

**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: \_\_\_\_\_

\_\_\_\_\_

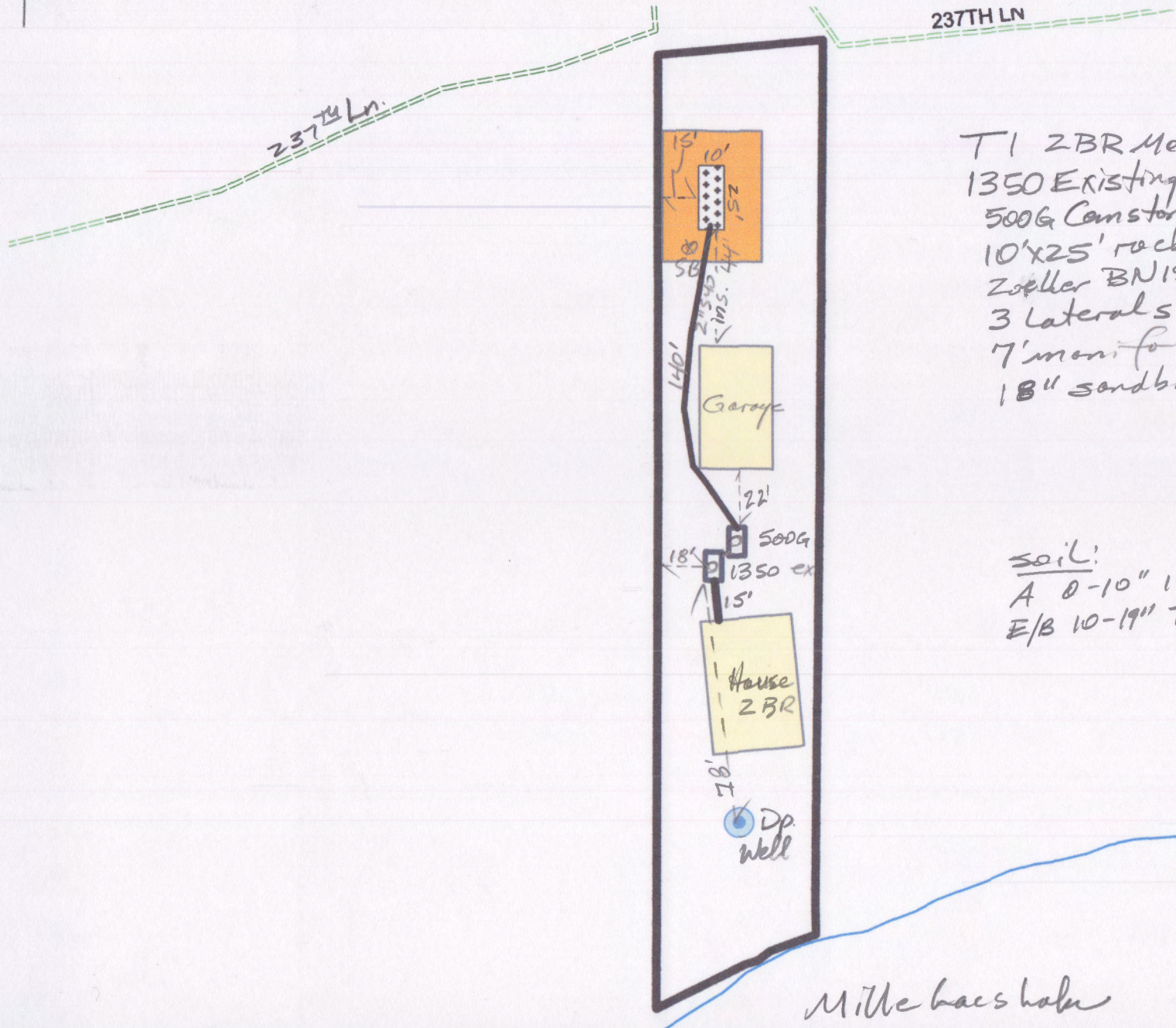
3) Requirements for correction or removal of violations: \_\_\_\_\_

\_\_\_\_\_

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 \_\_\_\_\_



237TH LN

237TH LN

T1 ZBR Meurd  
 1350 Existing tank  
 500G Canstone pump tank  
 10'x25' rock bed  
 Zoeller BN152 pump  
 3 laterals 1.5" 0.25" holes 30' sp.  
 7' manifold  
 18" sand base

soil:  
 A 0-10" 10YR2/1 LS  
 E/B 10-19" 7.5YR4/3 FS

House  
 ZBR

Dr.  
 well

Garage

Milne hoes hole

11-1-105300  
 Haeg  
 G. Westerlund



2016/05/24



DEERE

160LC

2016/05/24



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