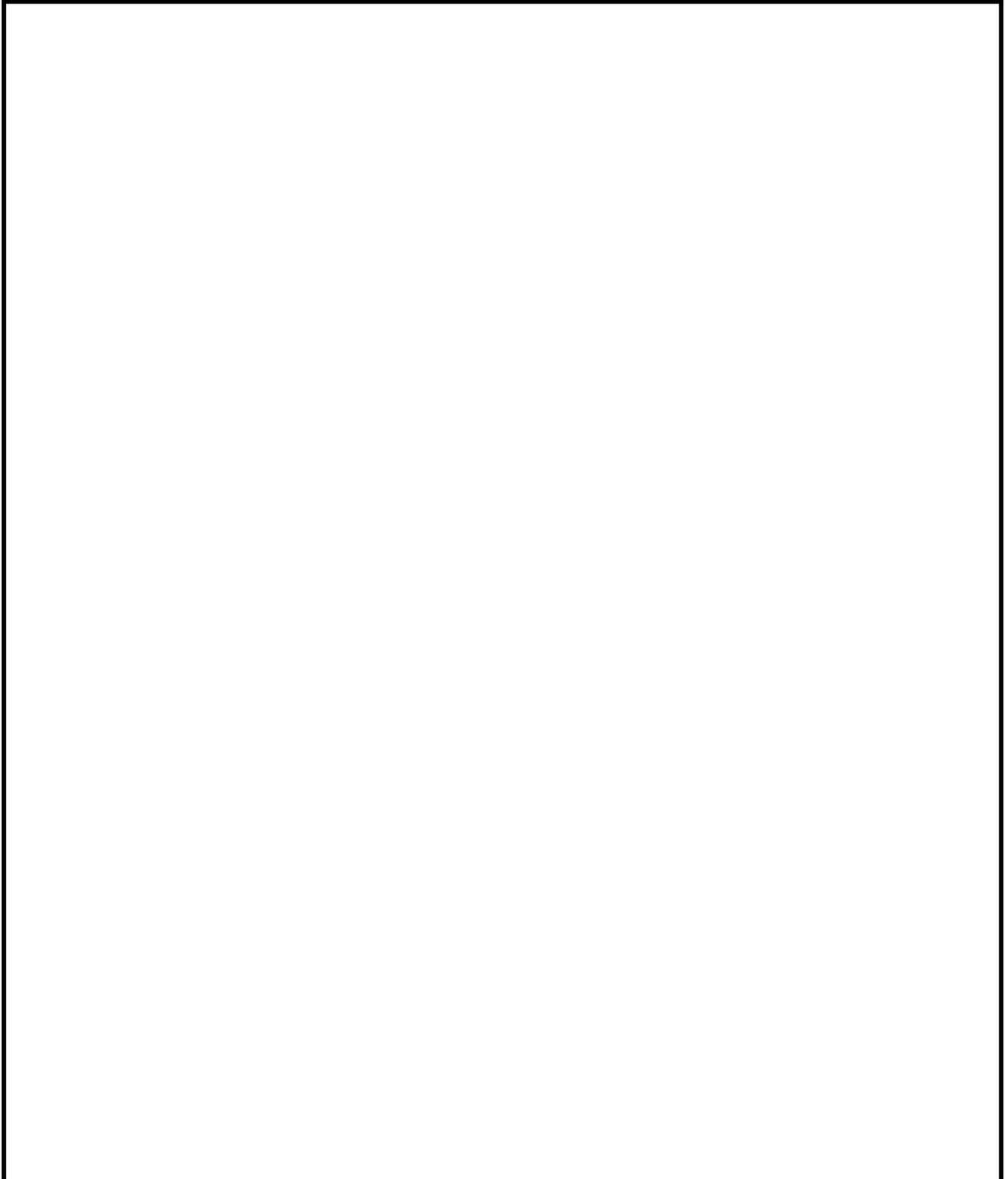


Septic System Site Sketch and Record Drawing

Owner:

Parcel Number:

Parcel Address:

A large, empty rectangular box with a black border, intended for a site sketch or record drawing.

Owner:

Parcel Number:

Benchmark (elevation reference point):

Elevations		Pump to STA=	
Benchmark=		SB1=	
Septic Tank=		SB2=	
Pump Tank=		SB3=	

Check box when put on drawing:

- North arrow
- Location of system components
- Type of system components
- Soil bore locations- labelled
- Soil treatment area location
- Well(s)
- Buried water lines
(shared well or city services only)
- All property lines
- Secondary site (if applicable)
- Location of unsuitable area(s)
- Existing/abandoned system
- All actual setbacks
- All sewer lines and locations
- Erosion control (if applicable)
- Existing/proposed buildings/improvements
- Slope direction
- Bluff(s)
- OHWL lakes, streams, rivers, wetlands, etc.
- Pools
- Easements
- Road Right of Way
- Neighboring property setbacks (if applicable)
- Legible certified statement and signature
- Maintenance access

I hereby certify as a State of Minnesota Licensed SSTS Designer that the septic system diagram on this form was designed in accordance with all applicable requirements of Minnesota Rules Chapters 7080 &/or 7081, the Le Sueur County Zoning Ordinance, and Le Sueur County Office Policies. The drawing is accurate as of the date of this form for the site identified at the top of this form. No determination of the future hydraulic performance can be made due to future water usage over the life of the system.

SSTS Designer Signature:		
SSTS Designer Company:		
License Number:	Certification Number:	Date:

Owner:

Parcel Number:

DO NOT SIGN UNTIL AFTER INSTALLATION

List any material testing results (jar test, sieve analysis, etc.): .

Conditions during construction: **Circle all that apply**

Dry Moist Wet At plastic limit Freezing Frozen Hot Rain Snow Cool Cold

Who is responsible for establishing vegetative cover?: **Check all that apply** Landowner Septic contractor Building contractor Other:

I hereby certify as a State of Minnesota Licensed SSTS Installer that the septic system diagram on this form was installed in accordance with all applicable requirements of Minnesota Rules Chapters 7080 &/or 7081, the Le Sueur County Zoning Ordinance, and Le Sueur County Office Policies. The drawing is accurate as of the date of this form for the site identified at the top of this form. No determination of the future hydraulic performance can be made due to future water usage over the life of the system.

SSTS Installer Signature:

SSTS Installer Company:

License Number:

Certification Number:

Date: