

*** COUNTY SUBSURFACE WASTEWATER TREATMENT SYSTEM
CERTIFIED INSTALLER REPORT FORM**

Tumblewood Environmental for
COUNTY HEALTH DEPARTMENTS
PO Box 743
Lewistown Mt 59457

Property Owners Name _____ Permit # _____
Owners Address _____

(information needs to include: location, size, slope, and depth of building sewer, location of cleanouts, location of septic tank, drainfield, and 100% replacement area, location of proposed wells, existing wells, cisterns, and water lines in the area of the proposed system and any lots adjacent to it, lot boundaries, location of water courses, irrigation ditches, lakes, impondments, including the 100 year floodplain in the immediate area, percent slope of ground surface and direction of slope, location of soil profile holes and any percolation test holes, north point and scale in feet) **INCLUDE ALL MEASURED DISTANCES ON THE AS-BUILT BELOW.**

Use back of sheet if needed

CHECKLIST

1. Septic Tank

- a. Size: _____ gallons
- b. Type: _____ concrete/poly
- c. Approved Effluent Filter _____ yes/no
- d. Baffles _____ yes/no
- e. Access Port to surface _____ yes/no

2. Pressure Dosed Systems:

- a. Squirt Test Date/ Height _____
- b. * Floats Correct _____ yes/no
- c. * Alarm Working _____ yes/no
* tested after hard wired
- d. Pump dynamic head _____
- e. Pump GPM _____

3. Drainfield

- a. Lineal Feet Installed _____
- b. Gravel or Gravelless Trenches _____
- c. If Gravelless, Chamber Width _____ inches
- d. If Gravel, Trench Width _____ inches
- e. Inches of Gravel under pipe _____
- f. Inches of Gravel over pipe _____
- h. Trench Depth _____ feet
- i. Distance from water/well _____
- k. Ground water depth _____
- l. Depth to bedrock _____

Certified Installer Signature

Health Authority Signature

Date

Date

Certificate #

Approved (yes/no)