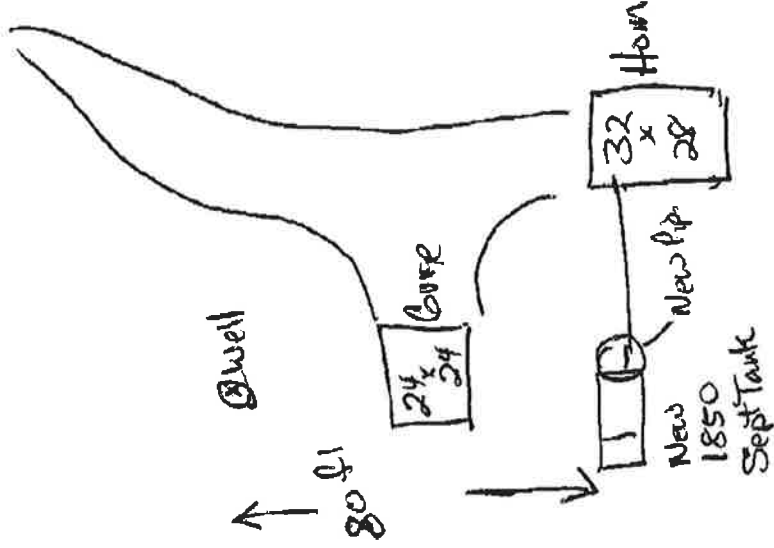
The portion of the buried sewer system tested is described as follows (please specify each segment of sewer pipe which was tested).

From Tank Inlet To existing Line 4' FT

Please draw a diagram of the sewer system on back and note the locations of any wells and the portions of the sewer system that were pressure tested.

### Buried Sewer Testing Diagram

Please draw a site diagram of the sewer system and all buried sewer pipes, including those buried beneath buildings (serving floor drain[s], bathroom[s], laundry room, etc.). Please note the portions of the buried sewer pipes that were pressure tested, the location of the well(s), and major landmarks on the property.



I, (name) DAVID LAUGE, certify that the buried sewer(s) described above is/are constructed of the indicated, approved sewer material meeting the requirements of the Minnesota Plumbing Code, Minnesota Rules, part 4715.0530, and has/have been successfully tested in accordance with Minnesota Rules, part 4715.2820, by the indicated method.

In accordance with Minnesota Statutes, section 144.992, persons submitting false information to the Minnesota Department of Health are subject to administrative penalties of up to \$10,000.

Name	<u>DAVID LAUGE</u>	Title	<u>Installer</u>
Firm	<u>Lauge Nursery + Landscape Inc</u>		
Street Address	<u>505 IONE AV. WEST</u>		
City	<u>Hill City</u>	State	<u>MU</u>
License/Certification Number	<u>1174</u>	ZIP Code	<u>55748</u>
	Signature	Date	
	<u>[Signature]</u>	<u>8/8/2022</u>	