



City of Ham Lake

15544 Central Ave. NE, Ham Lake, MN 55304
Bldg. Dept.: 763-235-1691 Fax: 763-235-1697

Individual Sewage Treatment System AS-BUILT DRAWING

Date _____

Address of Job _____

Permit No. _____

New Work

Repair Work

Replace

Type of Soil Treatment Area: Type I
 Trench
 Other _____

Type II
 Bed
 Mound

Type III
 Type IV
 At-Grade
 Type V
 Warrantied

- Signed Liability Waiver Required.

Liability Waiver Rec'd

Number of Bedrooms _____

Sq. ft. of System _____

Septic Tank (Gallons) _____

Pump Tank (Gallons) _____

Pump Size _____

Tank Mfr. _____

EL at bench mark _____

EL at mottled soil _____

EL bottom of sand _____

EL bottom of rock _____

EL final grade _____

Designer Name _____

Notes _____

Show locations and distances from house, driveway, road, well, tanks, drainfield, manhole covers and property lines. Also show pit and benchmark locations.



Installer (Print) _____ Telephone # _____ MPCA License # _____
(Company Name - Licensed Installer)

Print Name _____ Signature _____
(Licensed Installer) (Licensed Installer)

White - City

Yellow - Installer

Pink - Property Owner