



CITY OF  
**NorthOaks**  
*Building on a tradition of innovation*

## AS-BUILT REPORT INDIVIDUAL SEWAGE TREATMENT SYSTEM

**City of North Oaks**  
100 Village Center Drive, Suite 230, North Oaks, MN 55127  
651-792-7750 • FAX 651-792-7751 • northoaks@northoaksmn.gov

Legal Description or Complete Street Address		City		
Owner Name	Mail Address	City	State	Zip
Installer	Mail Address	City	State	Zip
Septic Tank Information Tank Manufacturer:		Liquid Capacity		

PUMP CHAMBER (if installed)			
Tank Manufacturer:	Liquid Capacity:	Horsepower of Pump:	Type of Warning Device:
Pump Discharge in Gallons Per Minute:	at	Feet of	Number of Gallons Per Cycle:

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

**Complete site plan on an 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 sale of the plan.**

I hereby certify that the system at the above referenced address was installed according to the City of North Oaks Individual Sewage Treatment System Ordinance requirements.

Signed: \_\_\_\_\_ MPCA License #: \_\_\_\_\_ Dated: \_\_\_\_\_

SEPTIC PERMIT NUMBER \_\_\_\_\_

## Pump and Alarm Verification Form

Site Address: \_\_\_\_\_

Company Name: \_\_\_\_\_ License #: \_\_\_\_\_

1. That a representative or I of my company has verified that the Indoor or Outdoor Pump Alarm sounded by lifting the float switch and the alarm light is on and that the pump was tested with the float switch.
2. If applicable, that myself or a representative of my company has verified that the Indoor or Outdoor Filter Alarm sounded by lifting the float switch and the alarm light is on.

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Please *return* a copy of this form to:

[chris@midwestsewer.com](mailto:chris@midwestsewer.com)

**Final inspection and certificate of compliance cannot be issued until this form is received.**



**Minnesota Pollution Control Agency**

520 Lafayette Road North  
St. Paul, MN 55155-4194

# SSTS Abandonment Reporting Form

## Subsurface Sewage Treatment Systems (SSTS) Program

### Instructions

This form is offered to meet the abandonment requirements of Minn. R. 7080.2500 and Disclosure Requirements of Minn. Stat. § 115.55, subd. 6. Future water supply well placement can also be affected by an abandoned SSTS.

The use of this form is not mandatory; however the information on this form must be submitted to the local government unit (LGU) within 90 days after the abandonment. This form may be completed by a certified SSTS practitioner or by an individual who has direct knowledge of how the system was abandoned.

### Property Information

Date of abandonment: \_\_\_\_\_ Reason for abandonment: \_\_\_\_\_

Property owner name(s): \_\_\_\_\_

Property owner's address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Site address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Compliance Information

1. All solids and liquids removed from all tanks?  Yes  No

Disposal Site: \_\_\_\_\_

2. All electrical devices and devices containing mercury removed?  Yes  No

Disposal Site: \_\_\_\_\_

3. All underground sewage tanks crushed and filled with soil or rock material?  Yes  No or  
Removed and disposed off site?  Yes  No

Disposal Site: \_\_\_\_\_

4. Contaminated materials\* removed and disposed off site?  Yes  No

Disposal Site: \_\_\_\_\_

5. All underground cavities\*\* crushed and filled with soil or rock material?  Yes  No or  
Removed and disposed off site?  Yes  No

Disposal Site: \_\_\_\_\_

6. Future discharge to system permanently denied?  Yes  No

Method(s) used: \_\_\_\_\_

\*Contaminated materials = Distribution media, soil or sand within three feet of the system bottom, distribution pipes, geotextile fabric/rosin paper/straw, tanks, contaminated soil around leaking tanks, any soil that received sewage from a surface failure (7080.2500 subp.3).

\*\*Underground cavities = Cesspools, leaching pits, drywells, seepage pits, vault privies, pit privies, pump chambers (7080.2500 subp. 1). Does not include chamber media, drop boxes, or distribution boxes.

## Map

Include location of building sewer, septic tank(s), soil dispersal system, cesspools, seepage pits, and other pits. Also include a permanent reference point(s) and dimensions.

↑ North

## Certification

*I hereby certify the system was abandoned in accordance with Minn. R. 7080.2500 and any local requirements.*

Name (please print): \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ License # if applicable): \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_