

**PROPERTY INFORMATION**

PID: \_\_\_\_\_ Permit #: \_\_\_\_\_  
 Owner: \_\_\_\_\_ Property Address: \_\_\_\_\_  
 Installer: \_\_\_\_\_ Date of Install: \_\_\_\_\_  
 # Bedrooms: \_\_\_\_\_ Flow Rate: \_\_\_\_\_

**TANKS**

Tank Manufacturer: \_\_\_\_\_ Tank Identification: Y N  
 Septic or Holding Tank(s): # \_\_\_\_\_ Pump Tank(s): # \_\_\_\_\_

Manufacturer:	
Model #:	
Capacity:	
Burial Depth:	
Date of Manufacture:	

Manufacturer:	
Model #:	
Capacity:	
Burial Depth:	
Date of Manufacture:	

Pump Manufacturer: \_\_\_\_\_ Pump Size: \_\_\_\_\_

**SOIL TREATMENT SYSTEM**

System Type: Type I Type II Type III Type IV  
 Drainfield Type: Mound Trench Pressure Bed At-Grade  
 Distribution Media: Rock Ez-Flow Chambers Other  
 Distribution Method: Gravity Pressure Timed

Elevations	
Benchmark:	
Limiting Layer:	
Bottom of Media:	
System Separation:	

Distribution		
Treatment Area:		
Absorption Width:		
Sand Lift Height:		
Mound Slope:	3:1	4:1

**OTHER INFORMATION**

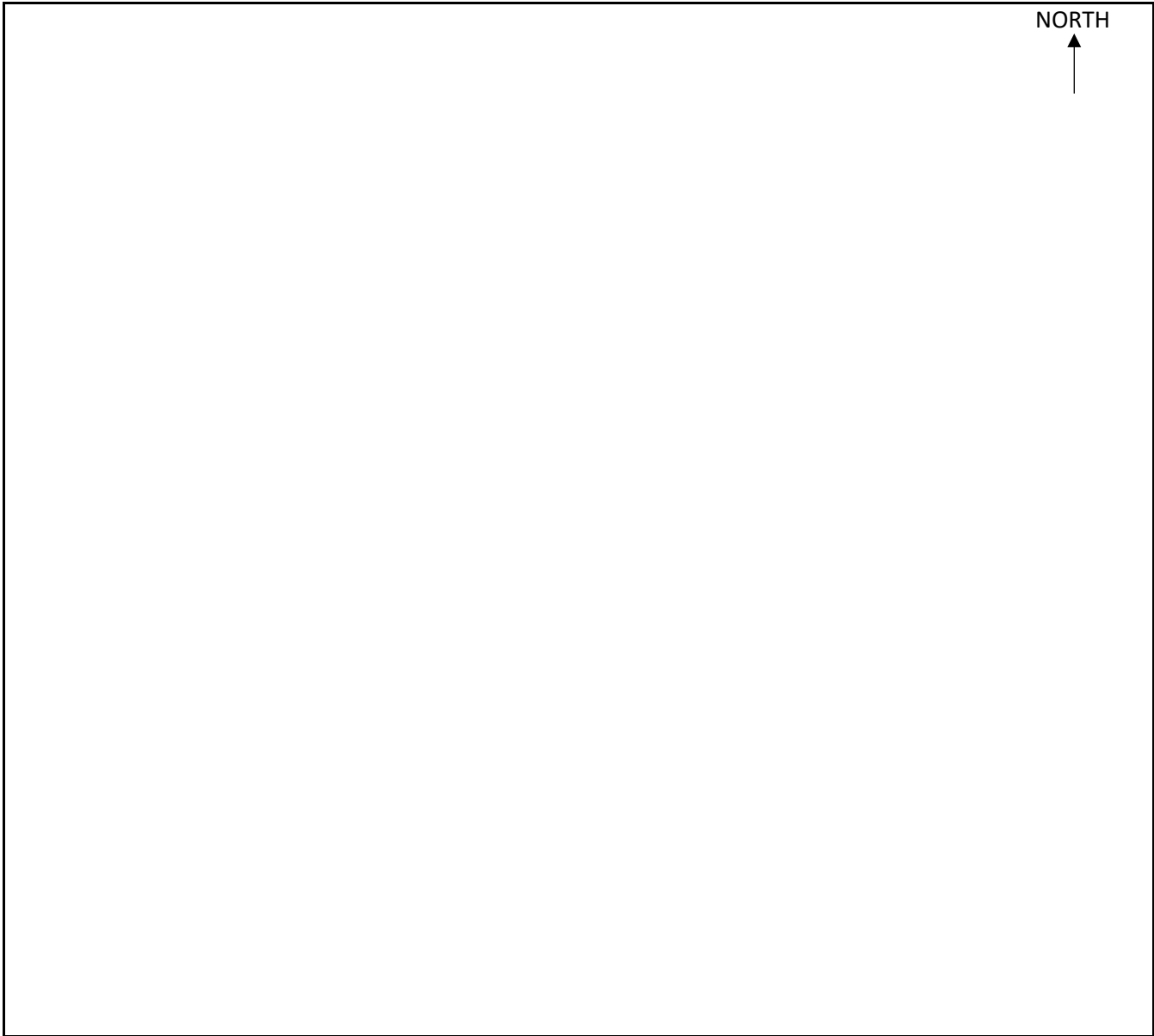
Material Testing Results:

Construction Conditions:

Vegetative Cover Responsibility: Contractor Homeowner Other: \_\_\_\_\_

NOTES

SITE DRAWING



*I hereby certify that I have completed this work in accordance with the Mille Lacs County Subsurface Sewage Treatment System Ordinance and all other applicable ordinances, rules, and laws.*

\_\_\_\_\_  
Installer

\_\_\_\_\_  
License #

\_\_\_\_\_  
Date